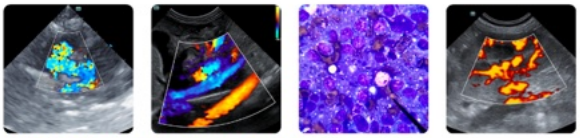

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PATIENT

Clyde Williams

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

5 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King VH

REFERRING VET

Dr. Aldridge

INVOICE

68562

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: P seen at ER on 11/8 for vomiting white foam. Bloodwork and rads no obvious foreign body. Sent home with liquid metronidazole- P vomiting up white foam and the liquid metronidazole. Rads today- gas in stomach. 2 rads attached No string under tongue

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 3.8 cm, right measured 4.2 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 1.09 cm in length x 0.32 cm and 0.31 cm in width. The right adrenal gland measured 0.88 cm in length x 0.35 cm and 0.39 cm in width.

Spleen

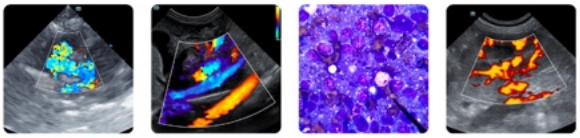
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in length.

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 small 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.



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Gastrointestinal

Normal thickness of the stomach (0.3 cm) with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio, but showing a hypoechogenic appearance of the gastric submucosa. A focal, hyperechogenic region in the proximal duodenum with a prominent appearance of the underlying muscularis layer. The rest of the duodenum has normal wall thickness. Normal appearance of the 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.

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

Prominent appearance of the mesenteric lymph nodes measuring up to 0.6 x 1.0 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteropathy.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastroenteropathy would be acute gastroenteritis such as dietary indiscretion, toxins, viral with a previous foreign body, focal ulcerative disease at the level of the duodenum and pancreatitis differential diagnosis.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia a less likely differential diagnosis.

The most likely etiology for the urinary bladder sediment would be incidental debris with crytalluria and bacterial cystitis a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be urine and fecal analysis, possible urine culture and FPL/PSL assay.

Initial symptomatic management would be antiemetics and feeding a low fat intestinal type diet, but if there is no satisfactory improvement or a relapse then further assessment would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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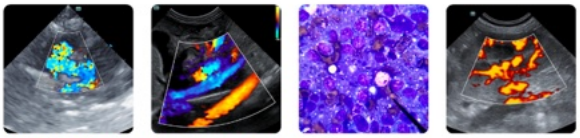

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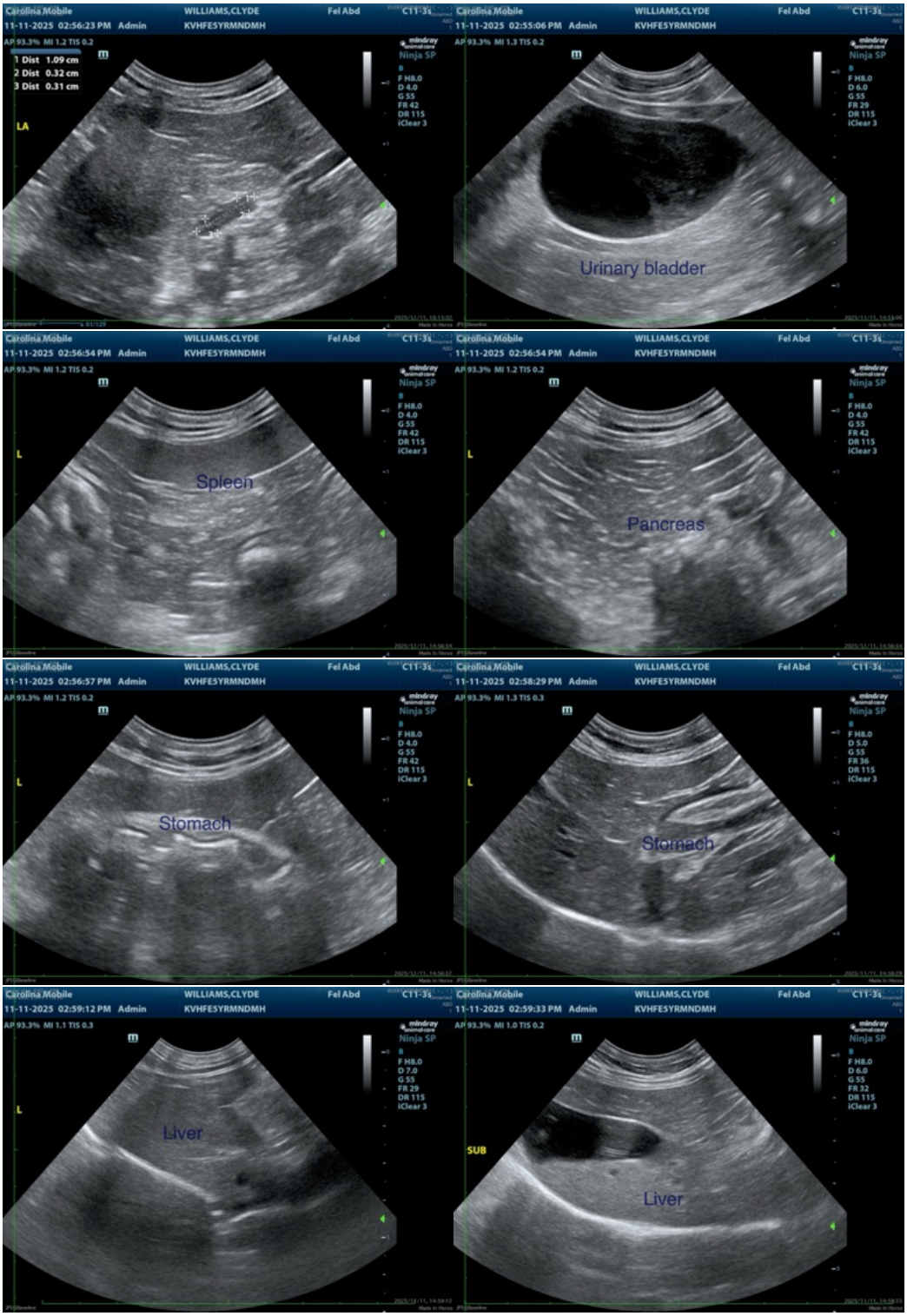

