



PATIENT

Marcus Alvi

PRESENTING CLINICAL SIGNS

History: FB? ate a plastic toy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder wall is 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 the visible portion of the proximal urethra are normal.

BREED

Siberian

The left kidney is normal size (3.65 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 (3.54 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

1 Yr.

Adrenal Glands

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

WEIGHT

13 lbs.

Spleen

The spleen is normal in size (0.71 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 mildly distended. The wall is slightly thickened (up to 0.16 cm). Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

IMAGING PERFORMED BY

Jenn

Gastrointestinal

HOSPITAL NAME

Rockaway

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. 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 ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

REFERRING VET

Dr. Maniar

Pancreas

INVOICE

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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.

Free Abdomen

DATE

1/18/23



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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent colic lymph nodes are visualized, the largest measuring 0.46 cm in length.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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- The mildly thickened gallbladder wall may be artifactual due to lack of full repletion. Another consideration is cholecystitis.

SEX

Male, neutered

*There is no obvious evidence of a foreign body/obstruction on today's study.

AGE

1 Yr.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is exhibiting gastrointestinal signs, supportive care for gastroenteritis is recommended. If clinical signs do not improve with medical management, a more advanced GI workup should be considered.

WEIGHT

13 lbs.

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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.

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