

PATIENT PRESENTING CLINICAL SIGNS

Dexdomitor Strohl History: V+ for two weeks about 2 times a day - seemingly nauseous - Normal bw - concerned about plication vs inflamed gastric mucosa

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly-to-moderately distended. A 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.

DSH

SEX

The left kidney is normal in size (4.11 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.

Male

AGE

The right kidney is normal in size (3.96 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.

2

WEIGHT

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.

5.7

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

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Spleen

The spleen is normal in size (0.85 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.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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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.

Lakeview AH

REFERRING VET

Gastrointestinal

The gastric lumen is mildly distended with ingesta and soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. In one segment of small intestine, soft, shadowing material is visualized. The mesentery effacing the serosal surface of the stomach is slightly hyperechoic. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material and gas.

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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.



PATIENT

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

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

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- The soft, shadowing material within the gastric lumen and in one segment of small intestine may represent foreign material (i.e., hair, cloth, other). Normal ingesta is also possible but considered less likely.

SEX

Male

- Mild focal peritonitis is observed adjacent to the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2

If an aggressive approach is desired, consider an abdominal exploratory with removal of any foreign material. GI biopsies should also be obtained at the time of surgery to assess for an underlying gastroenteropathy. If a more conservative approach is desired, consider symptomatic care (including hairball remedies) with close sonograph monitoring of the GI tract to assess for movement of the shadowing material.

