



PATIENT

Oliver Chin

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2 Years

WEIGHT

12.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Limestone Valley AH

REFERRING VET

Dr. El-Ghazawski

INVOICE

13251

DATE

12/30/21

PRESENTING CLINICAL SIGNS

History: Vomiting several times daily over the last two days. Any food he has eaten has been vomited up. Owner mentioned that he likes to chew on/eat string in past. Depressed. Tense abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.97 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.22 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.64 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.

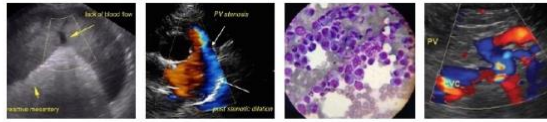
Liver

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. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is severely distended with echogenic fluid and is hypomotile. The gastric wall is normal in thickness with a normal layering pattern. Several small intestinal segments are severely fluid distended (up to 1.67 cm) and hypomotile. A >3 cm, hard shadowing structure is observed within the lumen of one of the dilated segments. The wall of the dilated segments is thickened (up to 0.32



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cm) with evidence of mucosal fogging. Other small intestinal segments are not dilated and normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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Pancreas

The portion of the pancreas is obscured by the gastric distention. IN the visualized portions, no obvious pathology is seen.

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Free Abdomen

The mesentery surrounding the dilated bowel segments is hyperechoic. Trace free fluid is observed in this region. 1-2 prominent lymph nodes are observed in the mid abdominal cavity, the largest measuring 1.33 cm in length.

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ULTRASONOGRAPHIC FINDINGS

- Suspected small intestinal foreign body/obstruction with regional peritonitis. The adjacent lymphadenopathy is likely reactive.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.
- An abdominal exploratory is strongly recommended as soon as possible for foreign body evaluation/removal.

