**PATIENT**

Oliver Alongi

PRESENTING CLINICAL SIGNS

History: Decreased appetite Has not eaten a full meal since Saturday. Yesterday afternoon at 2-3 pieces of kibble. Is currently on Mirtazapine. No vomiting

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Mild gas noted on radiographs, otherwise WNL. CBC showed mild decrease WBC, decreased globulins, increased albumin/globulin ration.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The left kidney is normal size (3.56 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 hydroureter.

AGE

9 Months

The right kidney is normal size (3.47 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 hydroureter.

WEIGHT

8.5 Pounds

Adrenal Glands

The left adrenal gland is normal size (0.26 cm at the caudal pole, 0.33 cm at the cranial pole, 1.03 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.27 cm at the cranial pole, 0.23 cm at the caudal pole, 0.69 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

Spleen

The spleen is normal in size (0.77 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.

HOSPITAL NAME

SVS Imaging QC

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 portal vein to caudal vena cava ratio is approximately 1:1.

REFERRING VET

Dr. Narske

INVOICE

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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.

DATE

**PATIENT*****Gastrointestinal***

Oliver Alongi

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A few small intestinal segments are mildly distended with chyme. The remaining segments are empty. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

SPECIES

Feline

BREED

Domestic Shorthair

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.

SEX***Free Abdomen***

Neutered Male

There is no evidence free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.50 cm in length. The mesentery surrounding the nodes is slightly hyperechoic.

AGE

9 Months

ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

WEIGHT

8.5 Pounds

*An obvious cause for the patient's clinical signs is not identified in the study.

INTERPRETED BY**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

- Consider three-view thoracic radiographs to assess for occult disease in the chest.
- Also consider infectious disease testing (i.e., feline leukemia, FIV, FIP and Toxoplasmosis).
- Continued supportive care is recommended. If the patient's clinical signs do not improve within 48-72 hours of medical treatment, consider repeat abdominal imaging and blood work.

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

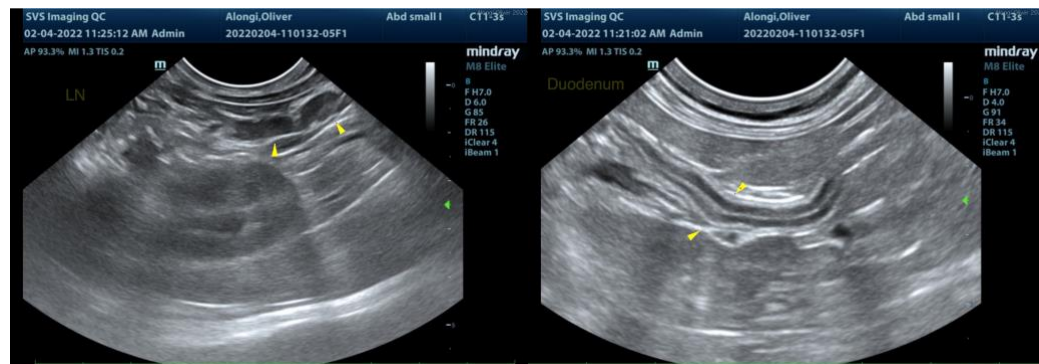
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Dr. Narske

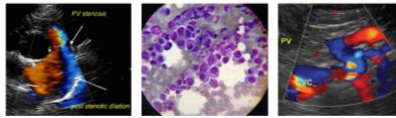
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Oliver Alongi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Months

