Charleston Mobile Veterinary Services
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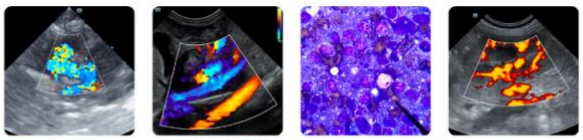

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tizzy Parker

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10/20/14

WEIGHT

3.7 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghiorzi

INVOICE

22521

DATE

2-6-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient had a dental on January 8th, had radiographs completed which revealed bladder stone. She was then put on RC Urinary SO dry, and, once owners fed her Urinary SO Calm canned food, she developed acute vomiting, anorexia and constipation. First visit for constipation, before onset of vomiting, was on 01/13/2026.

-01/28/26: presented for acute vomiting after eating SO Calm canned food; not defecating.
-01/30/26: presented for anorexia and "constipation" - no palpable stools in intestinal loop;
-01/31/26: presented again for anorexia and "constipation" - no palpable stools in intestinal loops, not attempting to defecate; vomiting is resolved. Owners interested in diagnostics.

Abnormal lab-work values:
- Mild leukocytosis (18.000) with neutrophilia (17.000) and lymphopenia (500).
- Otherwise unremarkable.
Current Medications: Elura, Orbax, Cerenia, SQ fluids.

Radiographic Findings
- static non obstructive cystolith;
- Constipation (previously);
- subjective splenomegaly;
- questionable cardiomegaly.
Notes to Specialist (if any)

Friable kitty, will be on Gabapentin but may need sedation.

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 0.60 cm cystic calculus is observed within the lumen, along with a scant amount of echogenic debris. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

left adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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

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vasculature is normal.

Liver
The liver is subjectively normal in size with normal curvilinear 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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

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. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

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

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

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Cystic calculus
- Mild bilateral nonspecific age-related renal changes

*An obvious cause for the patient's inappetence is not definitively identified in this study. Considerations include recent diet change, stress, underlying metabolic issue, primary enteropathy, occult neoplasia, orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider the following:

1. Three-view thoracic radiographs to assess for occult pathology in the chest
2. Orthopedic and neurologic examinations
3. Fecal evaluation for ova and Giardia and a GI panel including serum cobalamin and folate, TLI and PLI
4. Repeat bloodwork to assess for rising liver values (which may indicate emerging hepatic lipidosis), etc.
5. Depending on the results of the above diagnostics, further work-up may be indicated.

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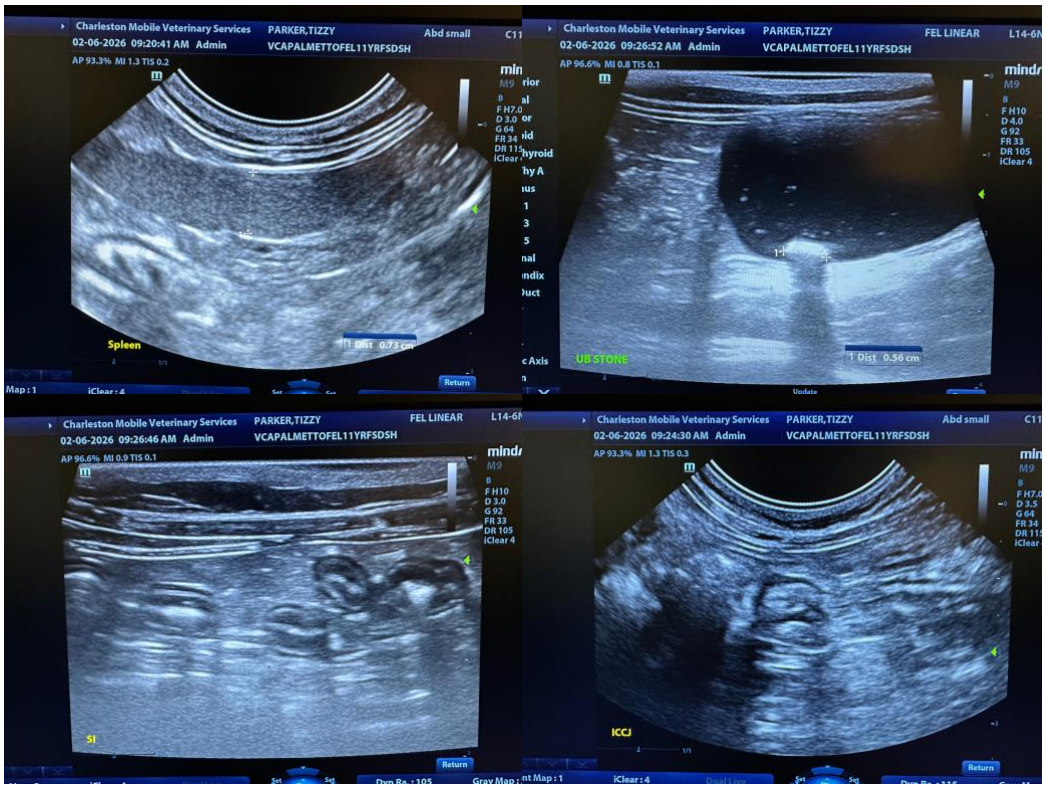
- If a more conservative approach is desired, consider an appetite stimulant +/- anti-nausea medication, along with return to the patient's previous diet. If inappetence, further work-up should be revisited.



