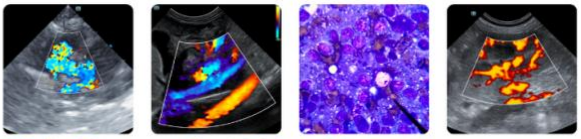


PATIENT

Lettie Schuh

SPECIES

Feline

BREED

American Shorthair

SEX

Spayed Female

AGE

3 Years

WEIGHT

5.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Kellee Burns

INVOICE

13846

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- 3.5 yr FS American shorthair presented 2/16/26 for lethargy, inappetence x 2 d duration and continued weight loss; no noted bowel movement in 48 hours and P has urinated outside the box yesterday and today
- P has been losing weight (10.3 lbs Jan 2025 BCS 6/9, 7.08 lbs Dec 2025 BCS 4/9, 6.7 lbs 2/3/26)
- Started vomiting and having soft stools 2/3/26; was seen at rDVM where they palpated cranial abdominal mass and performed barium study which showed dilated loops of bowel, bunching of SI, radiopaque material in stomach and SI. On 2/4/26 the cranial abdominal mass was no longer palpable and suspected obstructive material was in colon. P was given SQ fluids and Cerenia. P stayed on Cerenia for 4 more days with minimal improvement.
- P does have a history of eating non-food items such as plastic

Abnormal PE/Chem/CBC/UA Results: no recent bloodwork performed d/t cost limitations

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was volume contracted in appearance owing to lack of urine. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

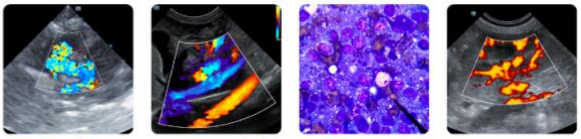
No obvious pathology in the area of the right adrenal gland.

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.

Spleen

The spleen was subnormal in size suggestive of volume contraction and 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



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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. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate progressively shadowing ingesta and lumen gas without signs of obstruction or foreign material.

The small intestine revealed mid abdomen intussusception subjectively involving the nonspecific intestinal segments. Variably distended intestinal segments with nonshadowing to progressively shadowing ingesta subjectively proximal to the intussusception. The variably ingesta-distended small intestinal segments exhibited intact mild to altered wall layering owing to propensity for mild to variably prominent muscularis layer. Differentiation between ingesta distended intestinal segments and colon was difficult with potential for concurrent colon distention with formed to progressively shadowing fecal matter.

Pancreas

The region of the pancreas was sonographically normal.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Variably echogenic gastric ingesta.
- Mid abdomen intussusception.
- Variably distended small intestinal segments with progressively shadowing fecal matter, possible feces distended colon.

Secondary Findings

- Volume contracted spleen.
- Empty urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal segments exhibiting altered wall layer ratio may indicate primary intestinal disease, i.e. IBD or other inflammatory enteropathy while potential for emerging intestinal neoplastic criteria such as lymphoma, non-visualized intestinal mass, or foreign body owing to variably distended intestine with progressively shadowing fecal matter is possible.

Exploratory laparotomy with gross inspection of the gastrointestinal tract and intussusception, resection anastomosis, and intestinal biopsies not associated with the intussusception is

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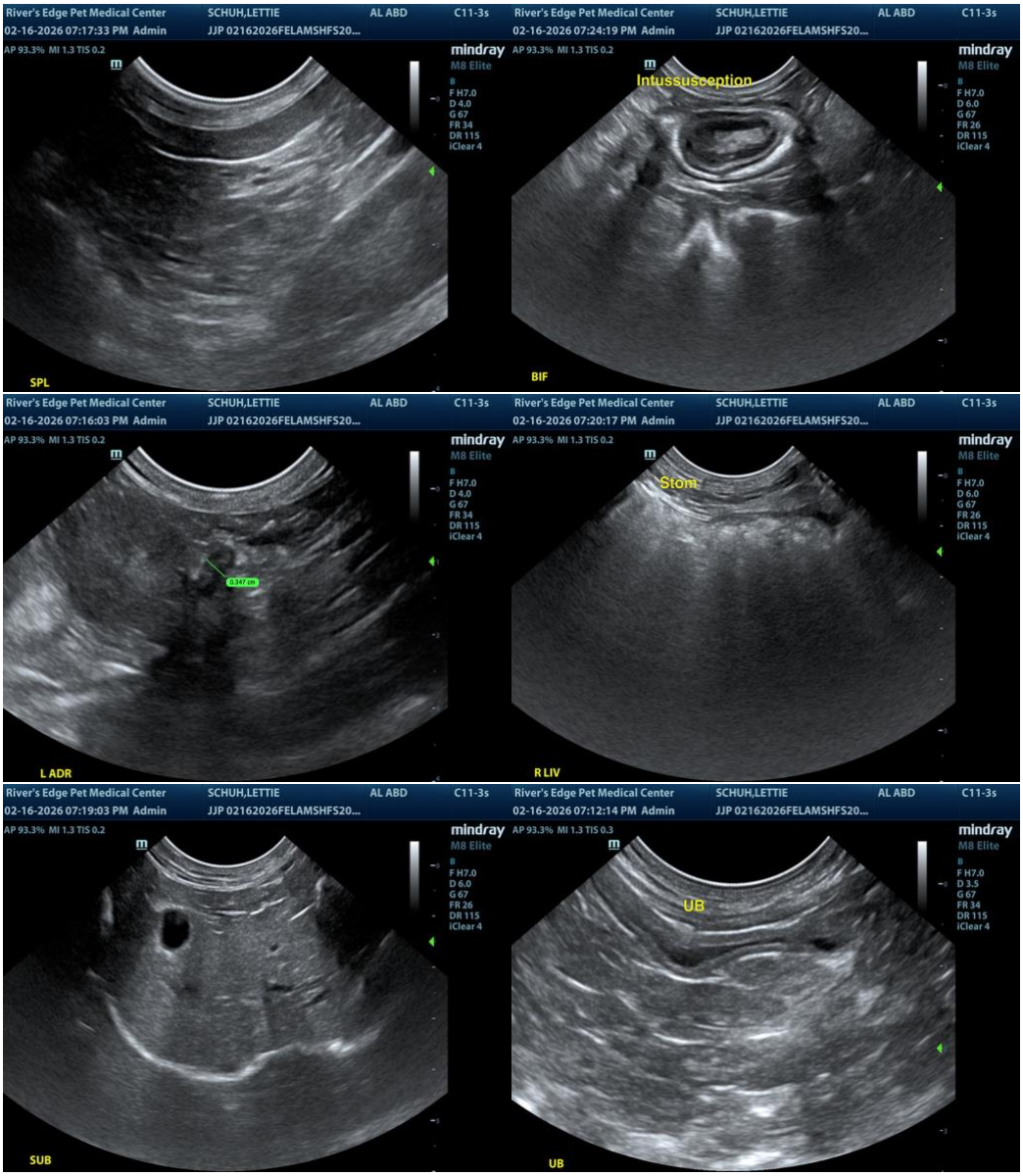
recommended. The definitive ileocolic junction was not overtly visualized owing to degree of intestinal ingesta with potential ileocolic intussusception not definitively excluded.



