



PATIENT	PRESENTING CLINICAL SIGNS
Sophie Fernandez	History: Gastric distension. Radiographs - gastric distension, gastric material, potential bronchial pattern, possible interstitial pulmonary patterns.
SPECIES	Meds: Amoxi/clav susp.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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.
SEX	
Female Spayed	The left kidney is normal in size (3.17 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	
1 year 4 mos	The right kidney is normal in size (3.11 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.
WEIGHT	
6 lbs	Adrenal Glands
	The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.
INTERPRETED BY	Spleen
Andrea Nicastro DVM Diplomate ACVIM (Sm Animal Internal Med)	The spleen is normal in size (0.72 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.
IMAGING PERFORMED BY	Liver
Shari Reffi, CVT	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.
HOSPITAL NAME	The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.
William Penn VH	Gastrointestinal
REFERRING VET	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.
Dr. Bouzaout	
INVOICE	Pancreas
22249	The left limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is 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.
DATE	Lymph Nodes
12-11-25	The abdominal lymph nodes are normal/not visible.



PATIENT *Free Abdomen*

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

Sophie Fernandez

ULTRASONOGRAPHIC FINDINGS

SPECIES

Feline

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

BREED

DSH

- The hypoechoic pancreas may be a normal variant for this young, feline patient, or may be secondary to mild pancreatitis. Correlation with the patient's clinical history is recommended.

SEX

Female Spayed

*There is no overt evidence of gas-distention on today's study. If gas-distention is occurring intermittently, considerations include aerophagia (i.e., secondary to respiratory disease), gastrointestinal motility disorder, other.

AGE

1 year 4 mos

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostics and treatments should be based on the patient's clinical signs.

WEIGHT

6 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn VH

REFERRING VET

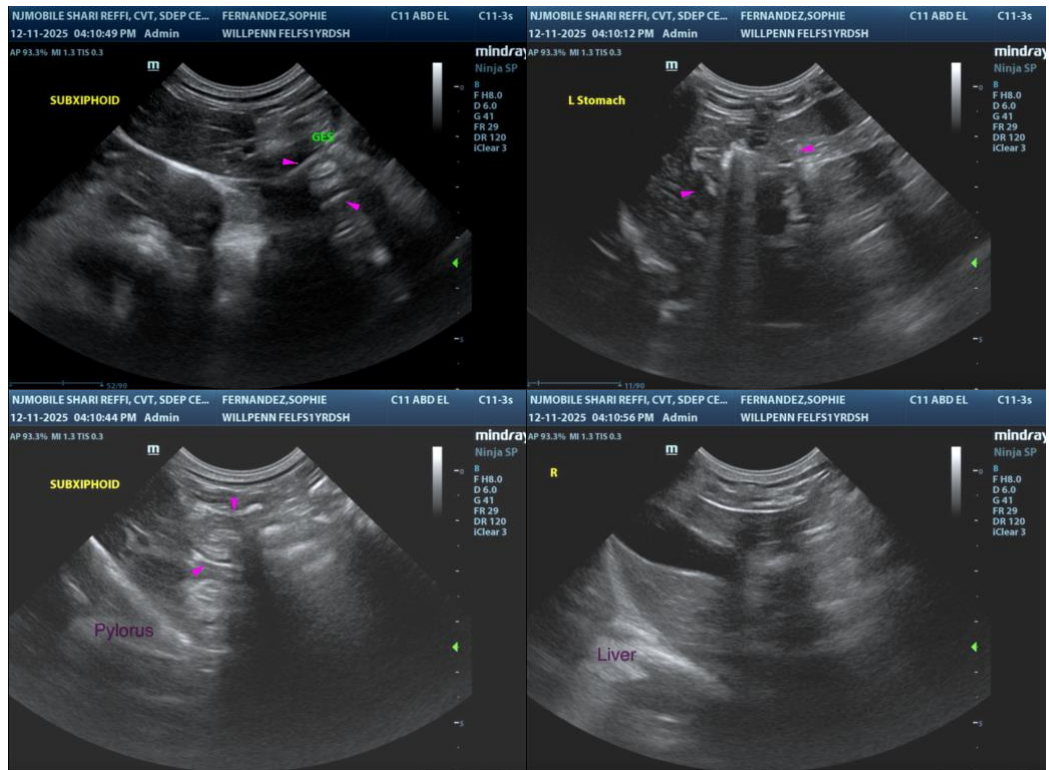
Dr. Bouzaout

INVOICE

22249

DATE

12-11-25





PATIENT

Sophie Fernandez

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1 year 4 mos

WEIGHT

6 lbs

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn VH

REFERRING VET

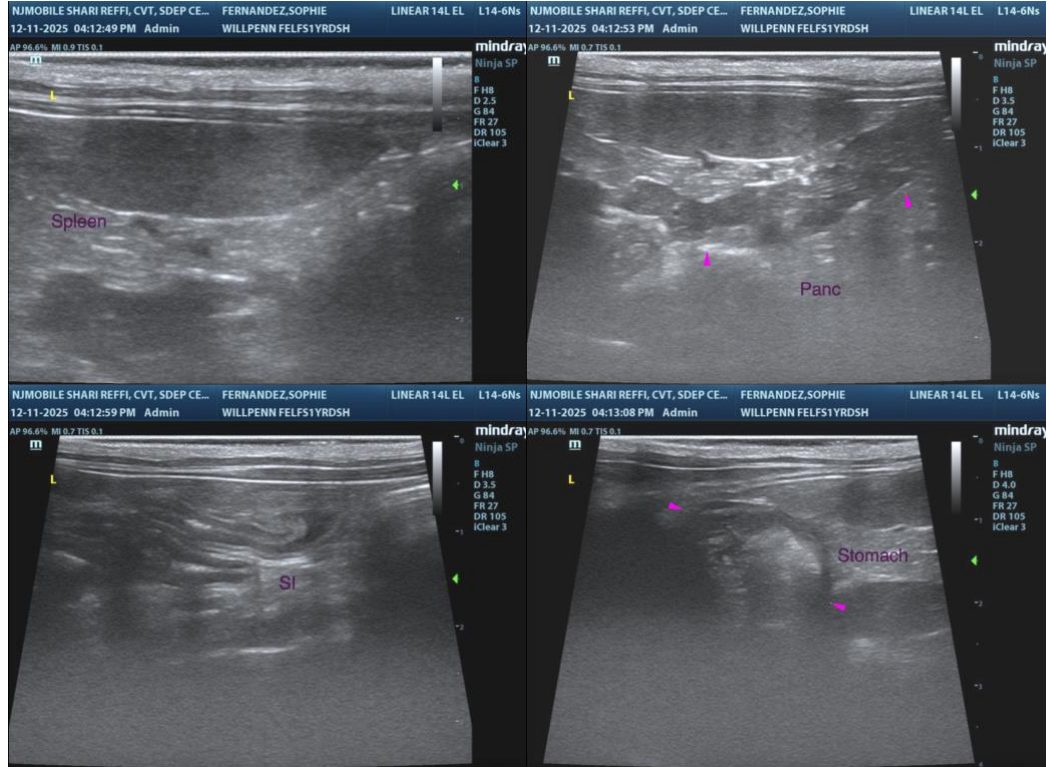
Dr. Bouzaout

INVOICE

22249

DATE

12-11-25



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