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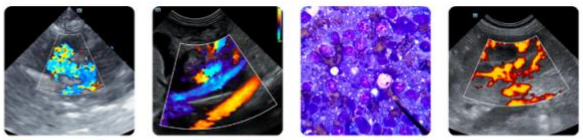

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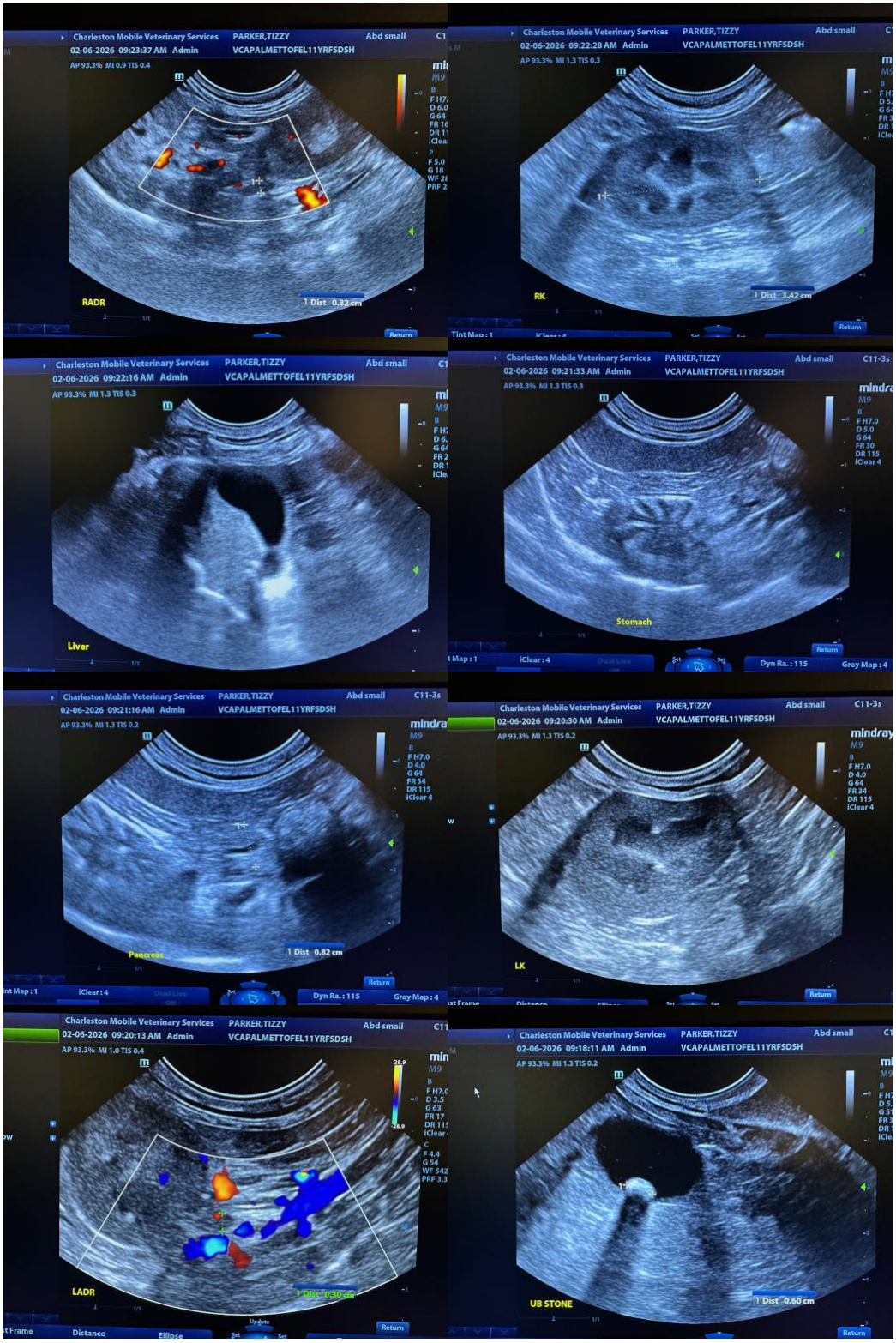

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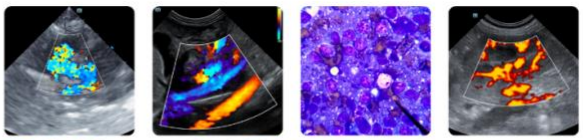

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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