



PATIENT PRESENTING CLINICAL SIGNS

Filha Chios History: Presented yesterday for vomiting and lethargy. Bw showed elevated ALT. Radiology consult attached. No vomiting as of yesterday but pt not eating as of yesterday.

SPECIES Abnormal PE/Chem/CBC/UA Results: (Recent bw attached). ALT 124. Glucose 212. Hematocrit 50%. Lymphopenia. T4 normal.

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. A scant amount of 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.

SEX

Female Spayed

The left kidney is normal in size (3.88 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 hydronephrosis.

AGE

5

The right kidney is normal in size (3.82 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 hydronephrosis.

WEIGHT

11 lbs

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.

INTERPRETED BY

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.66 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.

IMAGING PERFORMED BY

Sreenivasa Maddineni

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.

HOSPITAL NAME

West Babylon AH

REFERRING VET

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Sreenivasa Maddineni

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

INVOICE

22348

DATE

12-28-25

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 *Lymph Nodes*
The abdominal lymph nodes are normal/not visible.

Filha Chios

SPECIES *Free Abdomen*
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Feline **ULTRASONOGRAPHIC FINDINGS**

BREED The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.

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

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5

WEIGHT

11 lbs

- A fecal evaluation for ova and Giardia is recommended.
- Consider an fPLI +/- a GI panel including serum cobalamin and folate, TLI and PLI.
- Supportive care for gastroenteritis is recommended.
- If clinical signs persist despite medical management, and the above diagnostics are inconclusive, further work-up may be indicated.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sreenivasa Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

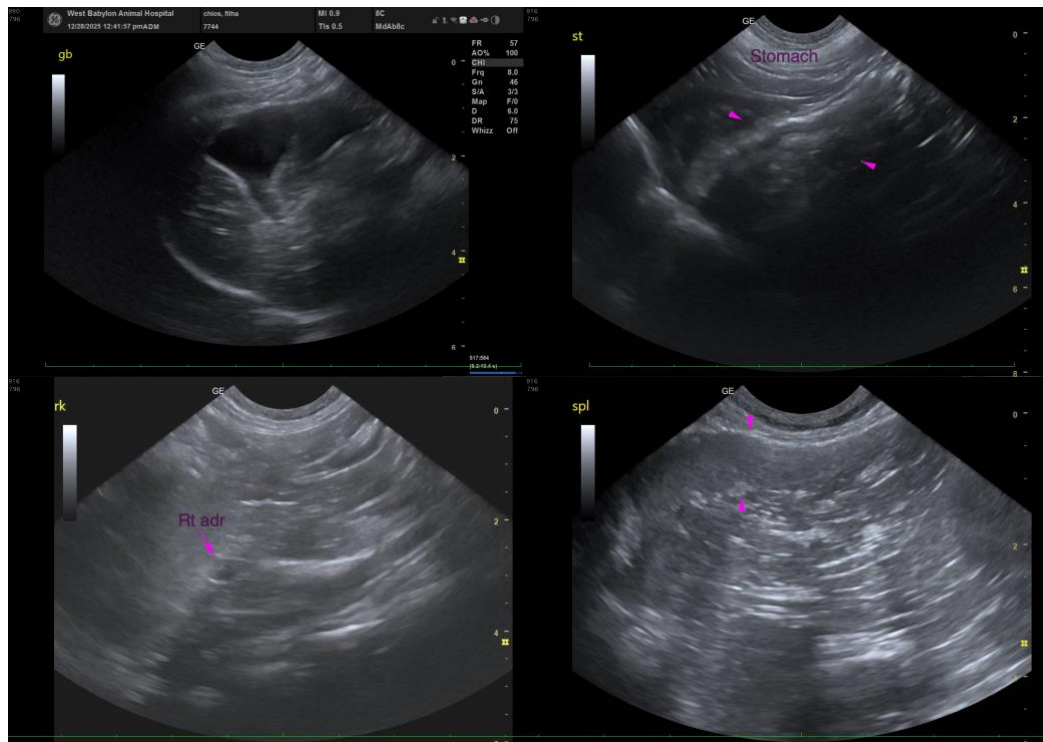
Sreenivasa Maddineni

INVOICE

22348

DATE

12-28-25





PATIENT

Filha Chios

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sreenivasa Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

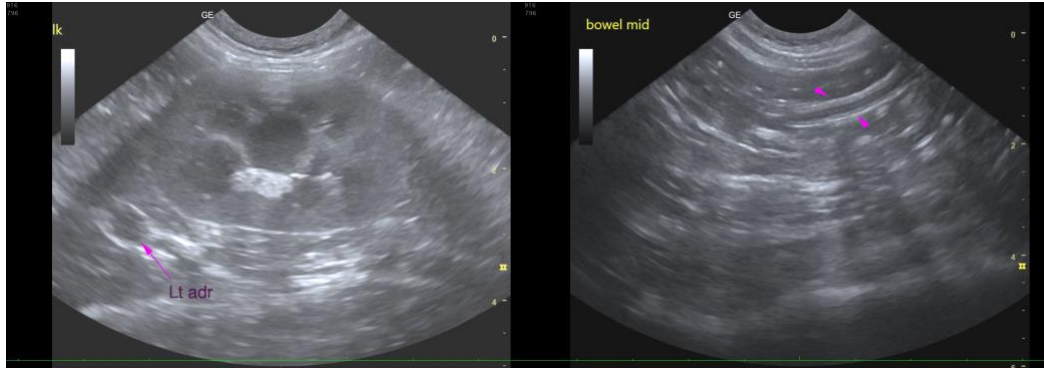
Sreenivasa Maddineni

INVOICE

22348

DATE

12-28-25



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