



**PATIENT**

Posey Sigua

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female, spayed

**AGE**

7.5 Yrs.

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sitton

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Dr. Sitton

**INVOICE**

14539

**DATE**

2/1/23

**PRESENTING CLINICAL SIGNS**

History: vomiting bile, not eating, lethargic hospitalized on IV fluids, pain meds, anti-nausea, supportive tx etc VERY sensitive to abdomen w/ AUS

Abnormal PE/Chem/CBC/UA Results: fpl 5 (0-3.5) BUN/UREA 48 mg/dL 16 - 37 Sodium 136 mmol/L 147 - 157 Potassium 3.7 mmol/L 3.7 - 5.2 Chloride 86 mmol/L 114 - 126 BICARB 34 mmol/L 12 - 22 otherwise chem/cbc/t4 wnl

**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 0.94 cm cystic calculus is observed within the lumen along with a scant amount of echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

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

*Spleen*

The spleen is not definitively visualized in the available images.

*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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 bowel segments are severely distended with echogenic fluid and are hypomotile. Within the lumen of one small intestinal segment, irregular shadowing material is observed. Some small intestinal segments are empty. The wall of the descending colon is normal.

*Pancreas*

A portion of the pancreas is obscured by the gastric distention. In the visualized portions no obvious abnormalities are seen.

*Free Abdomen*



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There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

- Obstructive bowel pattern with suspected small intestinal foreign body.
- Cystic calculus.
- Bilateral chronic nephropathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- An abdominal exploratory is recommended to assess for and remove any small intestinal foreign material. At the time of surgery, consider a cystotomy with stone removal, analysis and culture (if the patient is stable). Consider thoracic radiographs prior to anesthesia to assess for occult aspiration pneumonia.
- Regarding the renal changes, serial monitoring (i.e., every 3-6 months) of the patient's renal values is recommended to assess for progressive azotemia. A urinalysis +/- culture and sensitivity should also be considered.

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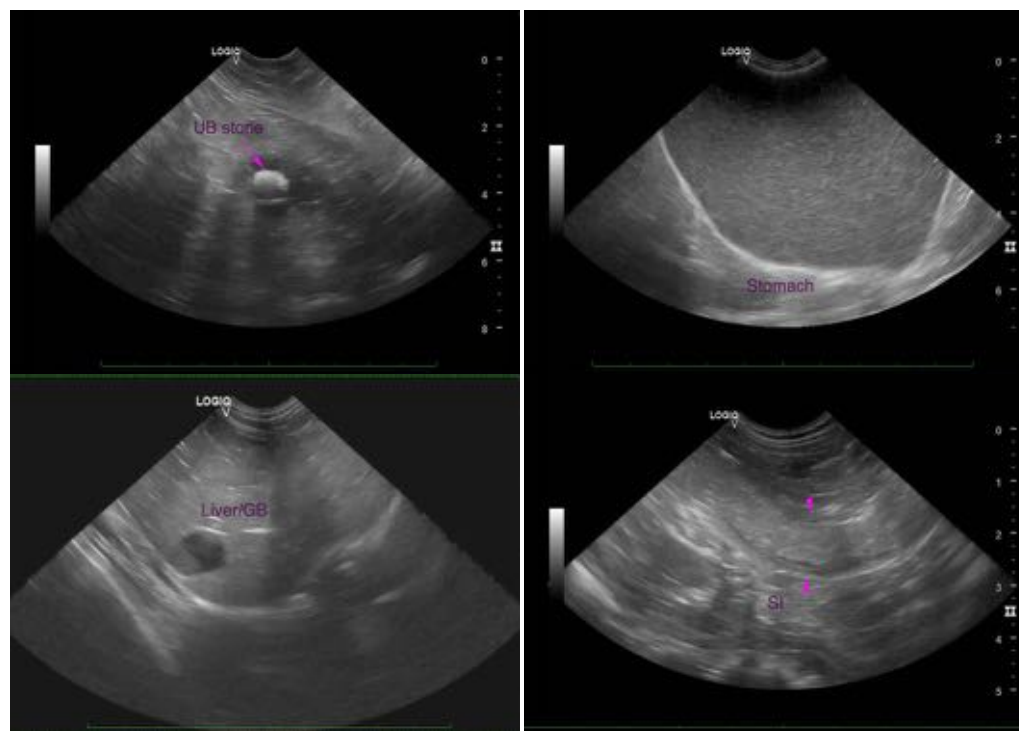
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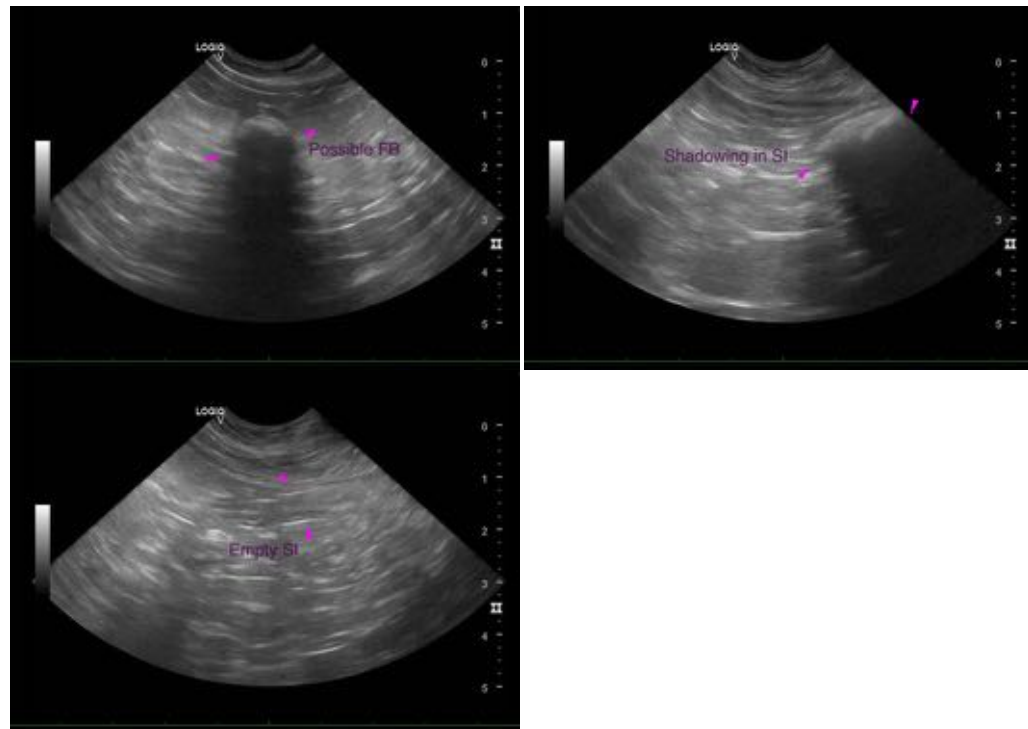
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)