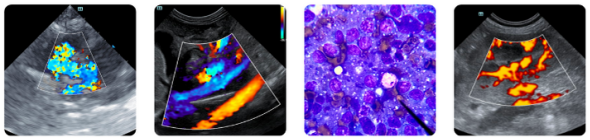


PATIENT

Ollie Figueroa

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2 years

WEIGHT

5.4 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

11641

DATE

4/8/2026

PRESENTING CLINICAL SIGNS

Patient presented today from another facility for an ultrasound. He started vomiting Sunday evening, at least 5 times, sometimes food, sometimes liquid. Tried to eat canned food Monday morning and spit it up back into dish. No foreign body ingestion or dietary indiscretion that owner was aware of. Patient was given cerenia and SQ fluids but continued to vomit afterwards. Labwork was wnl, rads concerning for foreign body. U/s was recommended to confirm presence of foreign body. Patient did eat this morning around 10:30 and held it down. Has been acting normal since.

Abnormal PE/Chem/CBC/UA Results: Rad interpretation from radiologist: The appearance of the stomach and the region of the proximal duodenum is very concerning for the possibility of proximal intestinal obstruction. Abdominal ultrasound or a contrast study would be beneficial to confirm the suspicion of obstruction. The stomach is significantly enlarged and contains foreign material and gas. The concerning portion of the study is the stomach appearance and on the ventral dorsal view there is what appears to be fecal like material in the region of the duodenum"

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a small amount of mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.1 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are occasional pinpoint mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.53 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are occasional pinpoint mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

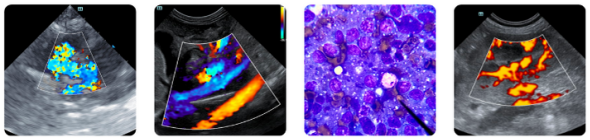
The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.79 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and a small amount of irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.23 cm.) Visualized peristalsis appears appropriate. Mild fluid distension is most consistent with enteritis, an unseen focal partial obstruction is less likely but cannot be ruled out.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. Examples measure 0.48 cm and 0.26 cm. Additionally, there is a small cluster of lymph nodes near the ileocecal junction. An example measures 0.32 cm with surrounding hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Mild echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Pancreatic changes most consistent with resolving pancreatic inflammation/mild active inflammation.
- Mild fluid and gas visualized within the stomach, and small intestine. A focal lesion is not definitively identified. Findings are suggestive of gastroenteritis.
- Mild reactive lymphadenopathy.

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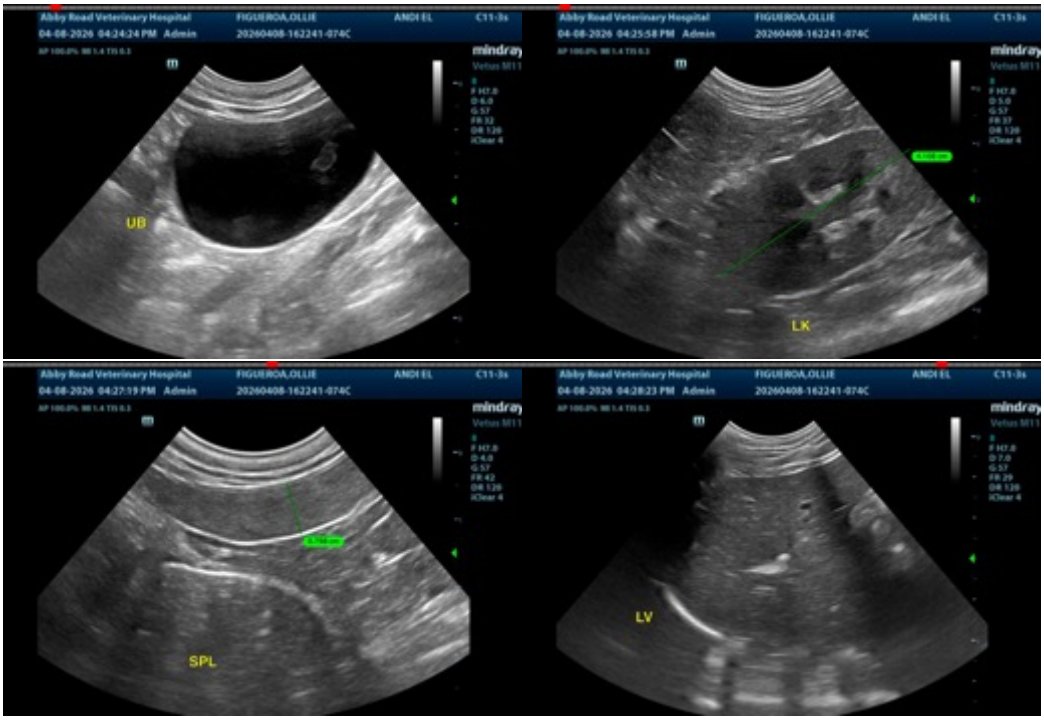
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach has a small amount of fluid, gas, and shadowing ingesta. No evidence of significant hard shadowing material is visualized. Similarly, the small intestine has some sections which are mildly fluid and gas distended but a definitive focal obstruction is not observed. Unfortunately, a focal lesion cannot be ruled out but given that this patient was reported to have eaten breakfast this morning, the stomach appears to be mostly empty based on evaluation of the images.

