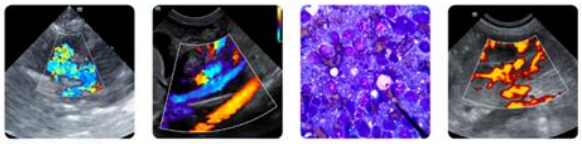


PATIENT

Scully Mathias

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

7yr

WEIGHT

3.9kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Cassie Jackson

HOSPITAL NAME

Huntsville Animal Hospital

REFERRING VET

Cassie Jackson

INVOICE
23508

DATE
01/12/2026

PRESENTING CLINICAL SIGNS

- Began vomiting acutely on Friday which continued into Saturday evening - Not eating since Friday and moderately lethargic - Presented to emerg clinic yesterday - BW showed M1 elevated TP/globulins, M1 hyperglycemia. Given SQ fluids and Cerenia, sent home with mirtazipine (O has not given) - Presented today still inappetant, lethargic, no further vomiting. No known diarrhea. Temp 39.8C, see below for BW

Abnormal PE/Chem/CBC/UA Results: - BW today revealed M1 hyperglycemia, M1 neutropenia with toxic neutrophils, rest NSF - UA 4+ glucose, SG 1.064, 3+ protein, pH 8.0, >50/HPF RBC (cysto), 8/HPF WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. An indistinct hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

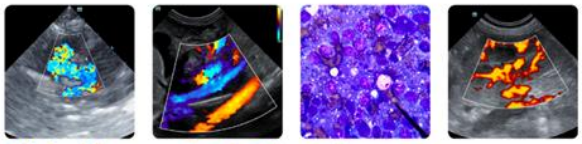
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented moderate distention with retained primarily anechoic to mildly echogenic fluid. No overt shadowing content or visualized obstruction to pyloric outflow.

The small intestine presented primarily intact wall layering and maintained wall layer ratio. The small intestine exhibited combined segmental fluid distention in the subjective proximal to mid small intestinal segments. Within the mid abdomen small intestine consistent with jejunal location a strongly shadowing lumen echo consistent with foreign body was present measuring ~ 1-1.5 cm in diameter. Concurrent segmental thickened to mildly hypoechoic intestinal wall in the area of the foreign body was present. Sonographically normal empty small intestinal segments distal to the level of the ileocolic junction and colon were present. Normal appearing small intestinal wall measured 0.20 cm in width. Thickened to hypoechoic wall in the area of the foreign body measured 0.30 cm wall width.

Normal visible colon wall layers were present with variably formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized overt significant lymphadenopathy was present.

Minor volume peritoneal effusion and peri-intestinal hyperechoic to inflamed omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Jejunal foreign body with associated segmental thickened to hypoechoic jejunal wall
- Obstructive gastrointestinal pattern proximal including moderate retained gastric fluid, empty small intestine distal
- Associated peri-intestinal hyperechoic possibly inflamed omentum and minor peritoneal effusion
- Indistinct non-specific bilateral renal medullary rim sign
- Variably formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of gastrointestinal tract and expectation toward enterotomy is recommended. Secondary inflammatory intestinal mural and peri-intestinal omental changes are suspected. Potential for emerging or occult intestinal neoplasia, inflammatory disease, FIP, are not definitively excluded.

Concurrent intestinal biopsies at time of surgery are recommended. The possibility of resection/ anastomosis of the segmental jejunum cannot be definitively excluded.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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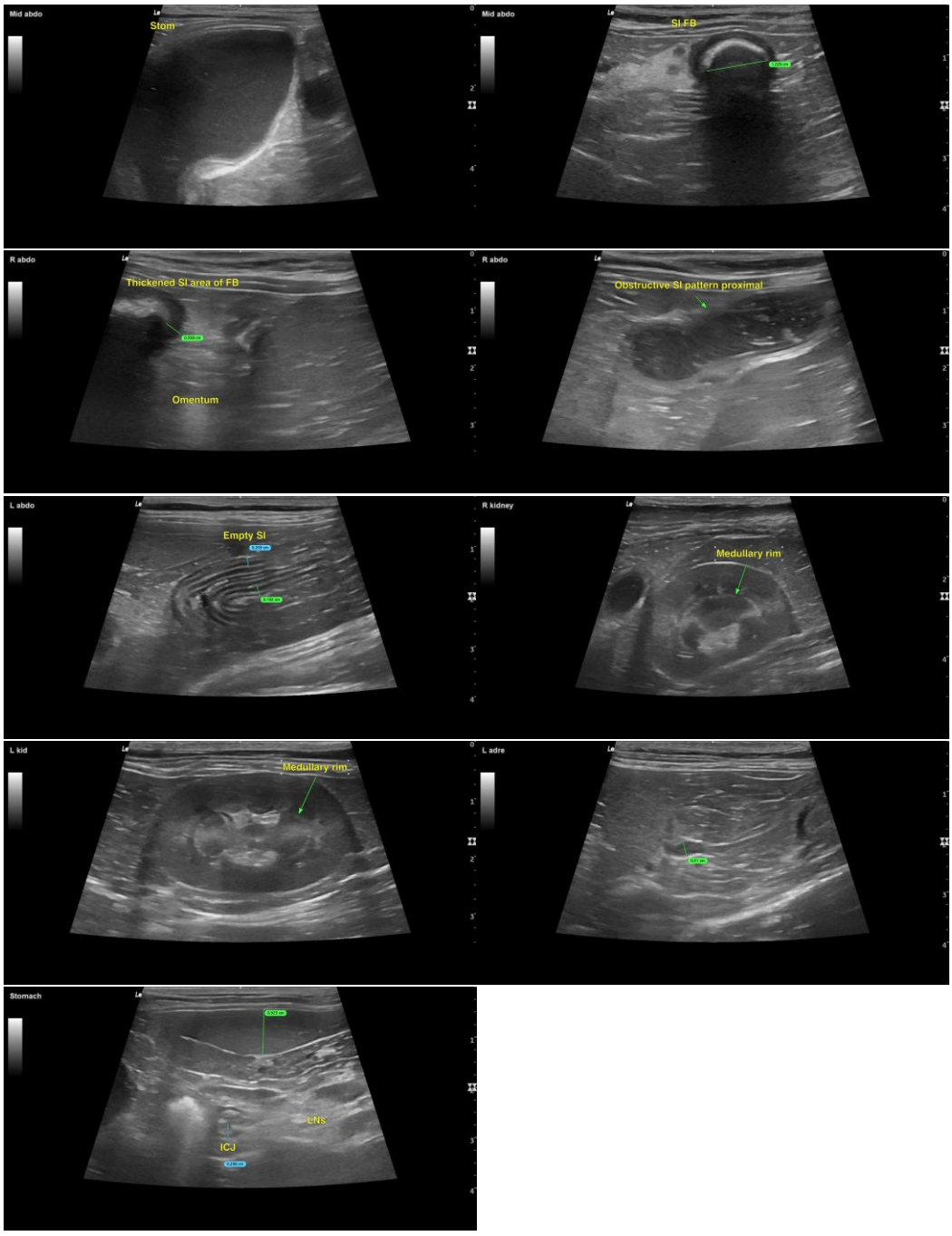

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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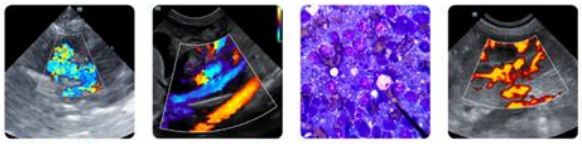

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SonoPath.com info@sonopath.com 1.800.838.4268

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