



PATIENT

Mr. Lulu Foy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Danielle Fraser

INVOICE

22300

DATE

11-23-25

PRESENTING CLINICAL SIGNS

Patient presented for vomiting, diarrhea, and inappetence after a possible traumatic incident. Patient has also been coughing. Patient sedated with alfaxalone for this study. Cervical was unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly to 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 visible portion of the proximal urethra are normal.

The left kidney is normal size (4.11 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.28 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

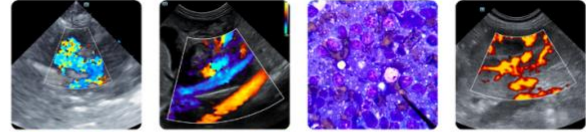
The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly-to-moderately distended with fluid and gas. 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 segmentally dilated with fluid and gas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious 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.



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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.19 x 0.29 cm). In addition, a 1.28 x 0.36 cm medial iliac lymph node is seen.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

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- The gastrointestinal changes are most consistent with a functional ileus, as there is no obvious evidence of a mechanical obstruction.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include stress, dietary indiscretion, toxicity, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed.
- Also consider a fecal evaluation for ova and Giardia.
- Supportive care for gastroenteritis/gastrointestinal ileus is recommended.
- If clinical signs persist despite medical management, consider further work-up (i.e., GI panel, limited antigen diet trial +/- endoscopic or surgical GI biopsies).

