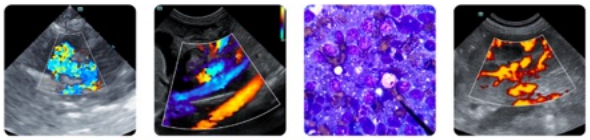


PATIENT

Molly Lawrence

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Jackie Walker

INVOICE

74626

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: A radio-dense material in the stomach. Ruling out a foreign body. Presenting complaint began 7–10 days ago with liquid brown/green vomiting and anorexia. The owner recently sought veterinary care due to concern over ribbon ingestion and potential obstruction; blood work was reportedly normal. Molly has improved slightly over the last two days, picking at food and ceasing vomiting. She consumed some water and Churu treats yesterday, but remains less hydrated than normal. She is currently lethargic, a significant change from her typically active and playful nature. Monitoring stool output is difficult due to other cats in the household. The patient is an indoor-only cat with a history of a viral-like respiratory illness two months ago. She is not a chronic vomiter, typically only experiencing occasional hairballs.
CLINICAL SIGNS: Vomiting and not eating, but she had stopped vomiting and will eat Churu treats
MEDICATIONS: Famotidine 5mg BID
Hemoglobin 16.6 g/dL H Lymphocytes 0.87 K/uL L ALP <10 U/L L Neutrophils 2.3) K/uL Low end L Eosinophils 0.18 K/uL Low Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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.

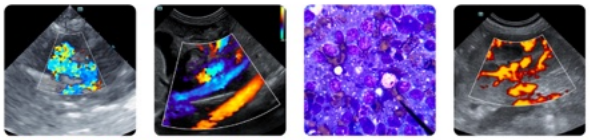
Normal renal size (left measured 3.9 cm, right measured 4.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm in width. The right adrenal gland measured 0.4 cm in width.

Spleen

Normal size 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. The spleen measures 0.6 cm in width.



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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

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, 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. Fecal material is present in the colon.

Pancreas

The 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis an unlikely differential diagnosis. The gallbladder sediment can be considered an incidental finding. In essence this is a normal ultrasound examination of the abdomen with no obvious etiology for the presenting clinical signs.

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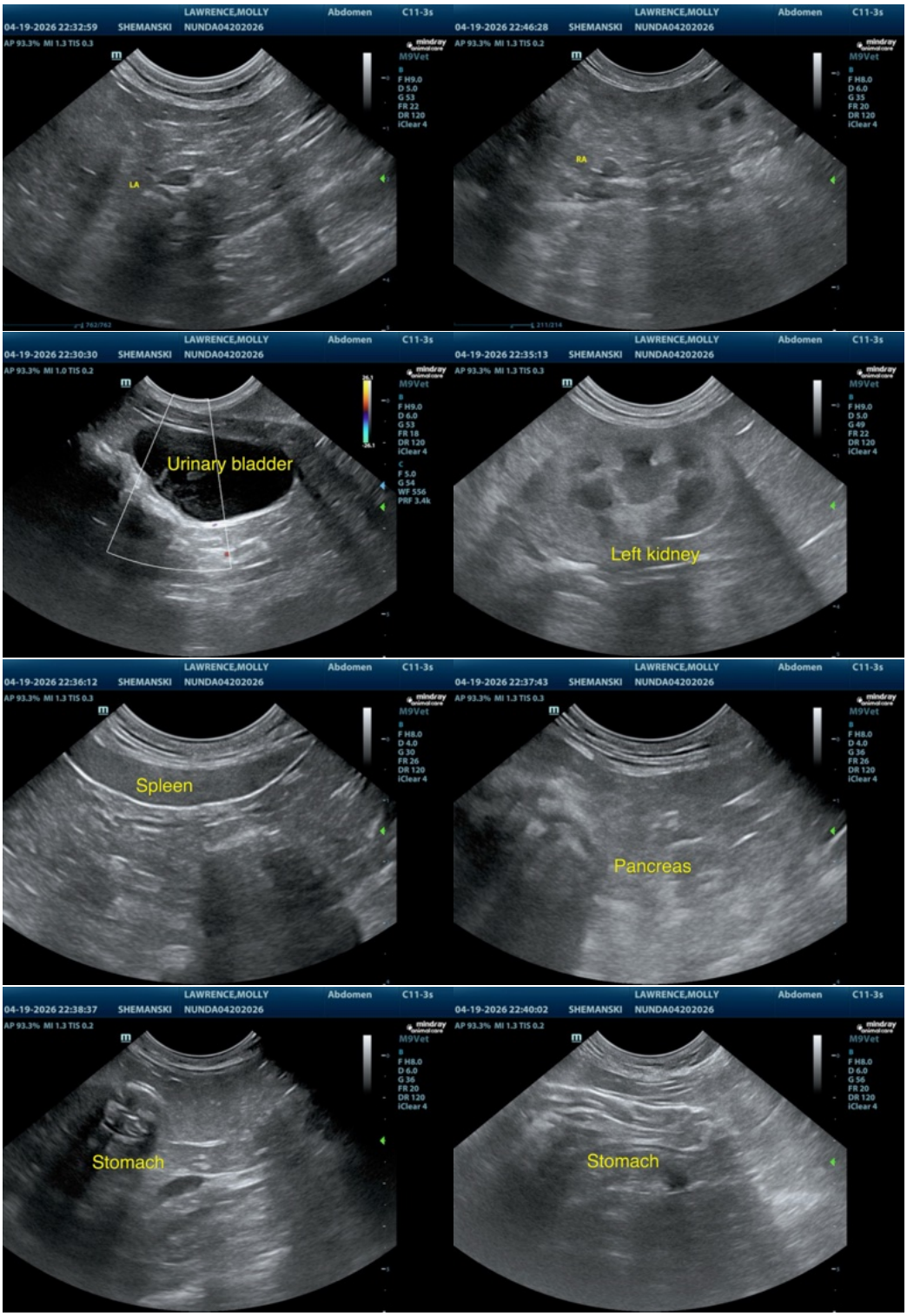
On this ultrasound there is no evidence of a gastrointestinal foreign body.