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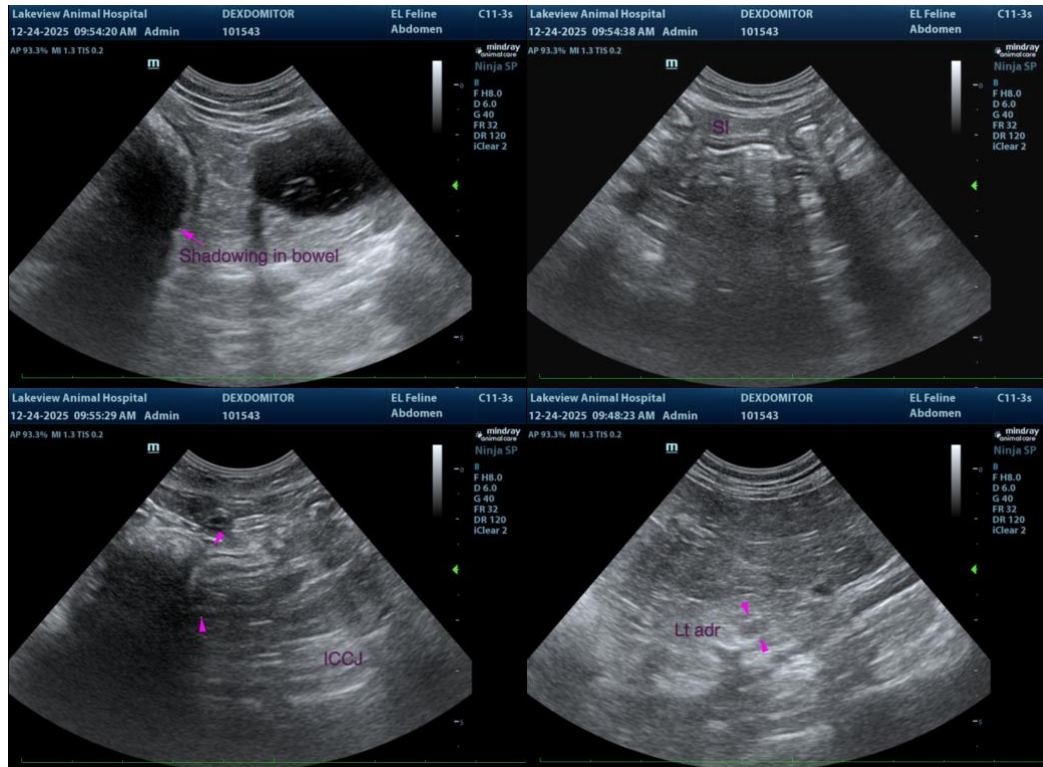
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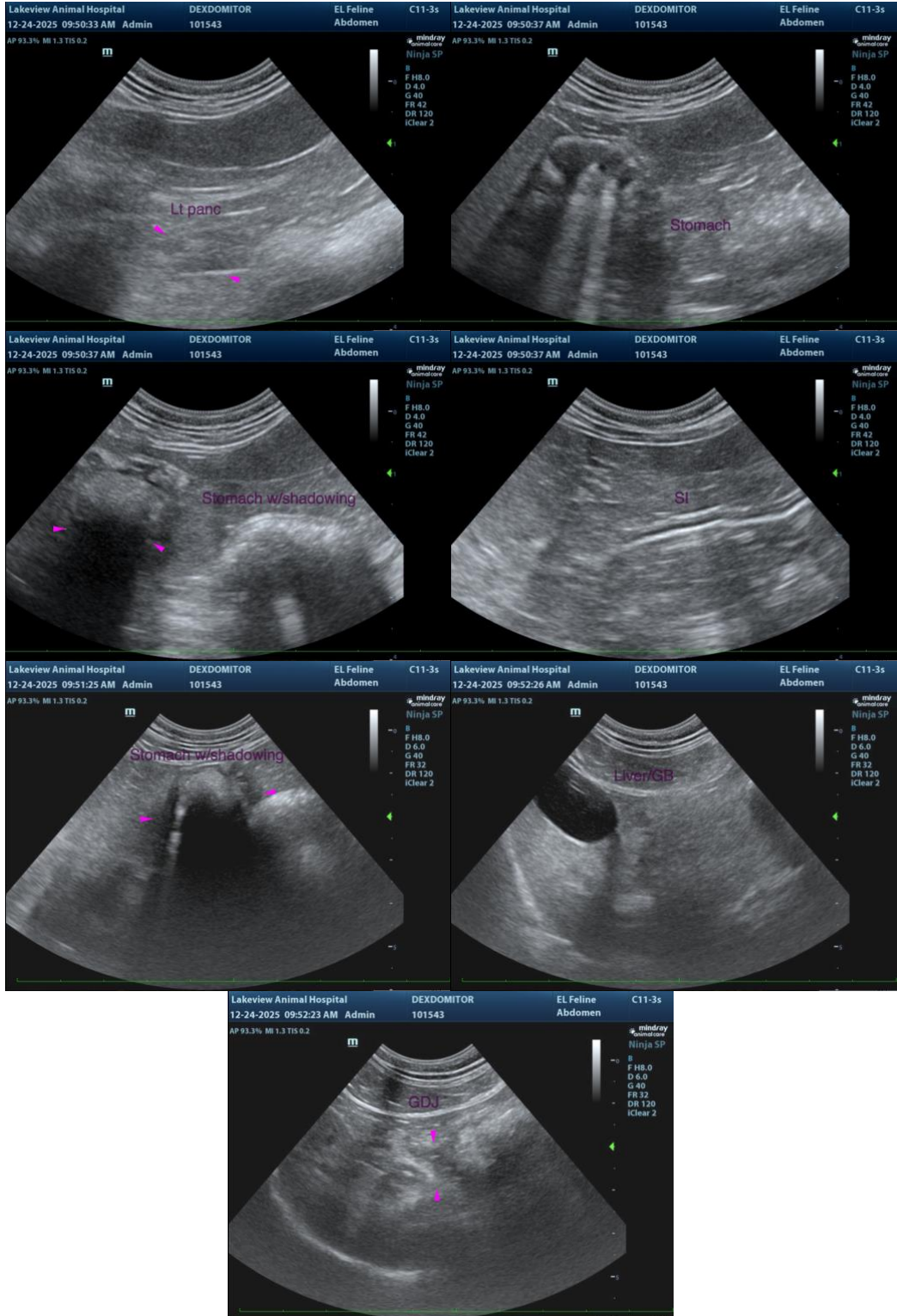
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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