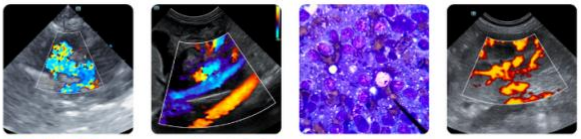

PATIENT

Merle Bildershelm

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

6 Years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Emergency

REFERRING VET

Dr. Averil Almeida

INVOICE

15303

DATE

04/21/26

PRESENTING CLINICAL SIGNS

History of vomiting, inappetence, suspected FB

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. 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.

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 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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. 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 with moderate fluid distention and overtly normal intact wall layering. No obstruction to pyloric outflow.

The small intestine presented overall intact wall layering with maintained wall layer ratio. A segment of mid abdomen jejunum contained a strongly shadowing lumen echo potentially measuring 3.0 cm to 4.0 cm in length by 1.5 cm in diameter. Associated mildly thickened jejunum wall with indistinct mural detail measuring 0.27 cm wall width. By comparison, normal intact empty jejunum wall measured 0.21

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cm wall width. No evidence of pathology in the area of the ileocolic junction, measuring 0.36 cm wall width. The duodenum exhibited minor ileus without obstructive pattern.

Normal visible colon wall layers were present with no distention and shadowing fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Peri-intestinal hyperechoic omentum and minor peritoneal effusion was present. No obvious visualized significant omental lymphadenopathy.

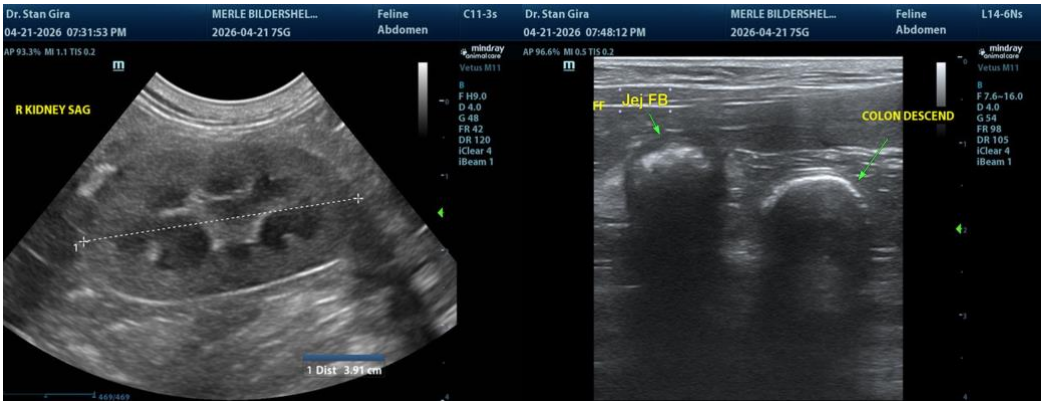
ULTRASONOGRAPHIC FINDINGS

- Jejunal foreign body with associated segmental mildly thickened jejunum wall, regional peri-intestinal reactive possibly inflamed omentum.
- Non-obstructive hypomotile stomach.
- Shadowing fecal matter in colon.
- Minor peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The jejunal foreign body does not overtly appear to be obstructive given lack of overt proximal intestinal fluid dilation. Suspected associated or secondary segmental intestinal and regional peri-intestinal inflammatory omental changes with mild potential for emerging peritonitis.

Laparotomy with expectation toward enterotomy and with intestinal biopsy is strongly suggested to assess for underlying intestinal disease is recommended. Given time frame between ultrasound study and interpretation, brief sonographic reassessment prior to surgery is recommended to ensure no movement of the jejunal foreign body.



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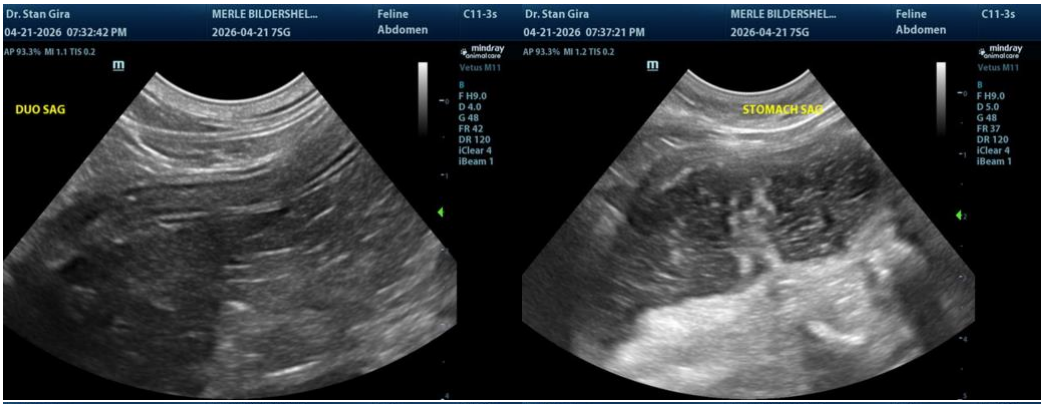