WEIGHT

8.5 Pounds

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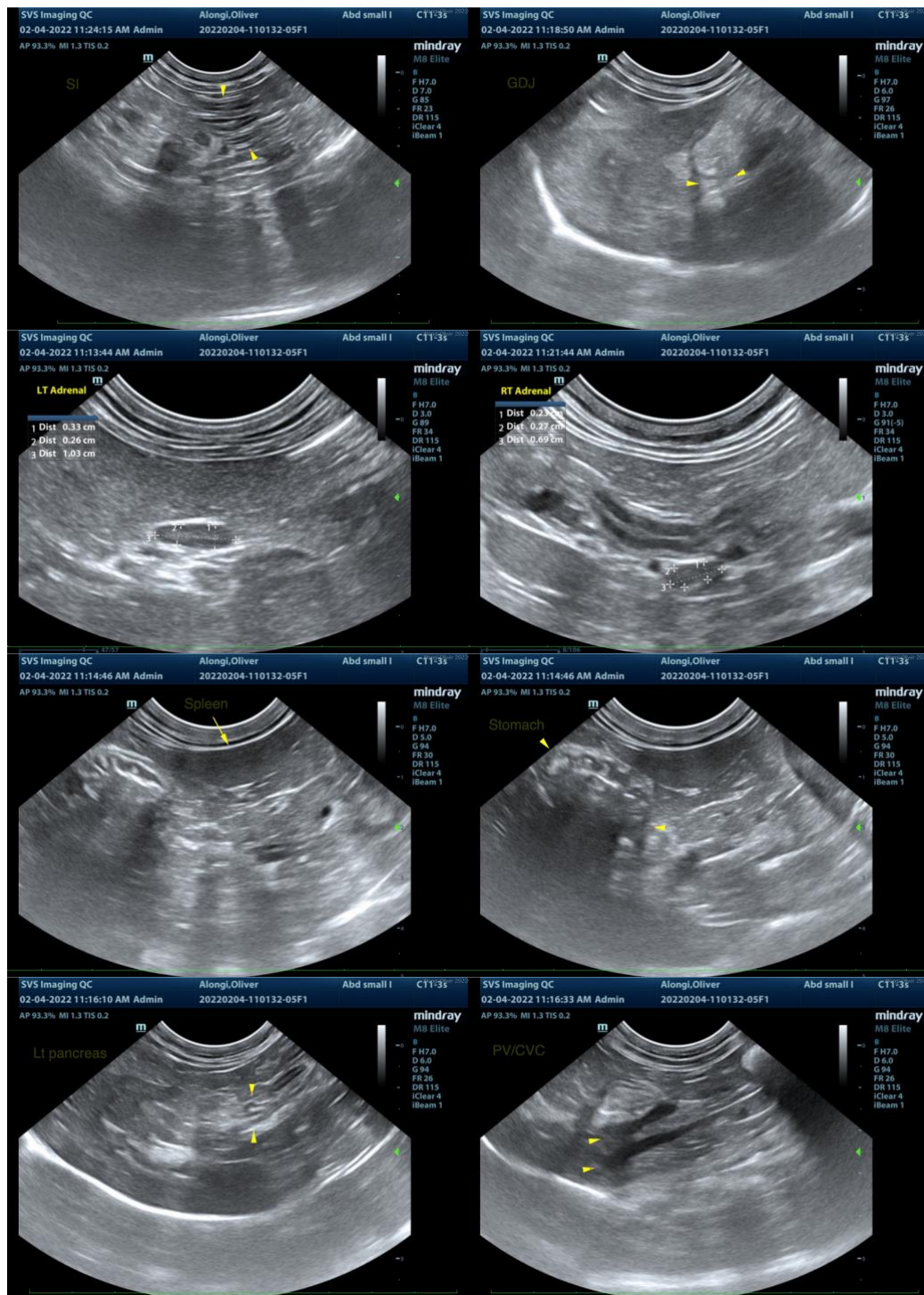
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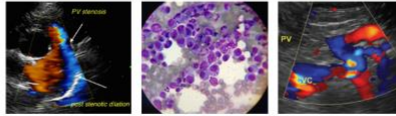
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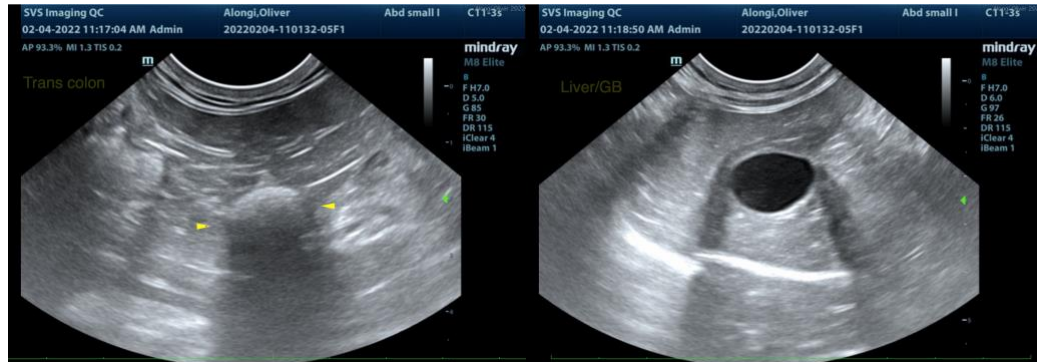
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea_nicastro2@hotmail.com