


DATE PRESENTING CLINICAL SIGNS

11/19/25

PATIENT

Leoghaire Bonham

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

5/5/2021

WEIGHT

11.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

 Animal Emergency
 Hospital

REFERRING VET

Dr. Perez

INVOICE

13363

Patient History: Lethargy, decreased appetite, abdominal pain, recent fever (104.9°F), possible foreign body ingestion. Behavior: chewing nonfood items (metal grate, plastic, wicker, bathroom trash items, felt toy parts); history of eating insects (crickets). Appetite: decreased, minimal wet food intake, only a few bites daily. Hydration: client noted decreased water intake. Activity: following sunbeams, seeking warmth, not playing or seeking attention; stopped sleeping with client after heat turned on. Elimination: urinating normally (no hematuria); defecation not observed; no diarrhea; inspected feces, found cricket parts, no foreign material visualized. No vomiting, coughing, sneezing. Household: four cats, another cat added to household within the last year (male, neutered, indoor only, no fleas). Diet: mixed commercial diets (Purina Gentle, Purina Regular, Iams Healthy Weight, Instinct freeze-dried chicken treats), no recent diet changes. Possible exposure to dental floss, toothpicks, bathroom trash. No access to toxic houseplants; plants not accessible. Past diagnostics: feline leukemia/FIV negative (tested 2022), no history of fleas on Leoghaire, client adopted after she was found outdoors (unclaimed, no microchip). Blood work (previous, date not specified): WNL except glucose 191 mg/dL (likely stress), albumin:globulin ratio 0.5. Radiographs by Dr. Denver (date not specified): no metallic foreign body, no evidence of hepatic torsion, evaluated by non-radiologist. Liver silhouette potentially abnormal ("swelling" noted). No recent vaccinations: planned rabies booster delayed pending current illness.

Current Medications: Methadone, Gabapentin, Unasyn, Cerenia.

Labwork Results: USG >1.050, no proteinuria, inactive sediment, CBC WNL, globulins 5.7

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS

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. Luminal contents are anechoic. 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 (4.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.29 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.14 cm in width at the level of the hilus) with smooth peripheral contour. The parenchyma is mottled in appearance. 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 portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.42 cm in width).

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 is normal to mildly thickened (up to 0.27 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The tip of the left limb is visualized and is subjectively normal in size with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window. A few ring down lesions are observed in the right hemithorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

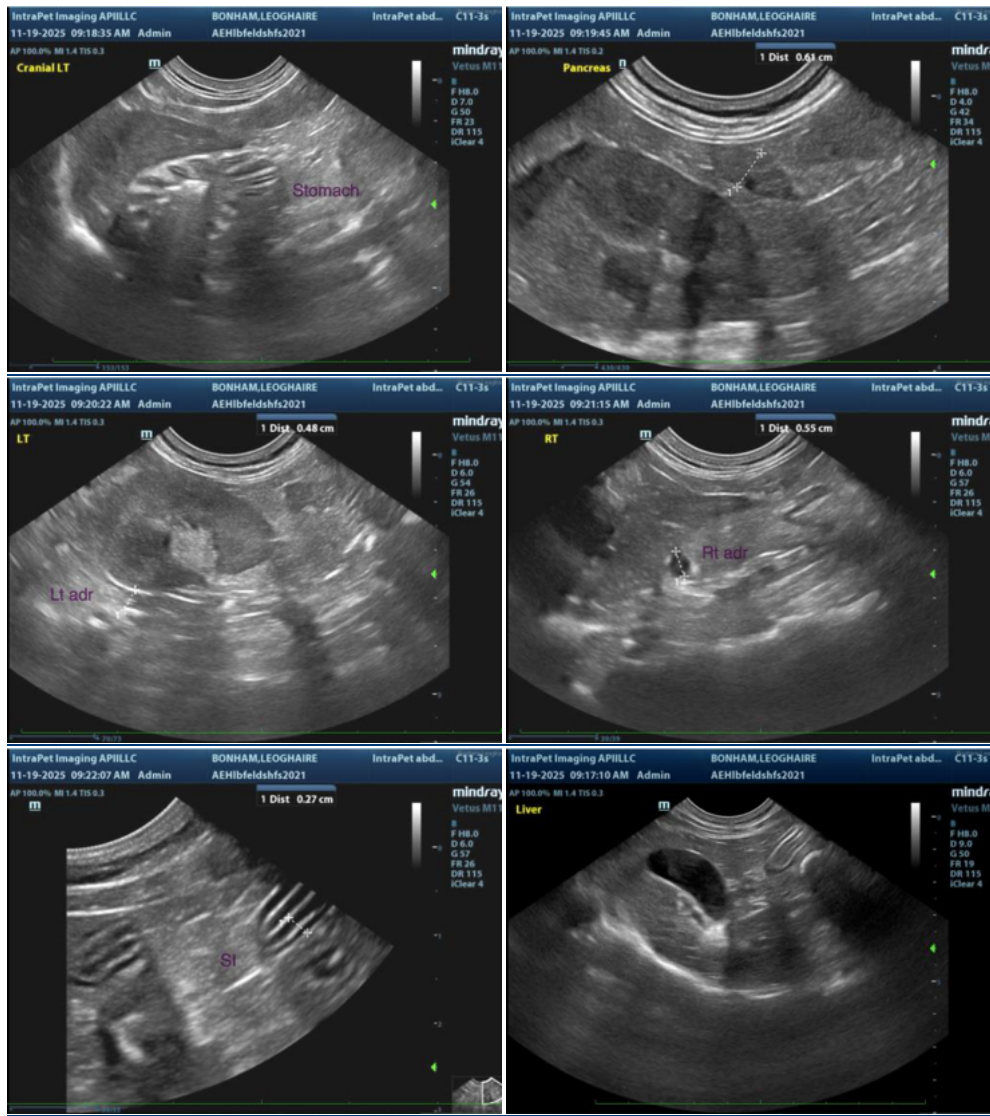
- The splenic parenchymal changes could be consistent with emerging neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other.
- Suspected B-lines in the right hemithorax. This finding is suggestive of pulmonary parenchymal disease.