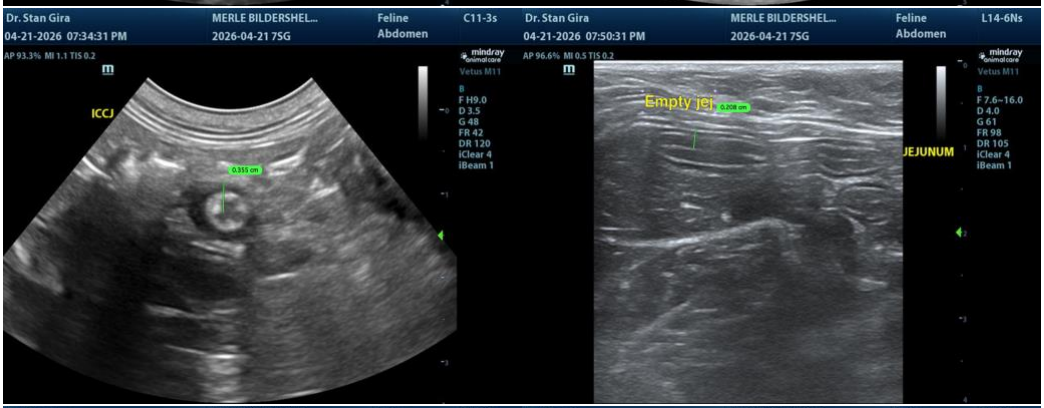

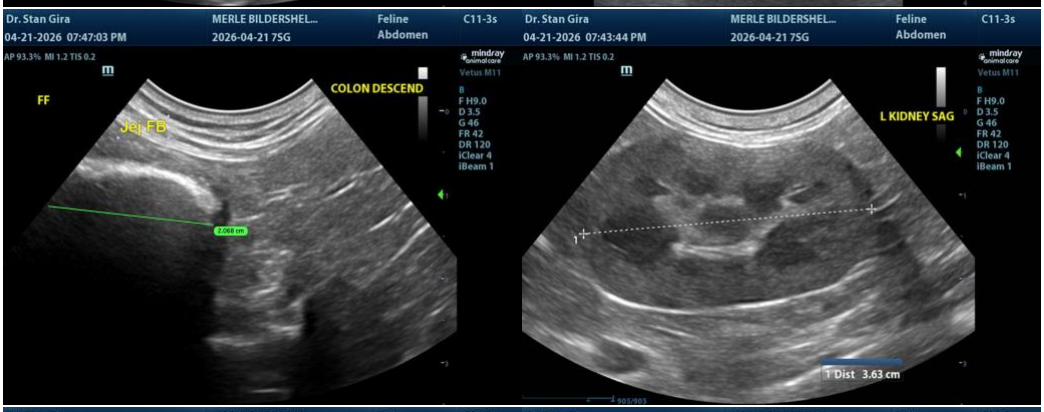

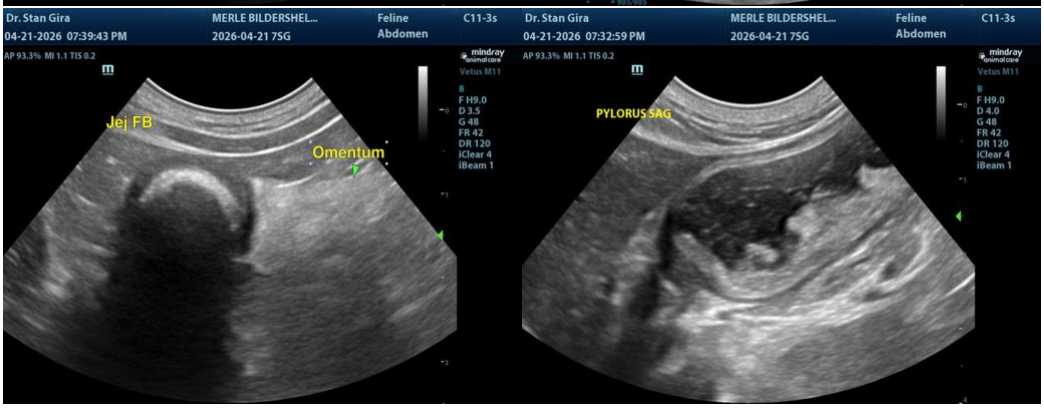

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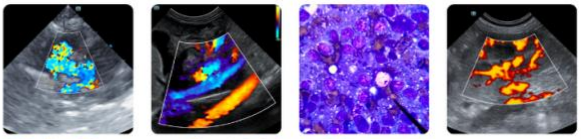

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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