



**PATIENT**

Tiggy Morillo

**PRESENTING CLINICAL SIGNS**

History: Hiding not eating, dilated pupils

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**BREED**

Domesitic shorthair

The left kidney is normal size (3.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Female

The right kidney is normal size (4.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

15 Yrs.

*Adrenal Glands*

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

**WEIGHT**

7 lbs.

*Spleen*

The spleen is normal in size (0.76 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 curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**IMAGING PERFORMED BY**

Jenn

*Gastrointestinal*

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 colonic wall is normal. No obstructive disease is noted.

**HOSPITAL NAME**

Rockaway

**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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*Free Abdomen*

**DATE**

1/18/23



**PATIENT**

Tiggy Morillo

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

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, other hepatopathy, benign age-related change. Correlation with the patient's liver values is recommended.
- Bilateral, chronic, age-related renal changes.

**BREED**

Domesitc shorthair

**SEX**

Female

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include underlying metabolic issue, occult neoplasia, orthopedic or neurologic disease, trauma, other.

**AGE**

15 Yrs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Orthopedic and neurologic examinations are also recommended.
- Consider thoracic +/- whole body radiographs to assess for pathology in the chest and bony lesions.
- Depending on the results of the above diagnostics, further workup may be warranted.

**WEIGHT**

7 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
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(Small Animal Internal  
Medicine)

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**BREED**

Domesitc shorthair

**SEX**

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PERFORMED BY**

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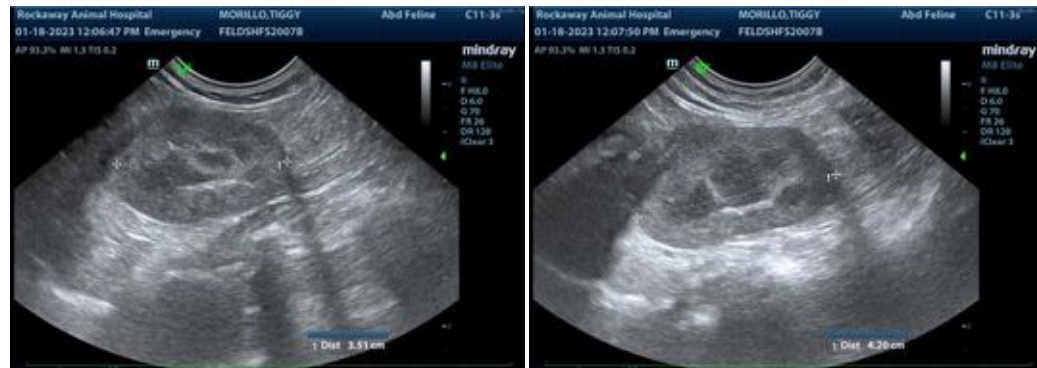
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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