



PATIENT

Jayda Anderson

SPECIES

Feline

BREED

Ragdoll

SEX

FS

AGE

9 years

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Richard Parsons

INVOICE

12113

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Anorexia (first seen 6/1/26) and vomiting hairballs. The owner reports Jayda has been anorexic since last Friday night. She vomited a hairball on Tuesday and another one the week before. She does get hairballs about every 2-3 weeks. She is not having diarrhea. She last defecated on Tuesday night, and it was normal. She normally defecates nightly.

Dr. Parsons administered an injection of Cerenia yesterday and prescribed Mirtazapine for the ear. After the medication, she ate about a quarter of a can of I/D mixed with water and some I/D dry food last night. This morning, she was meowing, seeming hungry, but then would go to the food and not eat. The owner brushes her and takes her to a groomer every 1-2 months. The owner usually gives Laxatone about once a week to once every two weeks.

CLINICAL SIGNS: Vomits hairballs once every two weeks chronically, but lately, she has no appetite unless she gets mirtazapine.

MEDICATIONS: Hills I/D, Mirtazapine transdermal.

Abnormal PE/Chem/CBC/UA Results: June 04, 2026 Rad report: 1. Nonspecific gastric and jejunal content may be food ingesta or foreign material such as trichobezoar with fluid/mucus. 2. No obstruction is seen, although mild uniform distention of the jejunum is suggestive of functional ileus. June 01, 2026 Urine specific gravity: 1.072 Urine protein: 30 mg/dL Urine sediment: No bacteria detected. Red and white cells both <1 per high power field. Total T4: 1.7 mcg/dL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing scant amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no uroliths evident.

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. Left kidney measures 3.2 cm and the right kidney measures 3.5 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.26 cm in width and the right adrenal measures 0.32 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 0.8 cm in width.

Liver



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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 containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the 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. Large, hyperechogenic foreign body within the stomach measuring approximately 1.2 cm x 3.3 cm in size with no obvious obstruction evident. Fecal material present within the colon.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

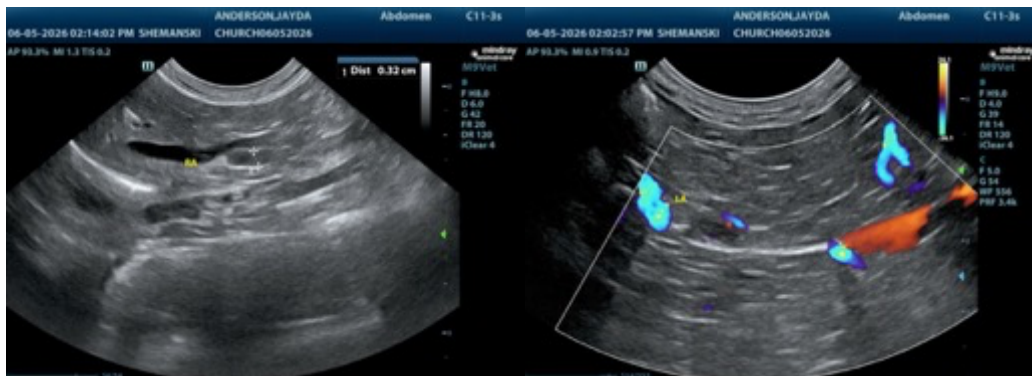
Normal appearance of the heart with no pleural or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the patient's history and appearance of the foreign body, the most likely etiology would be a hairball. Medical management would be the use of laxatives, and feeding a hairball controlled special diet. If there is not a satisfactory improvement, then surgical removal of the hairball would be indicated.





