



PATIENT

Conor Gazdalski

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Salazar

INVOICE

13578

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History:

- vomiting 8 times this am previous hx house plant ingestion 2024

Abnormal PE/Chem/CBC/UA Results: Phos 2.7 ALT 244 T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.93 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 (3.88 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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.

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 (0.65 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 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent mineralized sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. 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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and left limb are prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is subtly hyperechoic.



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Lymph nodes

At least one prominent mesenteric lymph node is visualized measuring 0.48 x 0.36 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic change are suggestive of mild to moderate pancreatitis.
- Retained gastric ingesta

Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- Gallbladder sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. An fPLI +/- full GI panel including serum cobalamin, folate, TLI and PLI are recommended.
2. While awaiting test results, supportive care for pancreatitis should be initiated. If clinical signs persist despite medical management, further workup may be indicated.