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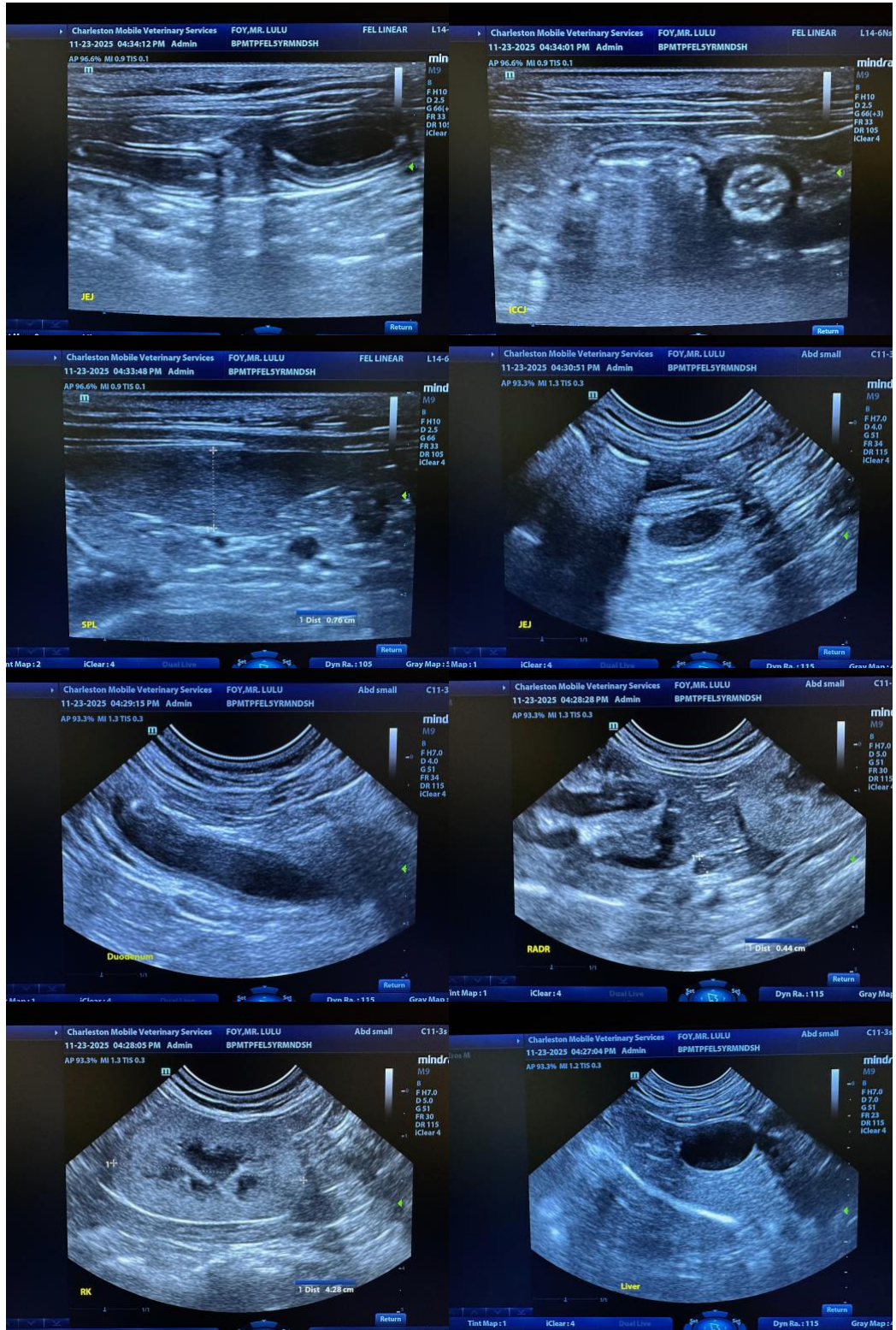
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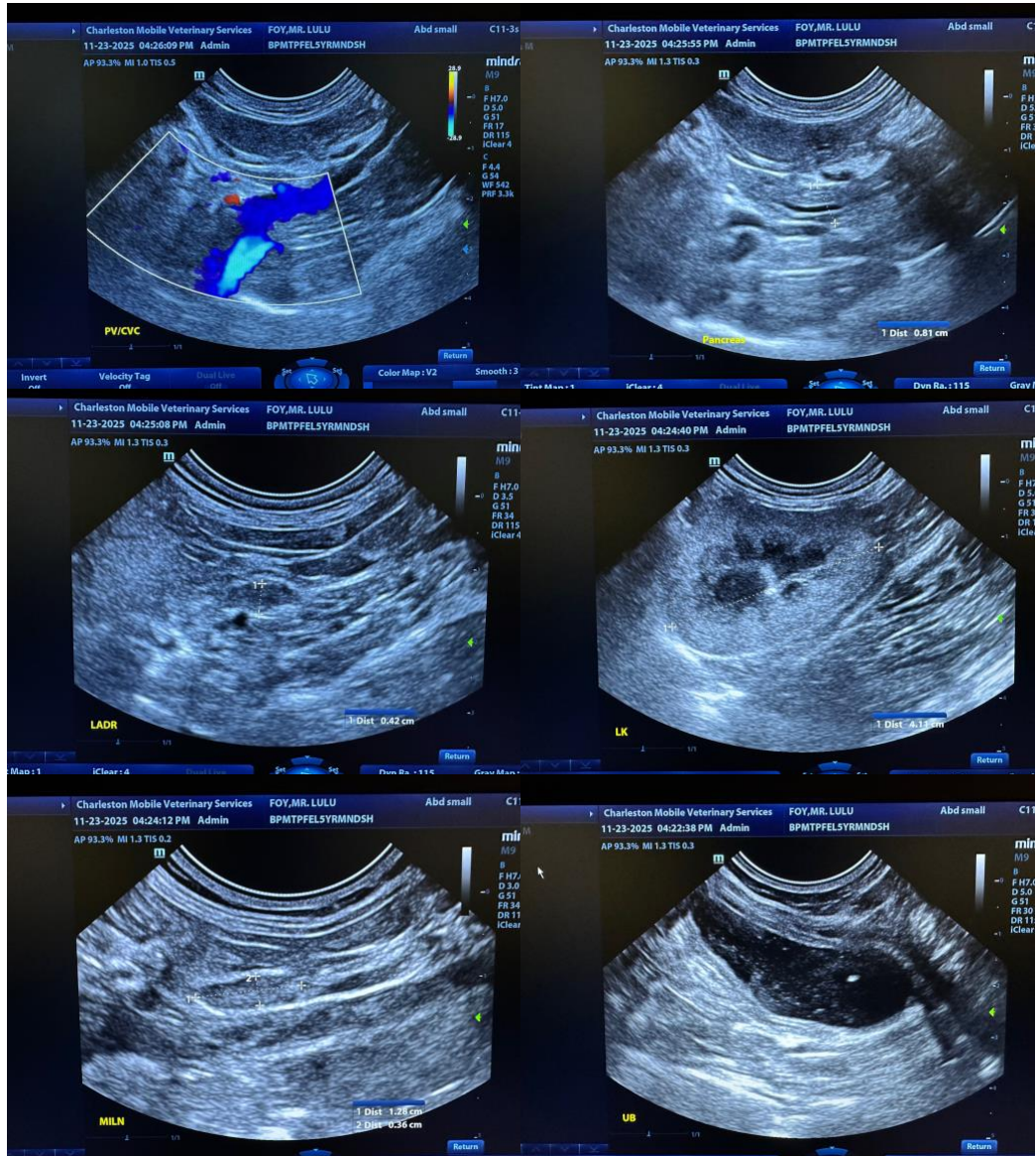
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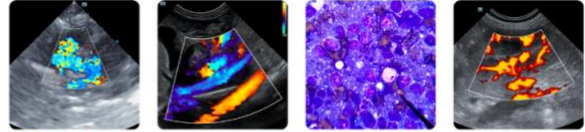
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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