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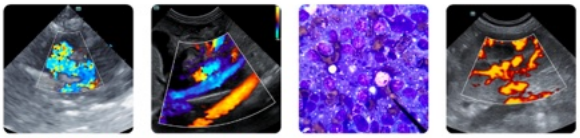

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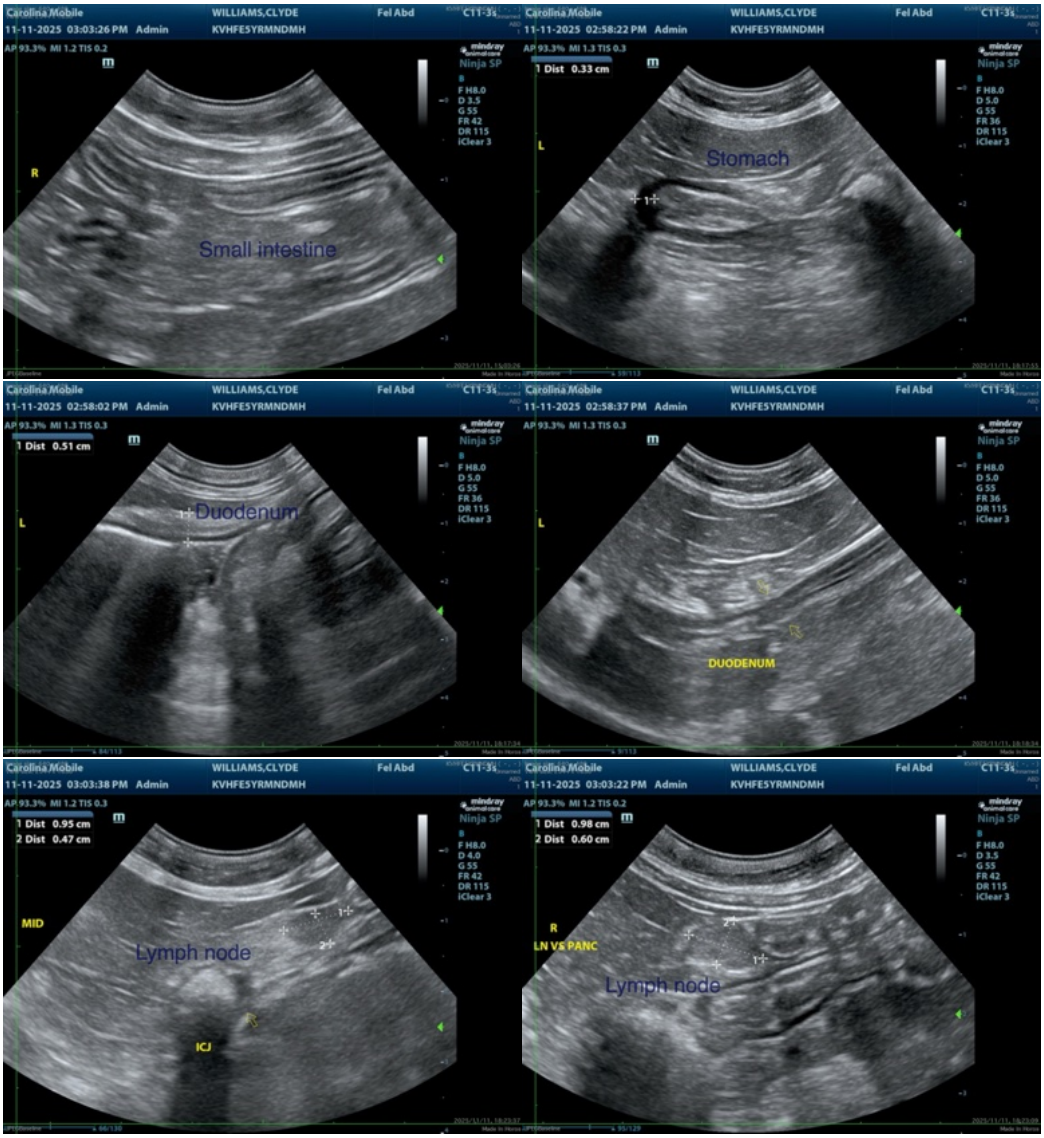

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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