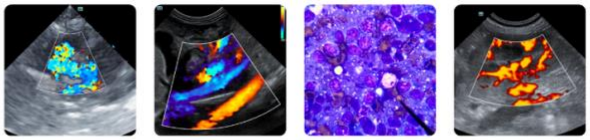


PATIENT

Simba Farver

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.8

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Kim Davidson

INVOICE

35986

DATE

12/21/25

PRESENTING CLINICAL SIGNS

History: Ate 2 ear plugs and vomited one up. Has been vomiting/inappetent for 5 days. History of pancreatitis and CKD. tacky MM, pain on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: 12/19 • Full chem w/ lytes: alb 4.2, ALT 951, ca 7.3, chol 249, creat 4.0, GGT 14, glu 333, phosp 14.7, tbil 1.0, tp 9.7, glob 5.5, bun 101.7 • Radiographs 3 views: • Evidence of at least gastroenteritis and constipation. Concern for possible proximal duodenal poorly defined foreign material • Mild hepatomegaly with likely GB dilation and cholelithiasis. • Cystolithiasis suspected. • Mild splenomegaly • FeLV/FIV - negative • UA - USG - 1.022, 1+ cocci, 6-8 RBCs/hpf • BP - normal. 12/20/25 • Radiographs of the abdomen 3 views - submitted to Antech • Mildly progressive gas distention of the stomach and proximal duodenum with questionable duodenal heterogeneous material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.0 cm. The right kidney measured 4.1 cm. Normal colorflow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.23 cm in length x 0.42 cm in width. The right adrenal gland measured 0.54 cm in width.

Spleen

Normal size (1.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

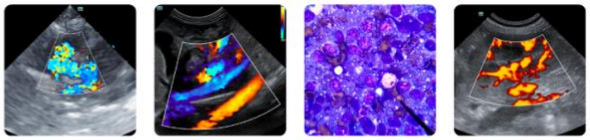
Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing a moderate amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of both the cystic and common bile duct.

Gastrointestinal



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Severely distended fluid filled stomach with normal appearance of the gastric wall, showing normal thickness and no loss of layering. Shadowing hyperechogenic foreign body was noted in the proximal small intestine with the surrounding loops of intestine containing fluid. Normal appearance of the wall of the duodenum and small intestine with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Normal appearance of the ileo-cecal junction and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal foreign body resulting in intestinal obstruction
- Dilated and tortuous bile duct
- Gall bladder sediment
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the appearance of the bile duct would be secondary to the intestinal obstruction (obstruction at the level of the duodenal papilla).

The gallbladder sediment is most likely and incidental finding.

The most likely etiology for the urinary bladder sediment would be hematuria and bacterial cystitis as per the patient's history.

Initial further assessment and therapy would be laparotomy.

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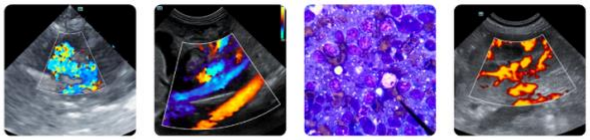

Clinical Sonography & Telecytology
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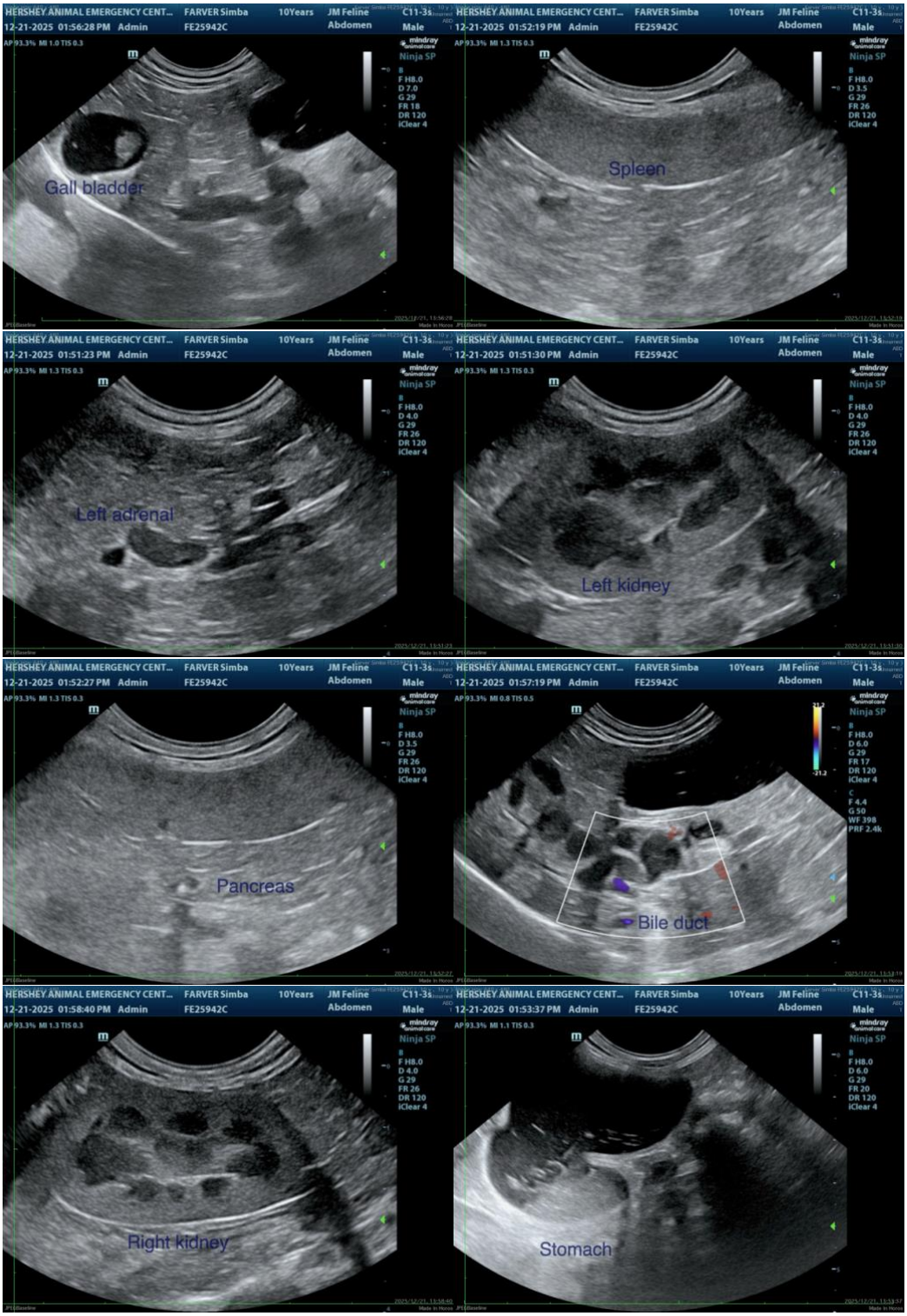

