



PATIENT PRESENTING CLINICAL SIGNS

Simba Petrucelli History: lethargy, anorexia, vomiting. Had vaccines on 11/25

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

The urinary bladder wall is normal in thickness. 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 visible portion of the proximal urethra are normal.

BREED

DSH

The left kidney is normal in size (3.37 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.

SEX

Male

The right kidney is normal in size (3.60 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.

AGE

4m

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

WEIGHT

5.3

Spleen

The spleen is normal in size (0.75 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.

INTERPRETED BY

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

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

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Maniar

Pancreas

The left limb is visible, with normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

INVOICE

22207

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

DATE

12-1-25

Free Abdomen

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



PATIENT ULTRASONOGRAPHIC FINDINGS

Simba Petrucelli

Structurally unremarkable abdomen. An obvious cause for the patient’s clinical signs is not definitively identified in this study. Broad considerations include a microscopic enteropathy (i.e., dietary indiscretion, toxicity, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue (i.e., vaccine reaction, other).

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

Supportive care is recommended. If clinical signs persist despite medical management, further work-up may be warranted and could include the following:

SEX

Male

1. Fecal evaluation for internal parasites
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Three-view thoracic radiographs to assess for occult esophageal pathology
4. +/- endoscopic or surgical GI biopsies

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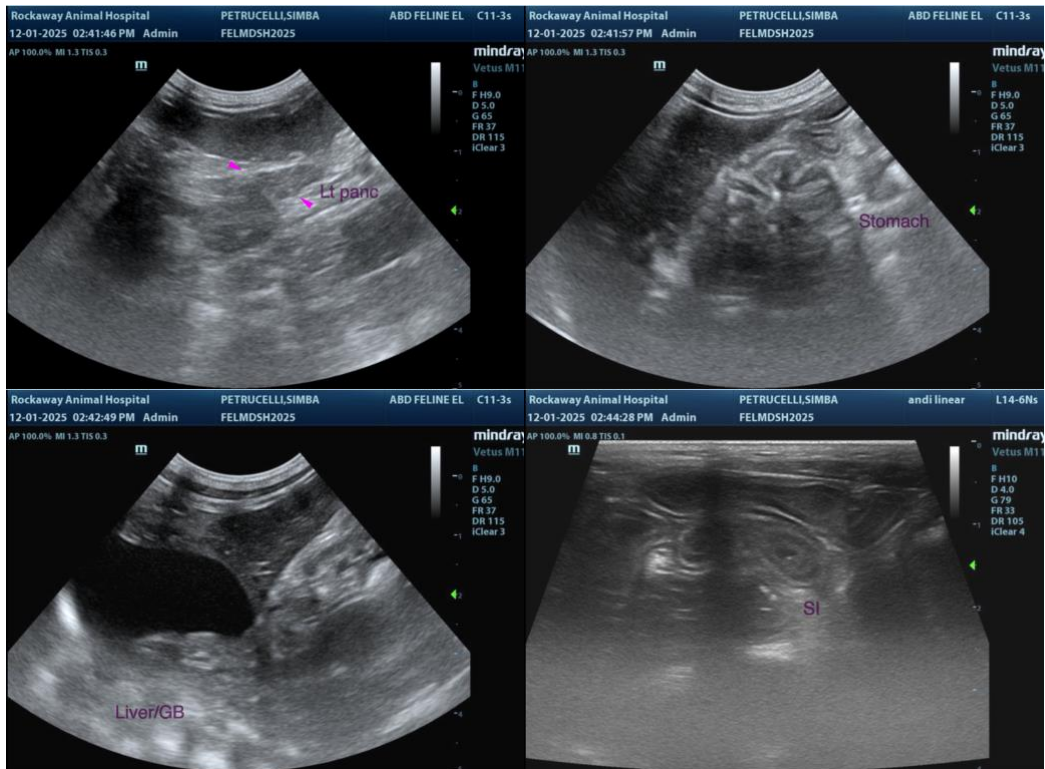
Jenn

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INVOICE

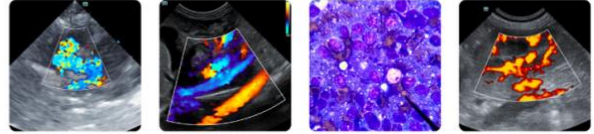
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DATE

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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.



PATIENT

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SEX

Male

AGE

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