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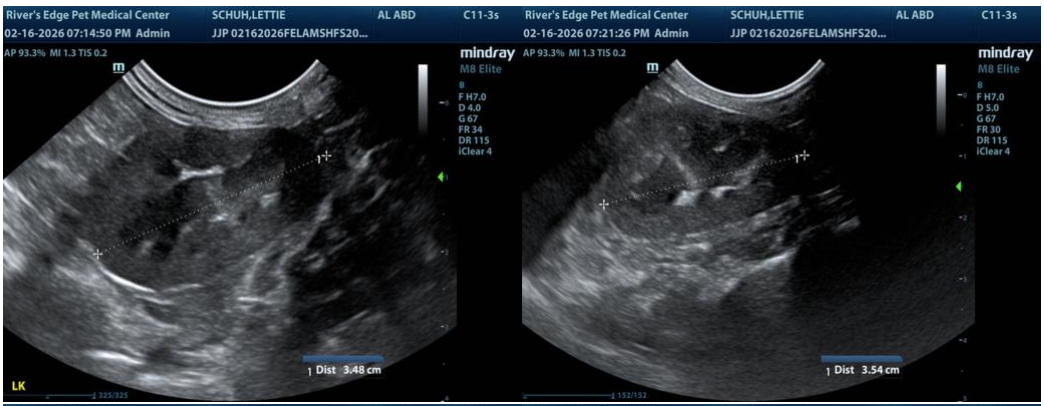

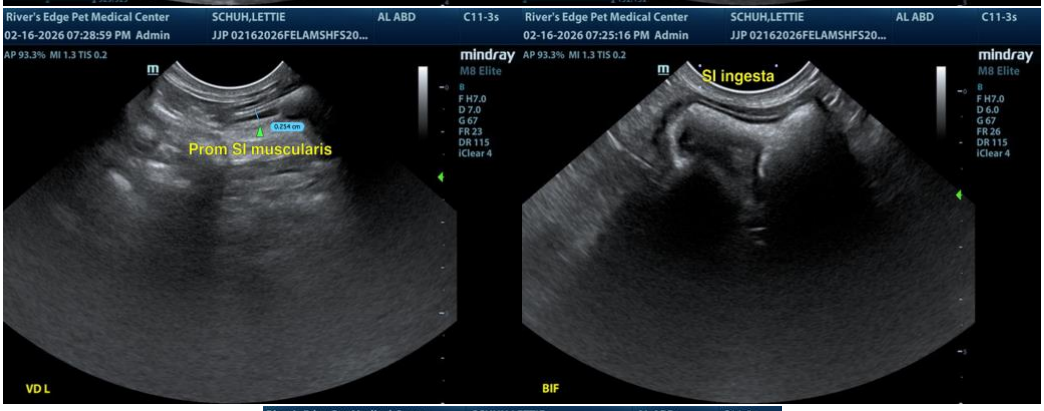

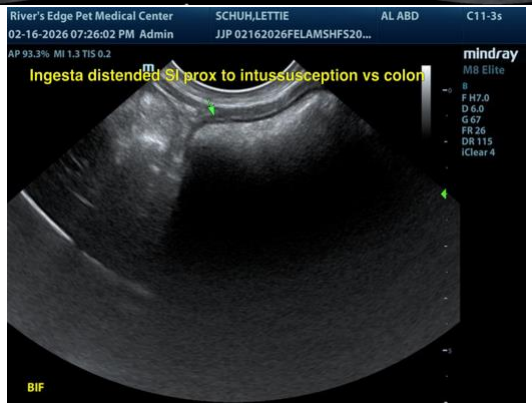

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com