The pancreas is visible but not overtly inflamed, possibly consistent with improving pancreatitis? Correlate with a PLI level. Recommend continued treatment for gastroenteritis/pancreatitis and very close observation as a small, partially obstructive lesion cannot be ruled out. Consider repeat radiographs after a sufficient fast (approx. 12 hrs) to see if the obstructive appearance has resolved.

If symptoms are persistent, consider repeat imaging (radiographs +/- ultrasound) looking for the development of a new lesion or the progression of the lesions observed on today's exam. If symptoms are very convincing for partially obstructive foreign material and exploratory is pursued, consider obtaining biopsies of the GI tract at that time.



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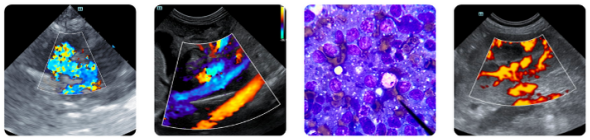

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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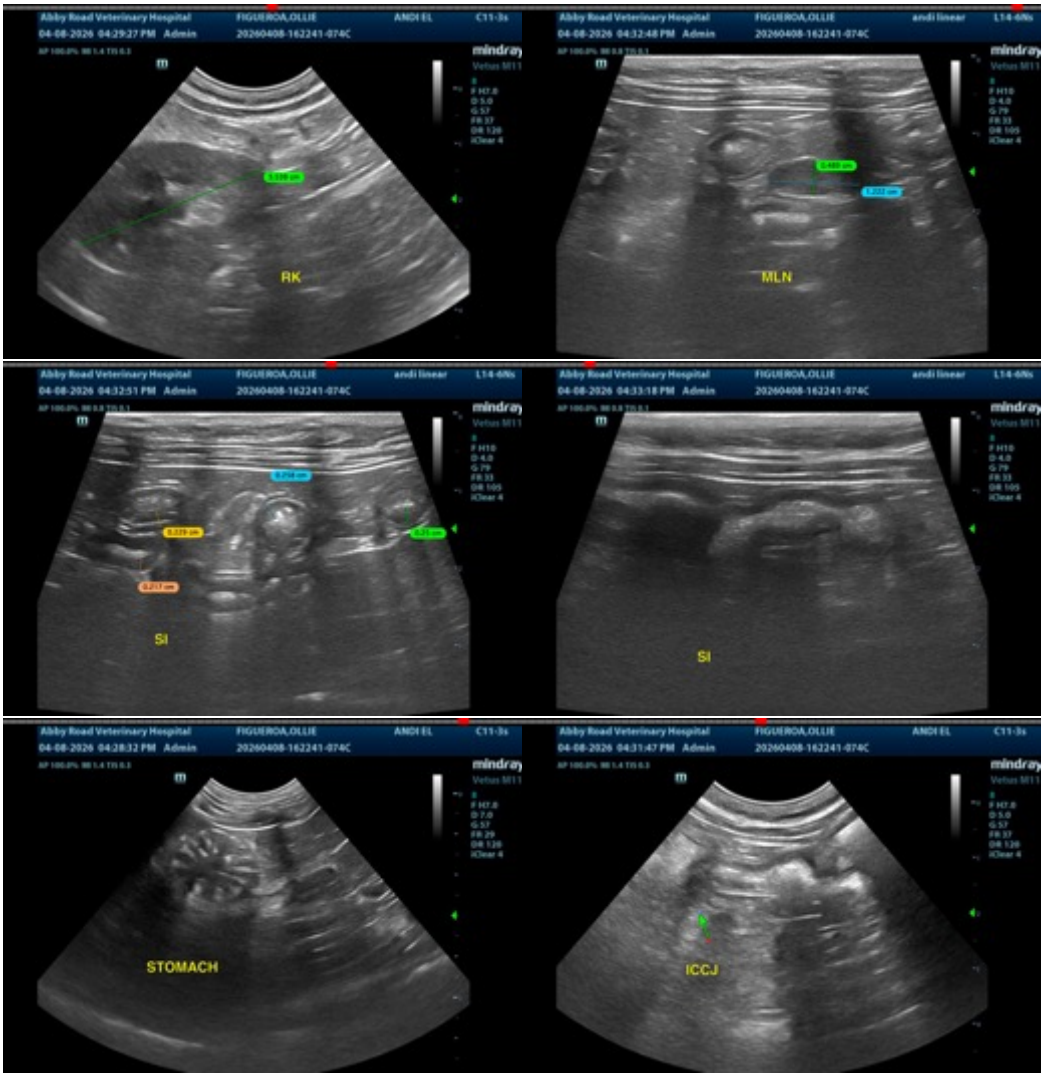

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com