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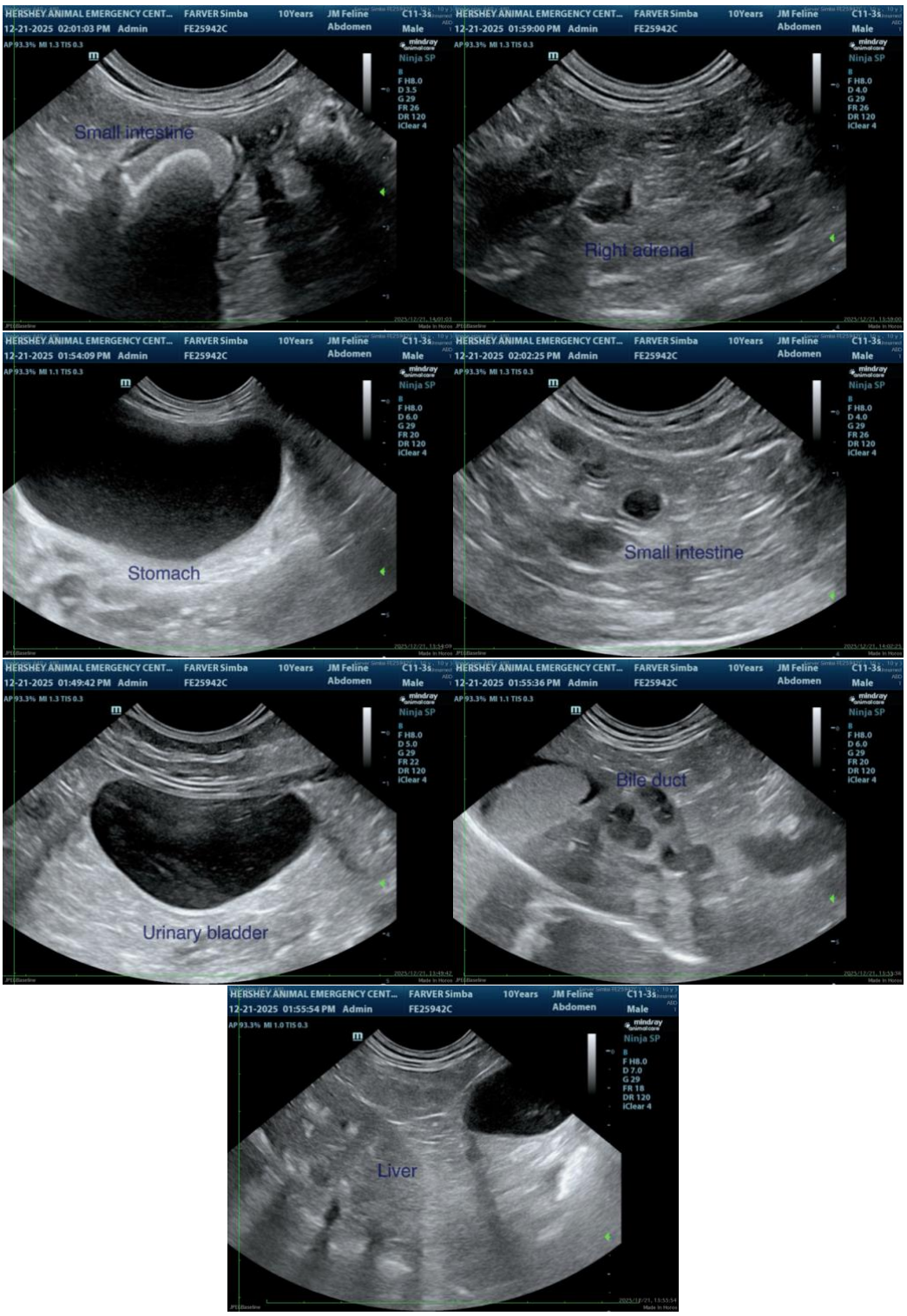

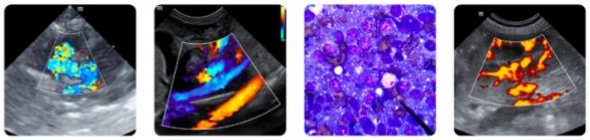

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com