



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Peanut Rand
SPECIES Feline
BREED DSH
SEX Neutered Male
AGE 11 mos
WEIGHT 8.3

History: Peanut is a 10-11-month-old FS DSH who presented to the GSIVS ER Department on 3/1/2026 for recheck evaluation. Was seen by GSIVS yesterday for having multiple episodes of vomiting with some blood-tinged vomitus. Abdominal radiographs were performed and there were no apparent concerns. Peanut was treated with supportive care and recommend to NPO until 4pm yesterday. Yesterday afternoon owner tried to offer her food, but she as not interested. She has continued to not eat, but she has not had any vomiting. Owner noted that she has been more lethargic than usual.

Abnormal PE/Chem/CBC/UA Results: Abdominal x-ray: no obvious FB or obstruction detected 3/1:
 CSL: RDW 30.9 (15.0-27.0) PT 77 (151-600) GLU 270 (74-159) ALT 136 (12-130) GGT 11 (0-4) Na 149 (150-165) K 3.2 (3.5-5.8) Cl 108 (112-129)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The left kidney is normal in size (3.28 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 (3.41 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 left adrenal gland is normal size (0.40cm 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 in this region.

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.

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.

The gallbladder 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 moderately fluid-distended. Within the fluid, linear hyperechoic material is seen. Some of this material appears to be passing through the pylorus and into the duodenum. The duodenum is mildly plicated with questionable linear foreign material in the lumen. The remaining small intestinal segments are normal in thickness, with a normal layering pattern and appropriate mural detail. Discreet masses are not

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

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 Vet Svc

REFERRING VET

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PATIENT identified. The ileocecolic junction and colonic wall are normal.

Peanut Rand **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.

SPECIES

Feline **Lymph Nodes**

A 0.80 x 0.32 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also seen (one measuring 0.82 x 0.44 cm).

BREED

DSH **Free Abdomen**
Scant effusion is suspected.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

Primary Findings

AGE

11 mos

- Possible gastroduodenal linear foreign material
- Scant ascites

WEIGHT

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Secondary Findings

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to concern for a possible gastroduodenal linear foreign body, consider an abdominal exploratory to assess for and remove any foreign material. If a foreign body is not seen, gastrointestinal biopsies should be obtained. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.