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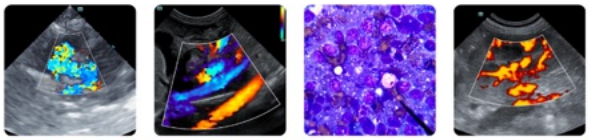

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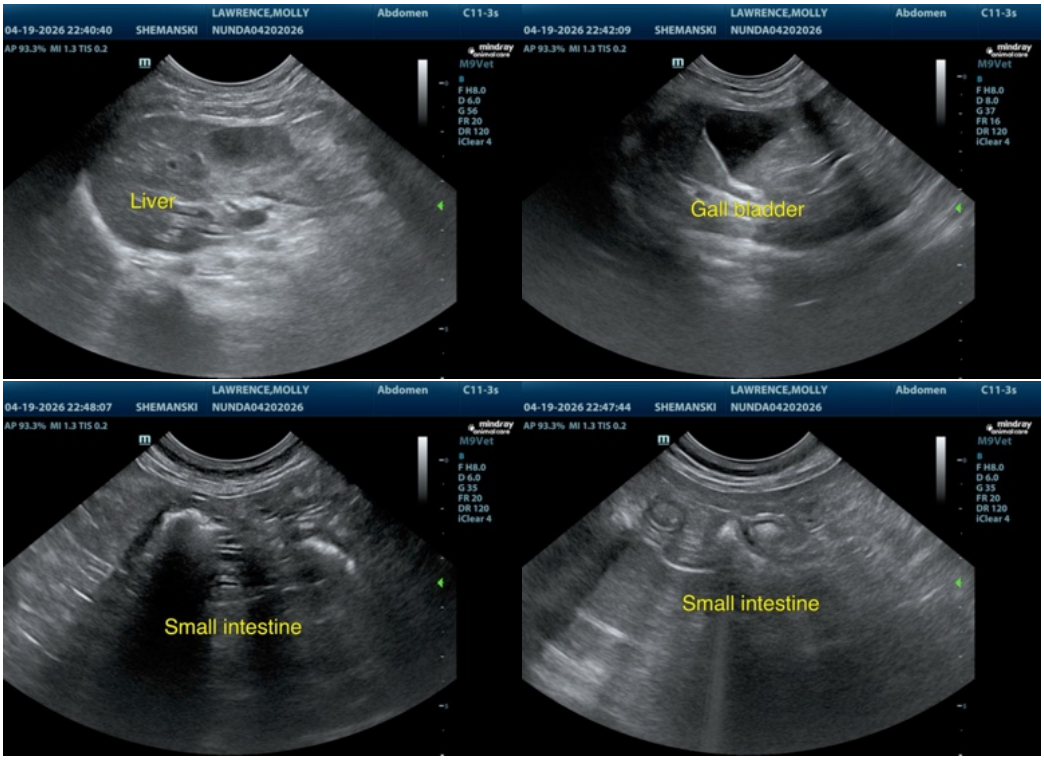

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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