



PATIENT PRESENTING CLINICAL SIGNS

Trixie Splihte History: vomiting bile
Abnormal PE/Chem/CBC/UA Results: HCT 57.3%

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

DSH

SEX

The left kidney is subjectively normal-in-size 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.

Female Spayed

AGE

The right kidney is normal in size (3.53 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.

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WEIGHT

Adrenal Glands

No images provided.

6.5

Spleen

INTERPRETED BY

The spleen is normal in size (0.64 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.

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

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.

IMAGING PERFORMED BY

Jenn

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

HOSPITAL NAME

Gastrointestinal

Rockaway AH

The 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. There is no 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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Lymph Nodes

DATE

The abdominal lymph nodes are normal/not visible.

1-19-26

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.



PATIENT ULTRASONOGRAPHIC FINDINGS

Trixie Splihte Structurally unremarkable abdomen.

SPECIES

Feline

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, dietary indiscretion), underlying metabolic issue, other.

BREED

DSH

- A minimum database (including a CBC, chemistry panel, urinalysis) is recommended if not already performed.

SEX

Female Spayed

- If the patient's vomiting is chronic in nature, also consider the following:

AGE

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1. GI panel
2. Three-view thoracic radiographs to assess for occult esophageal disease
3. Heartworm antigen and antibody testing
4. Three-to-four-week limited antigen or hydrolyzed protein diet trial
5. +/- endoscopic or surgical GI biopsies.

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- In the meantime, symptomatic care is recommended.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

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Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

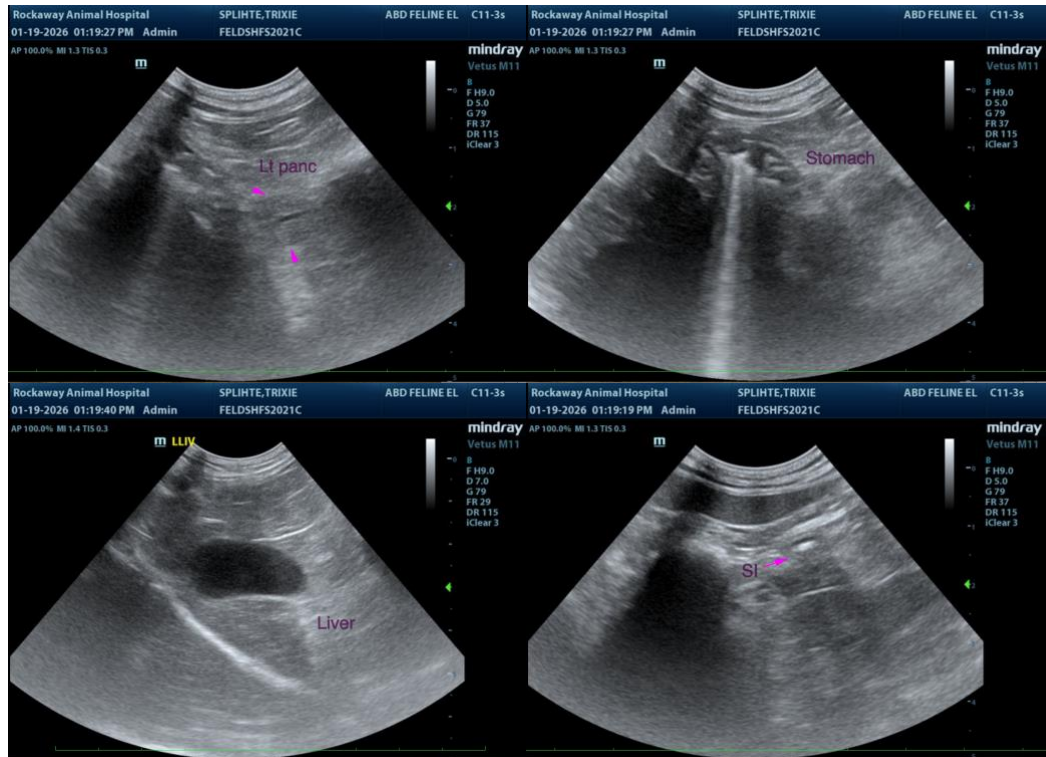
Dr Maniar

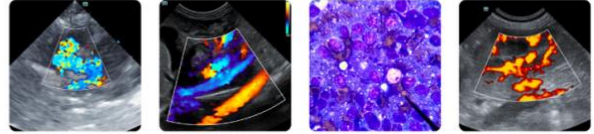
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PATIENT

Trixie Splihte

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.

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Feline

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.

BREED

DSH

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

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Andrea Nicastro DVM
Diplomate ACVIM
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