

PATIENT PRESENTING CLINICAL SIGNS

Peach Archer History: Assessment: Lethargic but euhydrated cat with pale mm with normal CRT at this points
Nauseous and not able to mewing

SPECIES Abnormal PE/Chem/CBC/UA Results: rads: Moderately dilated stomach. There is suspicion for gastric foreign body based on the lateral images, this is not confirmed on the VD view. This foreign body could be creating gastritis with be associated vomiting however a pyloric outflow disorder should be considered. The abdomen and thorax are otherwise unremarkable.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH **Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Spayed Female

The **left kidney** is normal size (3.09 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 hydronephrosis. Renal vasculature is normal.

AGE

1.5 years

The **right kidney** is normal size (3.48 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

2.9 kg

Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The **right adrenal gland** is normal size (0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Beattie PH, Ancasater

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.

REFERRING VET

Dr. Pandya

Gastrointestinal

The **gastric lumen** is moderately fluid-distended and hypomotile. Within the fluid, hyperechoic, slightly-shadowing structures are visualized. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally gas-distended. 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.

INVOICE

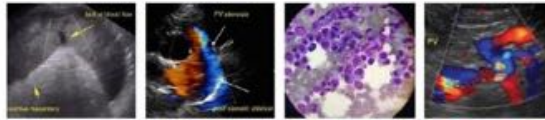
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Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious



PATIENT

pathology is observed.

Peach Archer

Free Abdomen

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

Primary Findings

BREED

DSH

- The hyperechoic structures within the gastric lumen are concerning for foreign material, which may be causing and intermittent pyloric outflow tract obstruction, although this cannot be confirmed sonographically.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider an upper GI endoscopy to assess for any foreign material if present. Alternatively, a gastrotomy can be considered. If a more conservative approach is desired, consider supportive care for acute gastroenteritis with a recheck ultrasound in 12-24 hours. If sonographic changes are similar to today's scan, the above recommendations would apply.

1.5 years

WEIGHT

2.9 kg

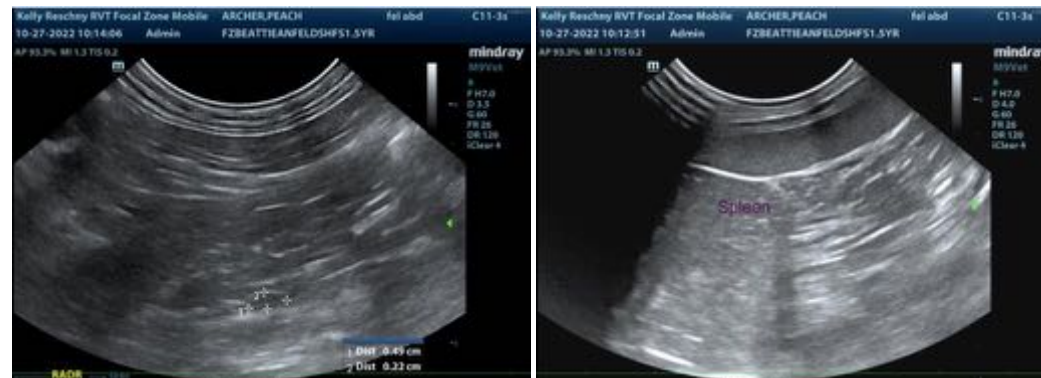


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HOSPITAL NAME

Beattie PH, Ancasater

REFERRING VET

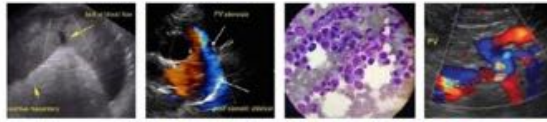
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Peach Archer

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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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