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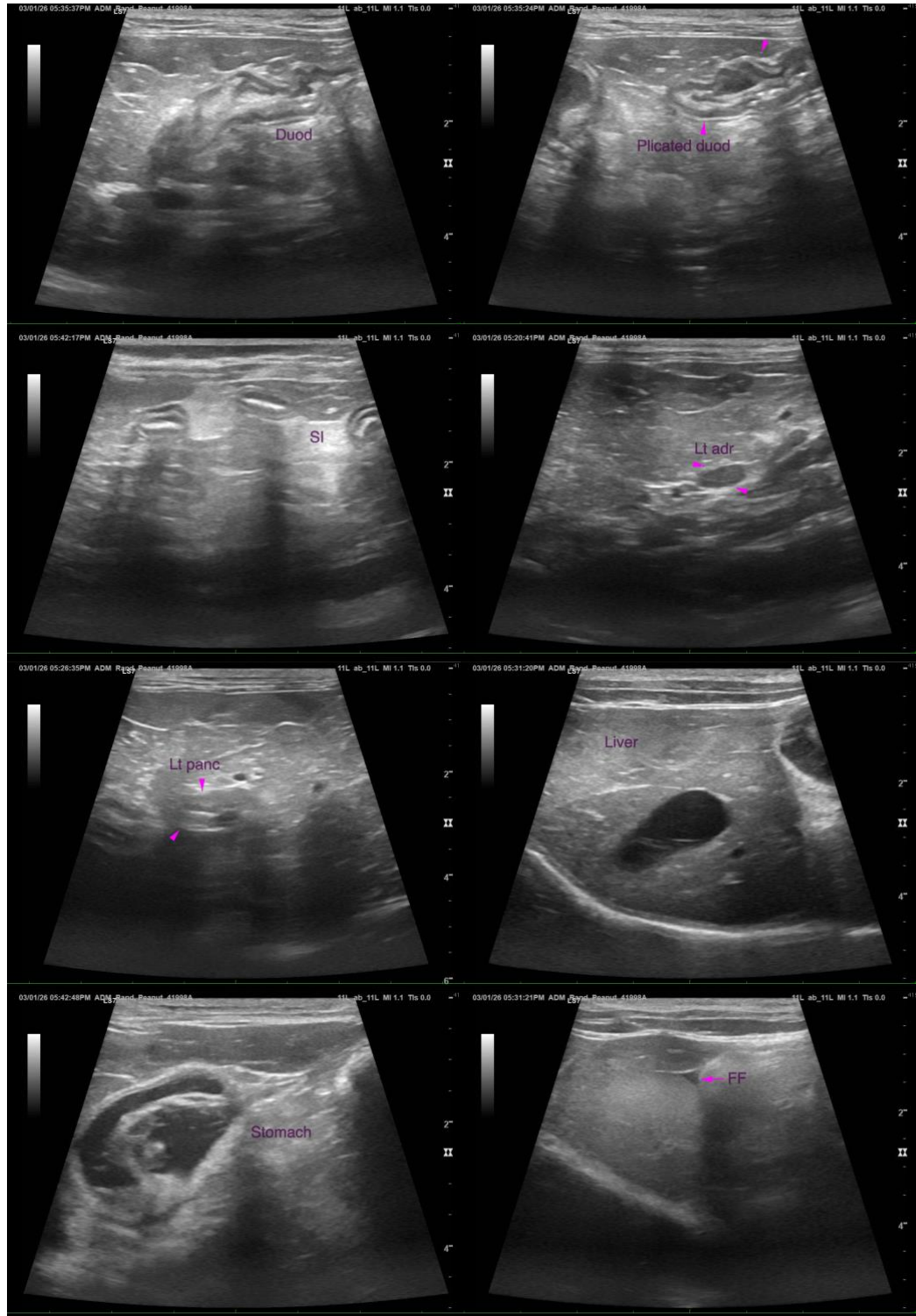
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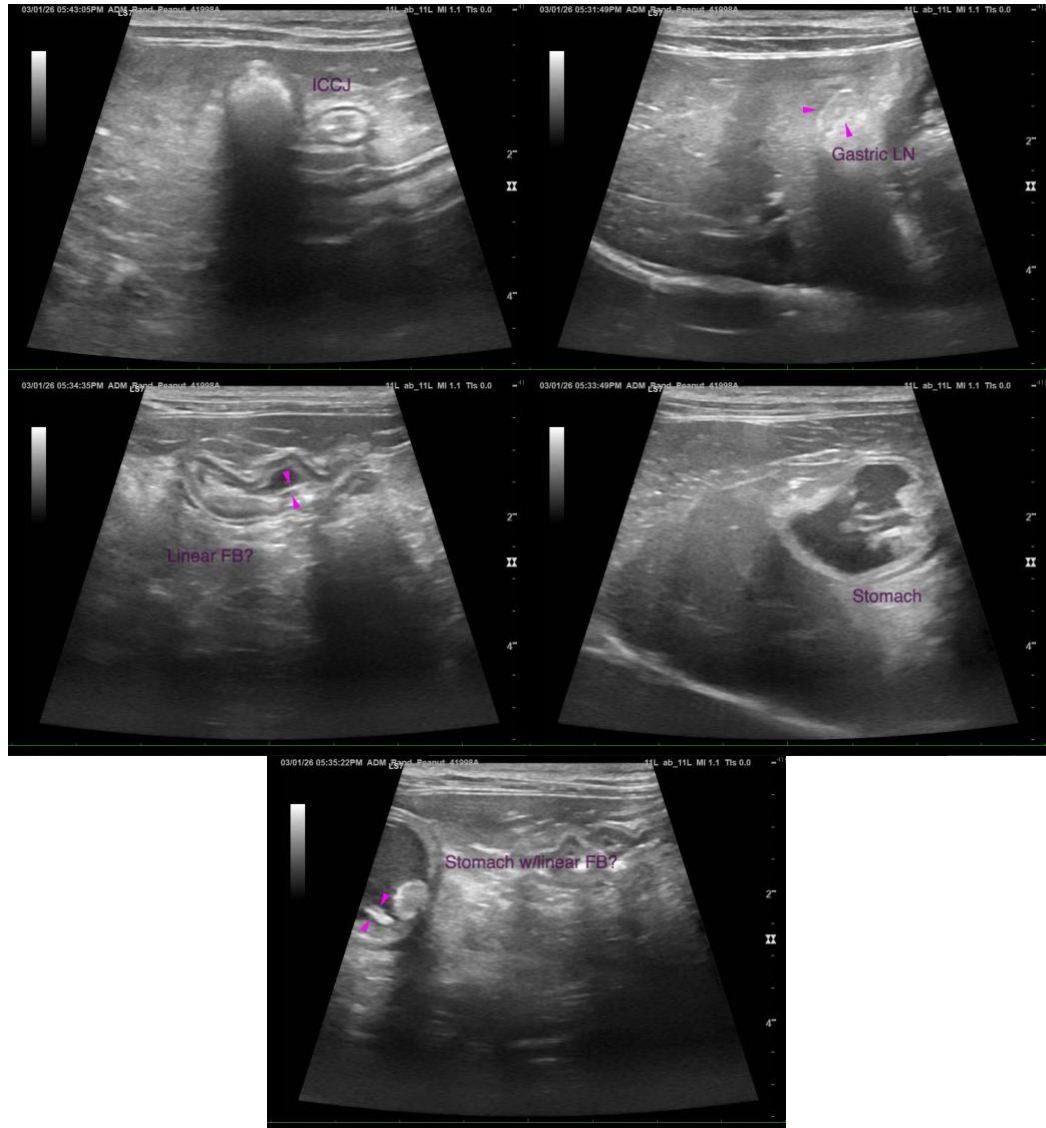
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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