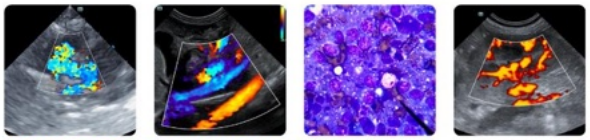

PATIENT

Holly Henrie

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

5.34 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hennigan

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Revelle

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13362

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: 7 day history of inappetence, protracted vomiting 8-10x/day, radiographs of chest/abdomen on 11/15 at ER not consistent with FB, P gagging throughout exam. Down 2lbs 13oz from 8/25. CBC/Chem/T4 WNL. Abnormal PE/Chem/CBC/UA Results: Dehydrated, gagging throughout exam, extremely resistant to oral exam

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (3.67 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.

The right kidney is normal in size (4.02 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.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.51 cm width) with slightly rounded peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.51 cm width) with slightly rounded peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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.

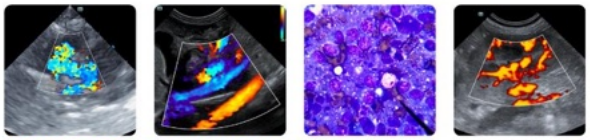
Liver

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.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural



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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The mesentery between the caudal aspect of the liver and the gastric wall of the lesser curvature is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mild focal peritonitis in the cranial abdomen, adjacent to the stomach. This is likely a sterile peritonitis, possibly secondary to low-grade gastric inflammation.

Secondary Findings:

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

*An obvious cause for the patient's clinical signs is not definitively identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a sedated oral exam to assess for oral pharyngeal pathology.
2. Three-view thoracic radiographs are also recommended to assess for an esophageal foreign body or other abnormalities.
3. A GI panel including serum cobalamin, folate, TLI and PLI should also be considered.
4. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be indicated.

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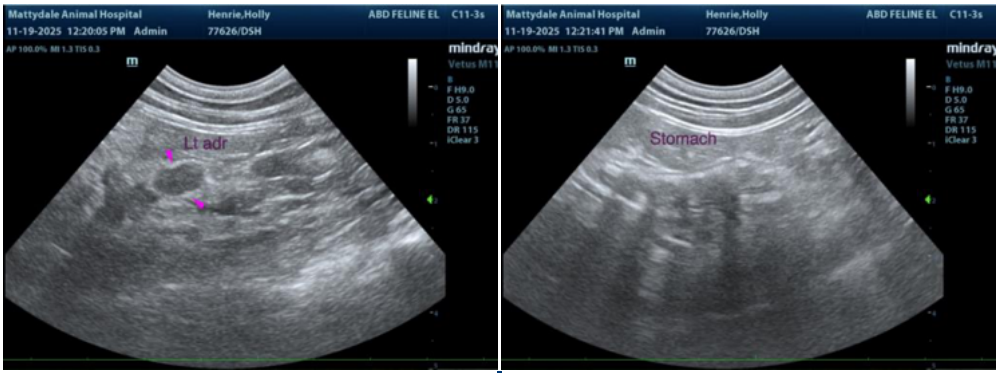

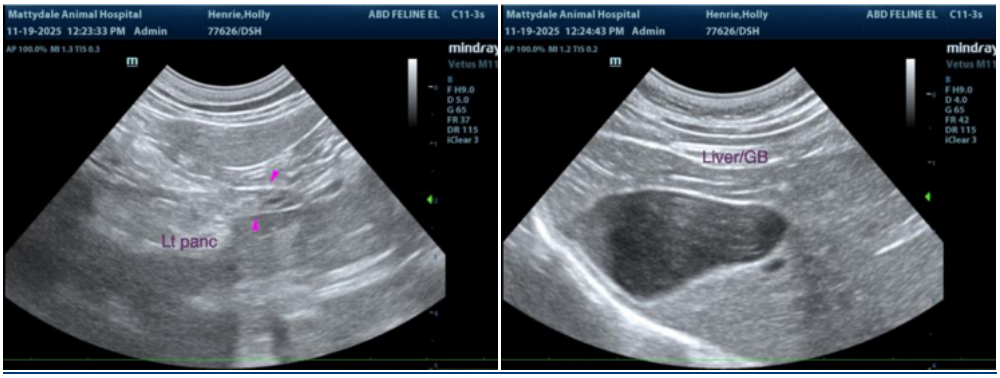

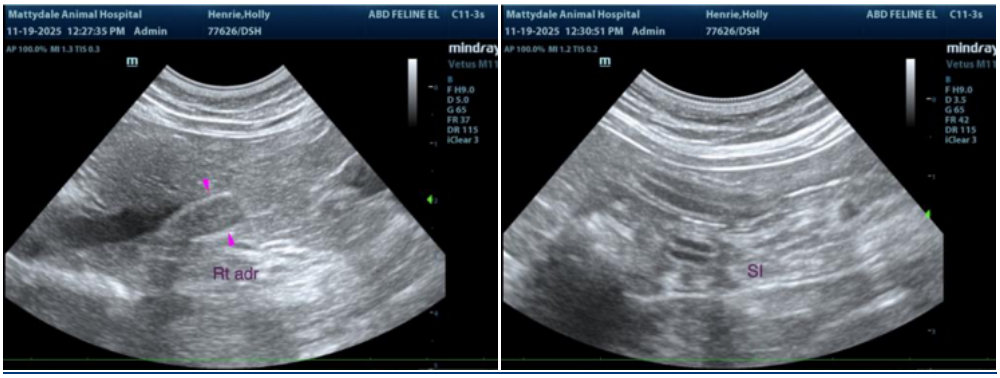

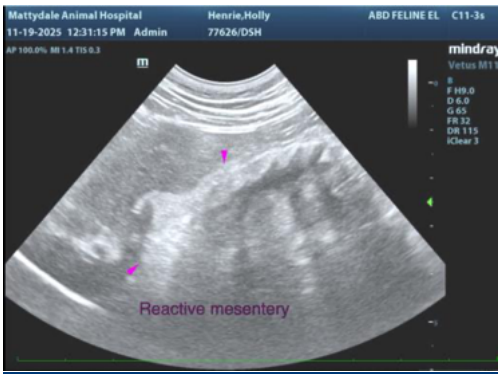

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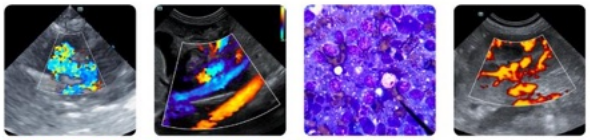

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com