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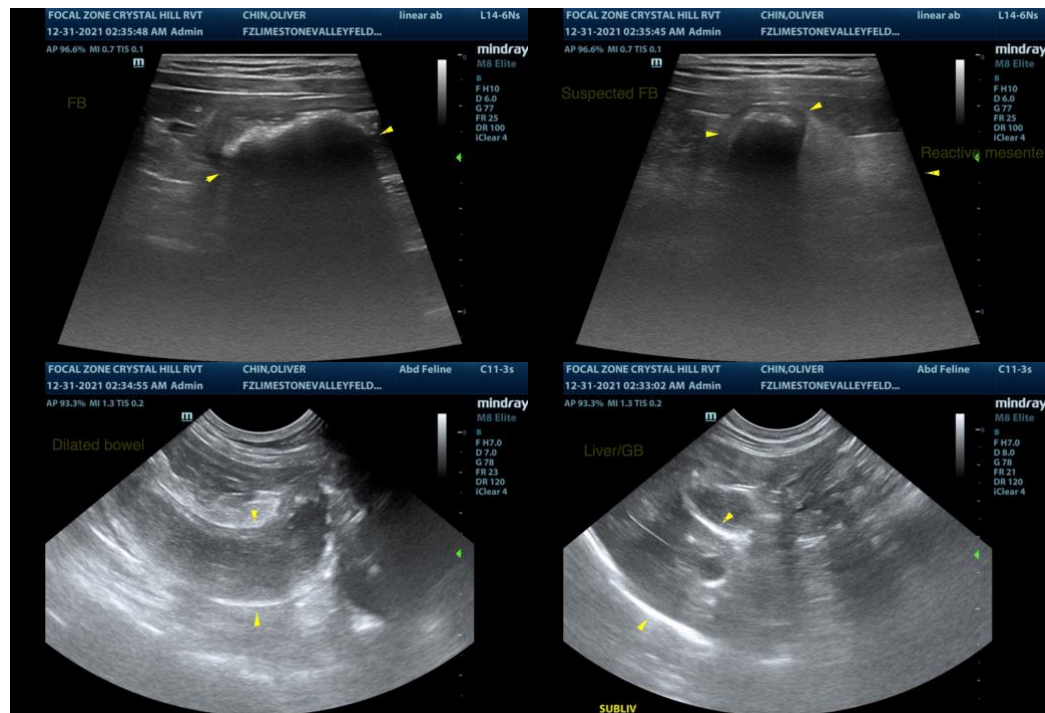
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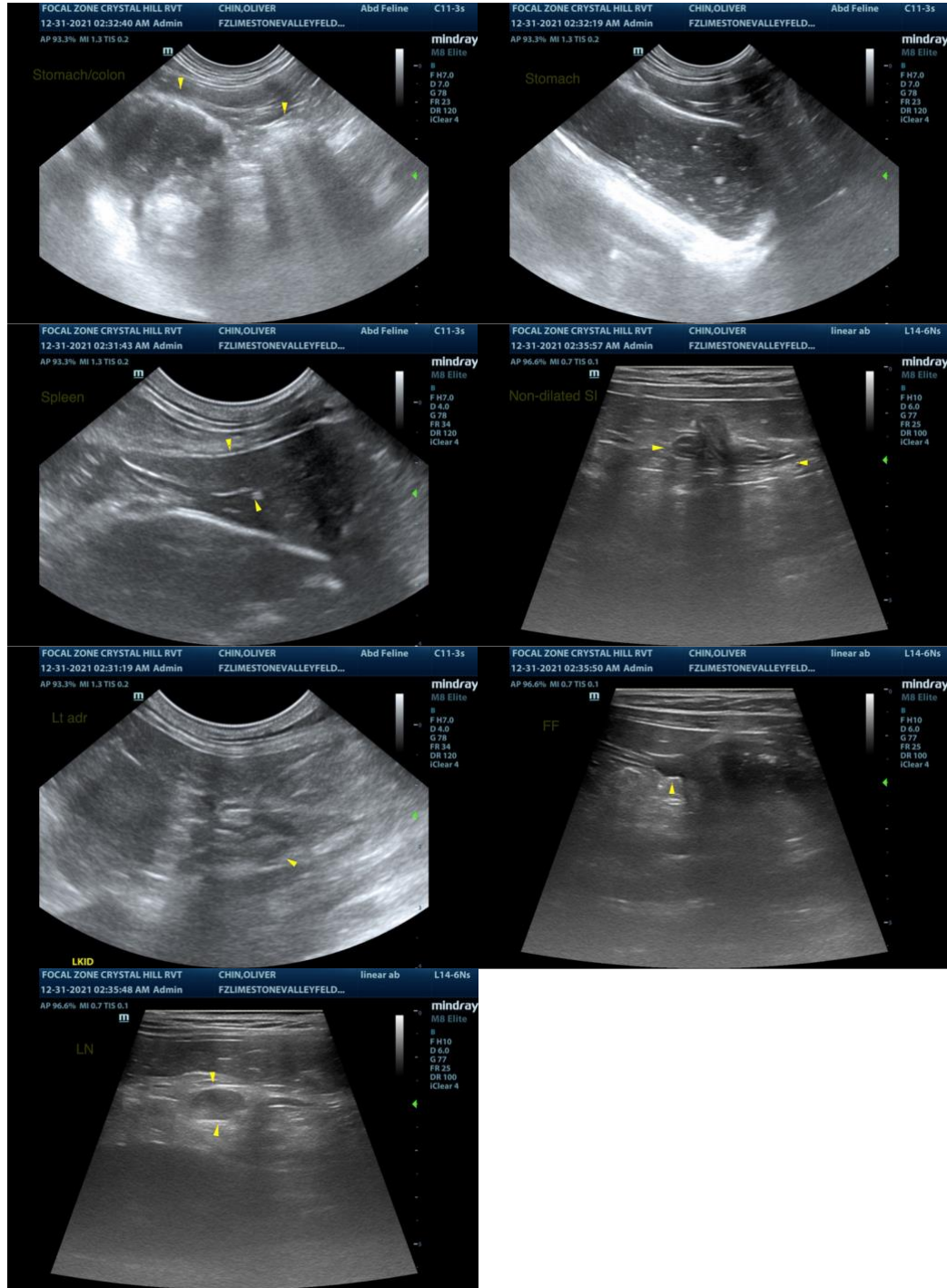
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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