



PATIENT PRESENTING CLINICAL SIGNS

Cupcake Nunez History: Febrile, not eating for 3-4 days. Was treated outpatient with Convenia, SQ fluids, Cerenia with no improvement. Has been vomiting off and on. Indoor/outdoor, UTD on vaccines.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Vets of
ID, LLC

REFERRING VET

Juli Sorenson

INVOICE

22516

DATE

2-5-26

Abnormal PE/Chem/CBC/UA Results: Diagnostics: CBC - 3.3 WBC, HCT 33%, 123k platelets Chemistry - t-bili 4.5, glucose 151, Na 139 FIV/FeLV - negative Pancreatic lipase - 4.6 (mild elevation)
Radiographs - Assessment: - Normal thorax. - Generalized gastrointestinal distention, most consistent with paralytic (non-obstructive) ileus. Gastroenterocolitis is the most common cause, but other causes (pancreatitis, intoxication, metabolic disease, pain, anxiety, the effects of sedatives [if used], etc.) cannot be entirely ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. A moderate-to-large amount of suspended echogenic debris is observed within the lumen. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.55 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. Renal vasculature is normal.

The right kidney is normal in size (4.63 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. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.68 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 to slightly prominent in size with smooth 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A bilobed conformation is suspected. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.22 cm in width).

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. One-to-two intestinal segments are mildly fluid-distended. 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. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*

Cupcake Nunez

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.

SPECIES *Lymph Nodes*

Feline

A few prominent mesenteric lymph nodes are visualized (one measuring 0.87 x 0.59 cm). Surrounding mesentery is slightly hyperechoic.

BREED *Free Abdomen*

DSH

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucus, and/or lipid droplets.

AGE

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

WEIGHT

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- Suspected bi-lobed gallbladder, incidental finding

*An obvious cause for the patient's fever is not definitively identified in this study. Broad considerations include infectious, inflammatory, immune-mediated and neoplastic diseases.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis with a culture and sensitivity are recommended to assess for occult infection.
- An fPLI is recommended to screen for pancreatitis.
- Consider a repeat CBC with clinical pathology review +/- reticulocyte count (if the patient is anemic).
- Regarding the elevated total bilirubin, consider rechecking this value to assess for persistence, as its significance is unclear in light of normal liver enzymes.
- Depending on the results of the above diagnostics, further work-up may be indicated.

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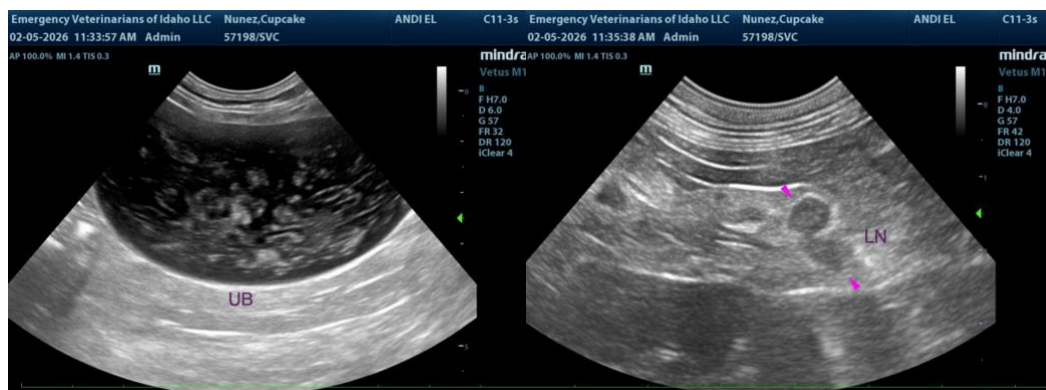
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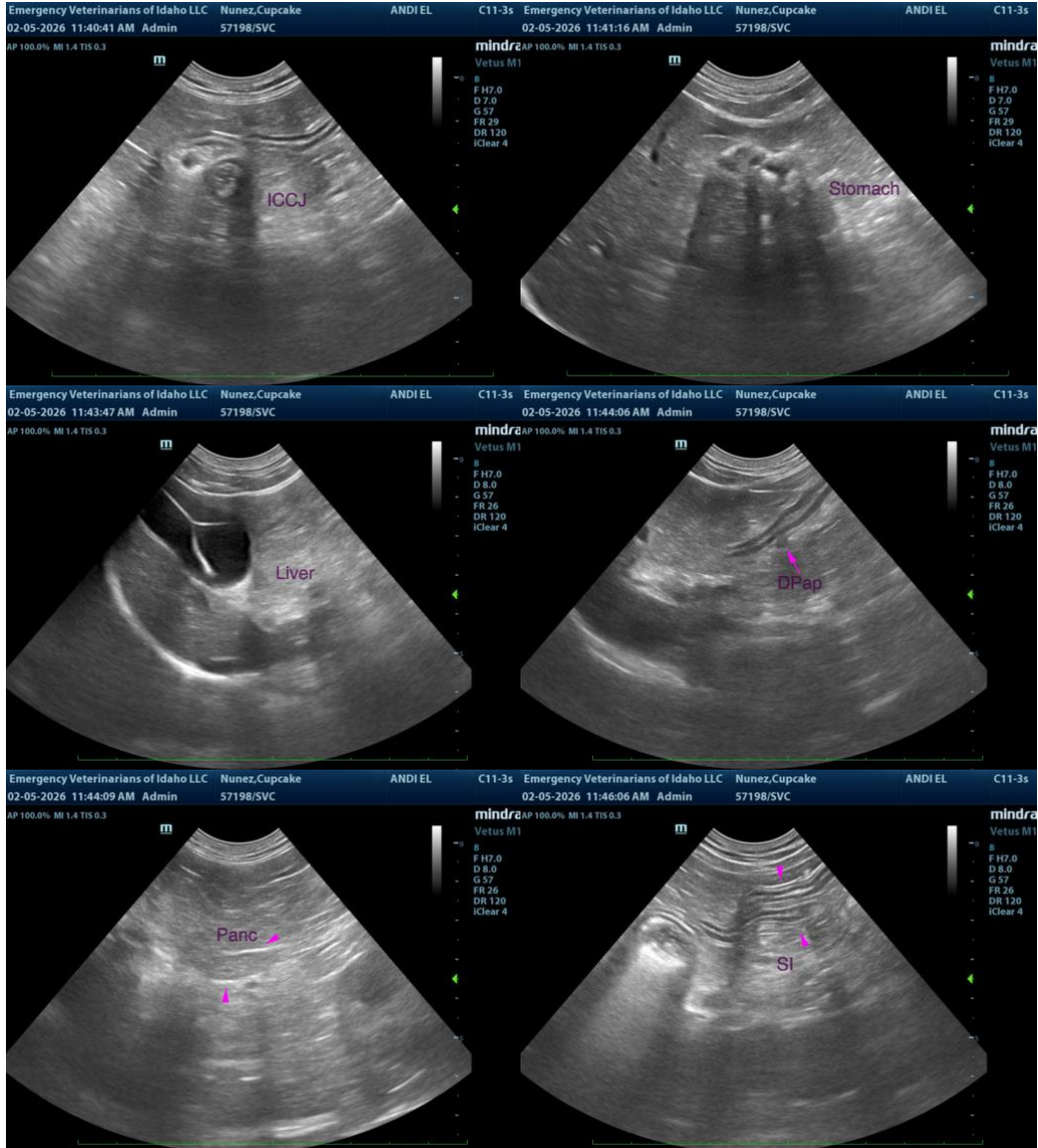
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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