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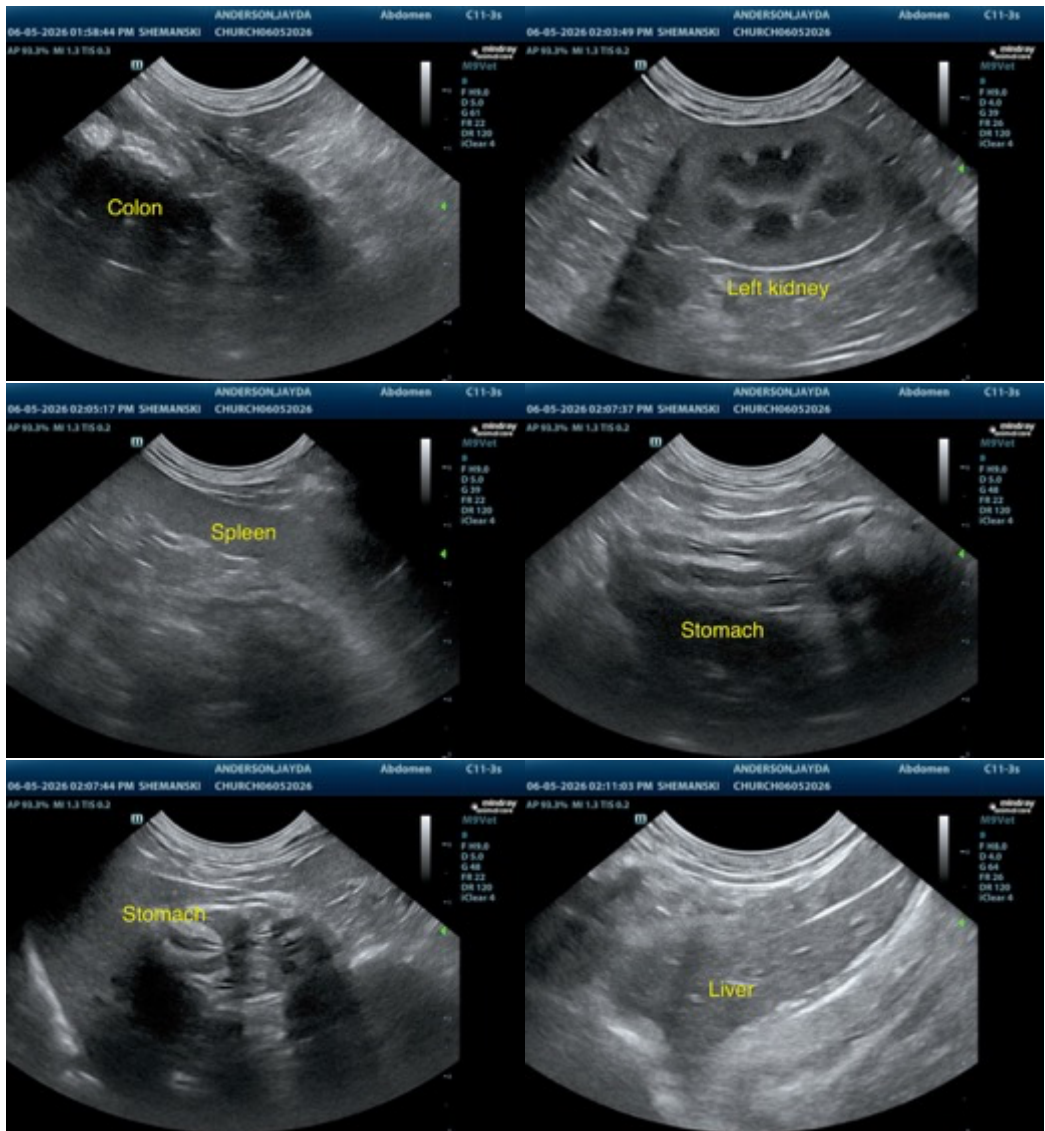
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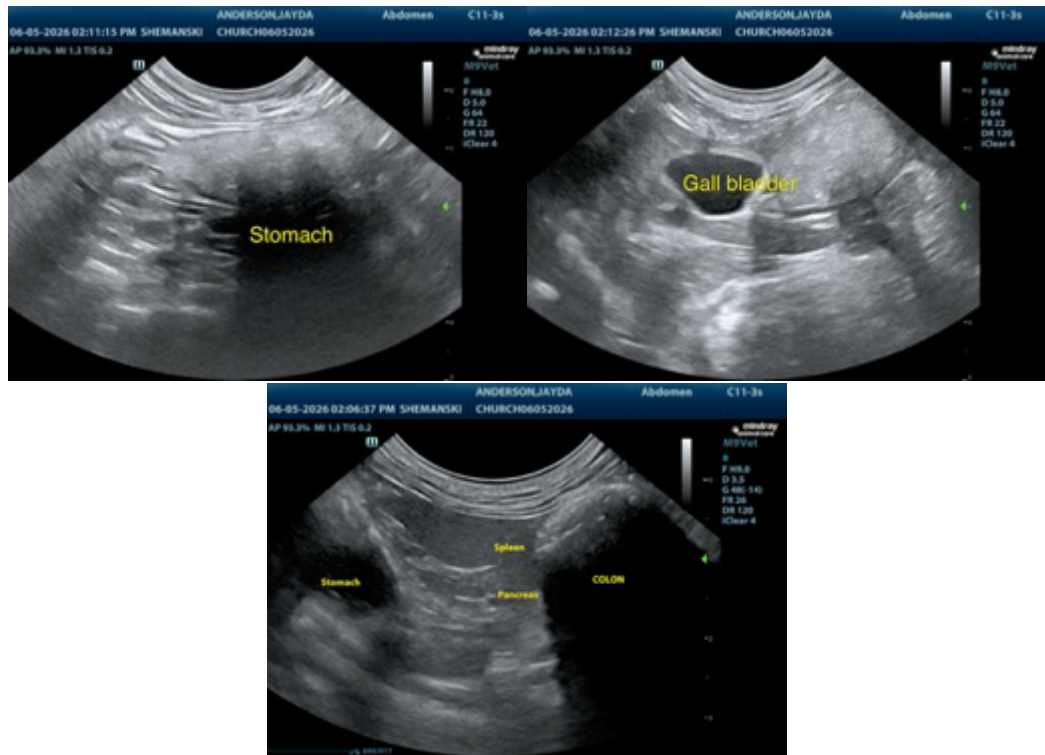
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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