



**PATIENT**

Aristo Alvi

**PRESENTING CLINICAL SIGNS**

History: constipation, cn't R/O fb ate a plastic toy

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Siberian

The left kidney is normal size (3.66 cm in length); normal shape and architecture with 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**

Male, neutered

The right kidney is normal size (4.26 cm in length); normal shape and architecture with 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**

2 Yrs.

**Adrenal Glands**

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

**WEIGHT**

11.5 lbs.

**Spleen**

The spleen is normal in size (0.83 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

**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.

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**PATIENT**

*Free Abdomen*

Aristo Alvi

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Siberian

- Formed fecal material, consistent with a history of constipation. There is no obvious evidence of a foreign body/obstruction.
- An obvious cause for the patient's constipation is not definitively identified in this study. Considerations include dehydration, underlying metabolic issue, idiopathic megacolon, orthopedic or neurologic issue, other.

**SEX**

Male, neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

2 Yrs.

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Orthopedic and neurologic examinations +/- abdominal/pelvic radiographs are recommended to assess for non-metabolic causes for constipation. In the meantime, supportive care (i.e., enemas as needed, Miralax, fiber supplementation) is recommended.

**WEIGHT**

11.5 lbs.

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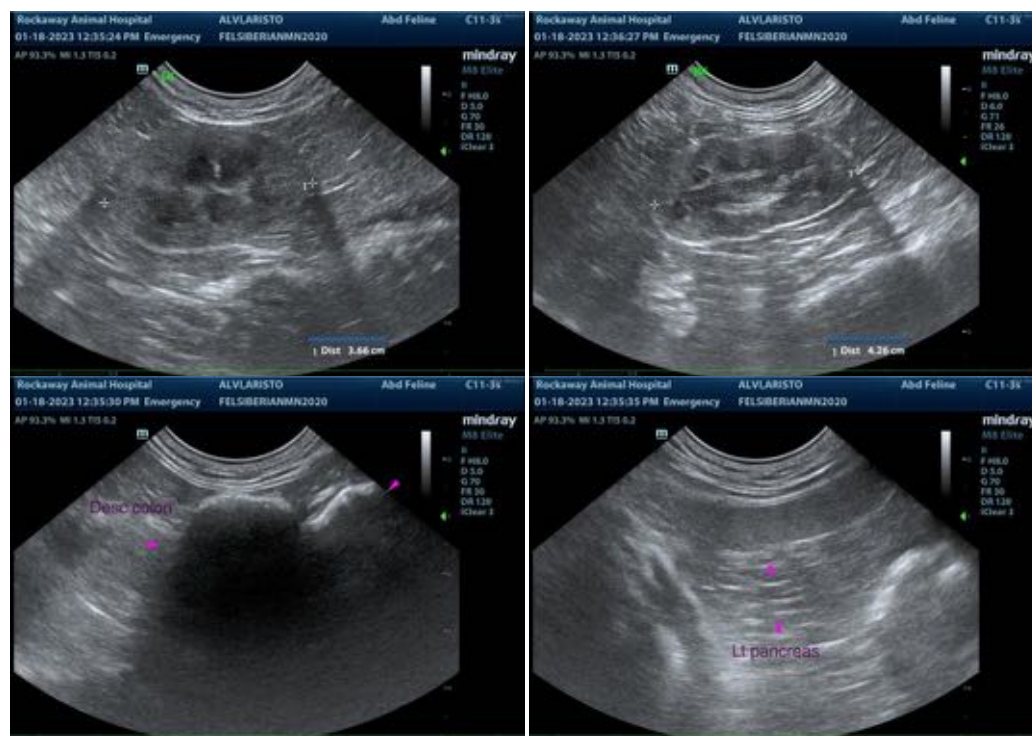
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**SPECIES**

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Siberian

**SEX**

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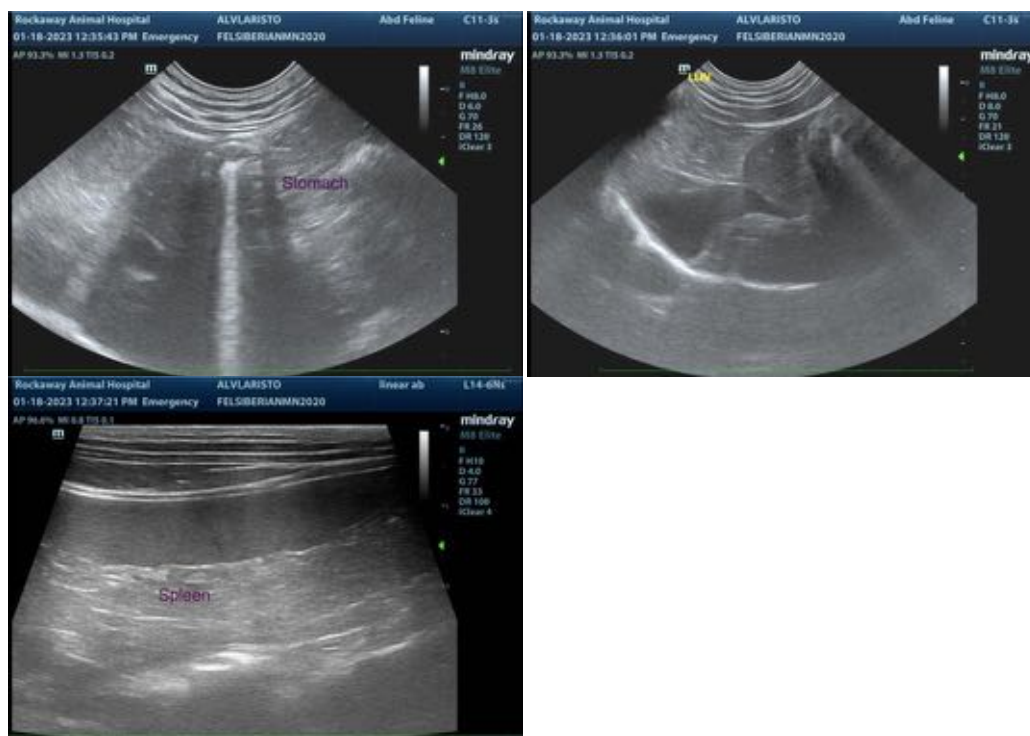
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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