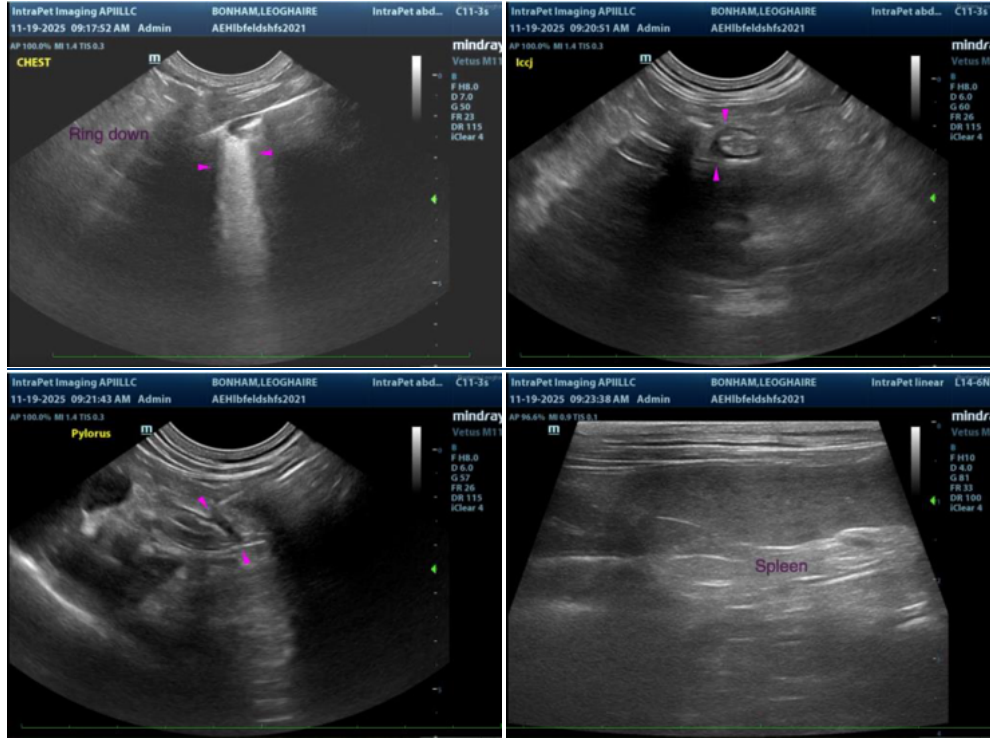
Secondary Findings:

- Minor pancreatic parenchymal remodeling at the tip of the left limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Consider fine needle aspiration of the spleen (assuming normal clotting status). A 25-gauge needle should be used.
- Other considerations to evaluate a fever of unknown origin include the following:
 1. Urine culture and sensitivity, preferably on a pre-antibiotic sample
 2. Feline infectious disease panel
 3. Depending on the results of the above diagnostics, further workup may be indicated.





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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