



**PATIENT PRESENTING CLINICAL SIGNS**

Roman McGrath History: consumed pink yarn yesterday, vomited 4 times since then some yarn has already come up

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**BREED**

DSH

The left kidney is normal in size (3.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Intact Male

The right kidney is normal in size (3.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

6 mos

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**WEIGHT**

7.5 lbs

**Spleen**

The spleen is normal in size (0.74 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small  
Animal Internal Medicine*)

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**IMAGING PERFORMED BY**

Jenn

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In the available images, one segment of small intestine is mildly to moderately distended with fluid and chyme. In the remaining segments, the lumen appears empty. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

**REFERRING VET**

Dr. Maniar

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**INVOICE**

12042

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.02 cm jejunal lymph node is visualized. The node is normal in shape and echogenicity.

**DATE**

1.13.23



**PATIENT**

Roman McGrath

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Intact Male

**AGE**

6 mos

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (Small  
Animal Internal Medicine)

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

12042

**DATE**

1.13.23

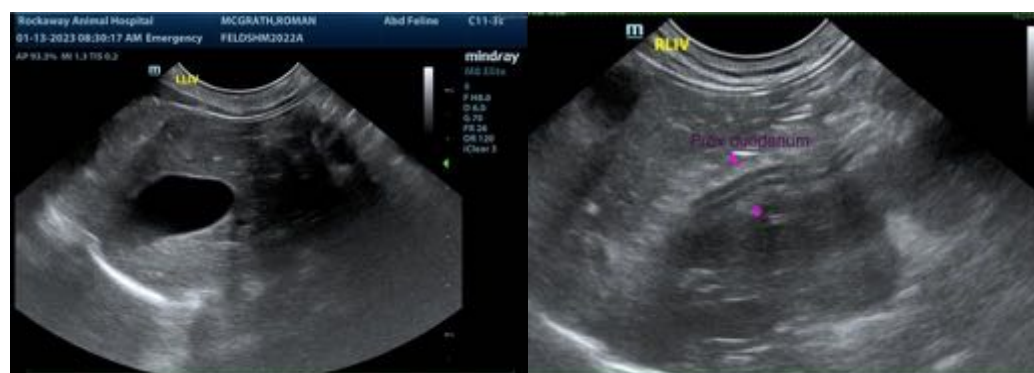
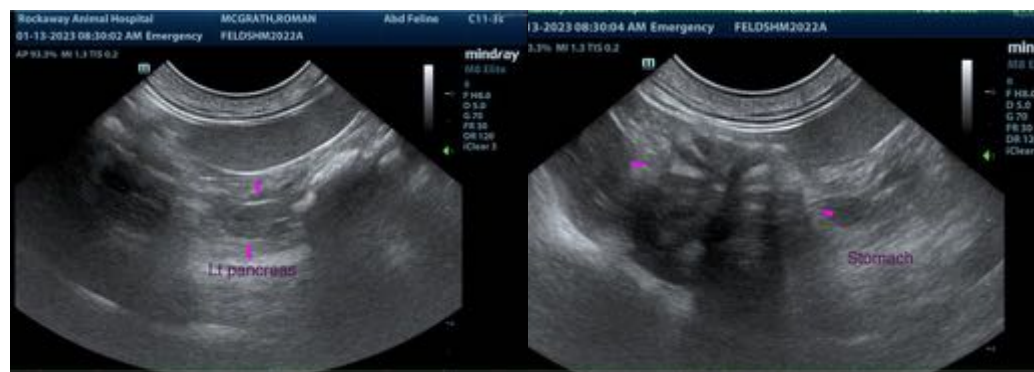
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- In the available images, there is no obvious evidence of an obstructive pattern. However, given the one dilated small intestinal segment, a partial obstruction cannot be completely excluded.
- The prominent jejunal lymph node is likely reactive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for dietary indiscretion/acute gastroenteritis is recommended, with a repeat ultrasound in 12-24 hours to recheck the bowel, particularly if the patient's clinical signs persist.





**PATIENT**

Roman McGrath

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Intact Male

**AGE**

6 mos

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

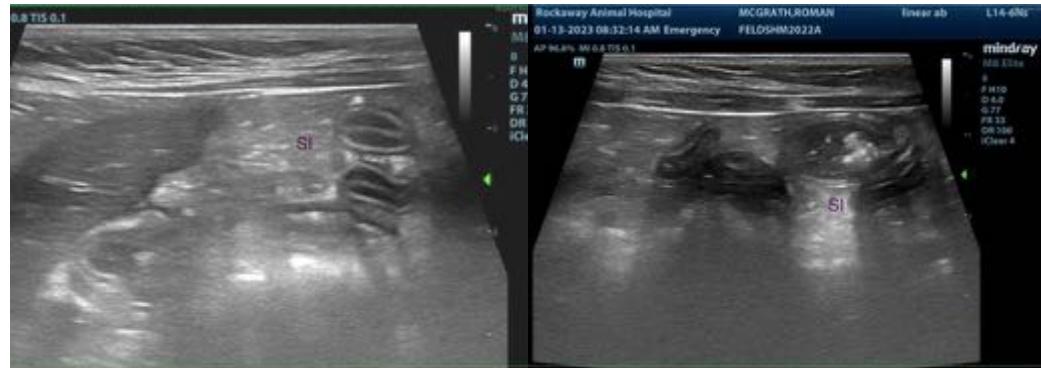
Dr. Maniar

**INVOICE**

12042

**DATE**

1.13.23



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com