



PATIENT

Kiernan Mewspurry-
Hall-Suprock

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorville VC

REFERRING VET

Dr. Megan Bray

INVOICE

13578

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Vomiting, lethargy, and weight loss - Rule-outs include gastrointestinal foreign body obstruction (high suspicion given history of pica and ultrasound findings), pancreatitis (high suspicion based on ultrasound), and inflammatory bowel disease. Metabolic causes are less likely but still considered. - Suspected pancreatitis - Based on visualization of an inflamed pancreas on ultrasound. - Delayed gastric emptying - Based on ultrasound findings, likely secondary to a partial obstruction or pancreatitis. Lab work pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A moderate to larger 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 (3.61 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (3.63 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 left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.63 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.25 cm in width).

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. In the region of the pyloric antrum there is questionable scant shadowing within the lumen. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal



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

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of mild pancreatitis.
- Questionable scant shadowing within the pyloric antral lumen without obvious evidence of obstruction.

Secondary Findings:

- The mild urinary debris is likely a benign, incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A GI panel including serum cobalamin, folate, TLI and PLI is recommended along with a fecal evaluation for ova and Giardia.
2. Three-view thoracic radiographs are also recommended to assess for occult esophageal disease and other pathology.
3. Depending on the results of the above diagnostics as well as the baseline lab results, further workup (i.e., hypoallergenic or hydrolyzed protein diet trial, endoscopic or surgical GI biopsies) may be indicated.



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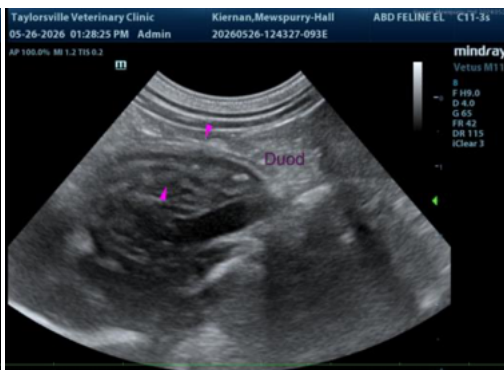
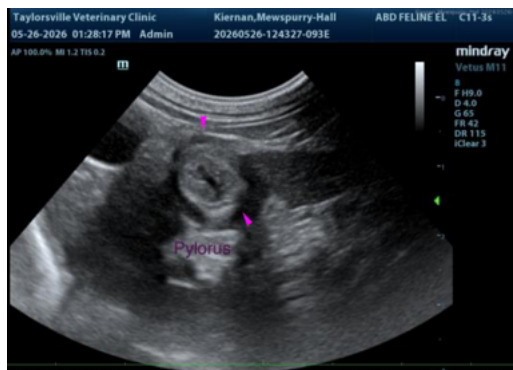
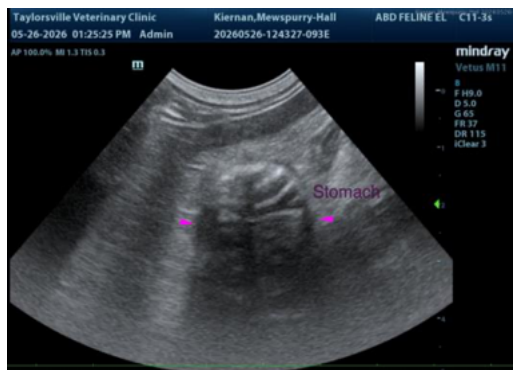
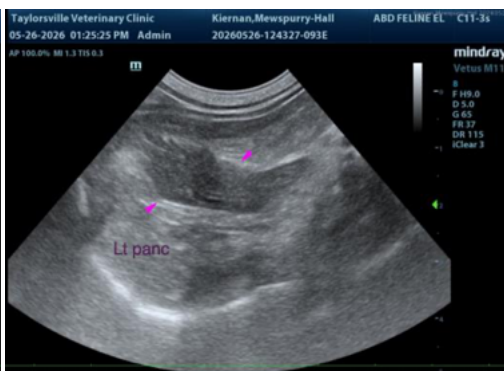
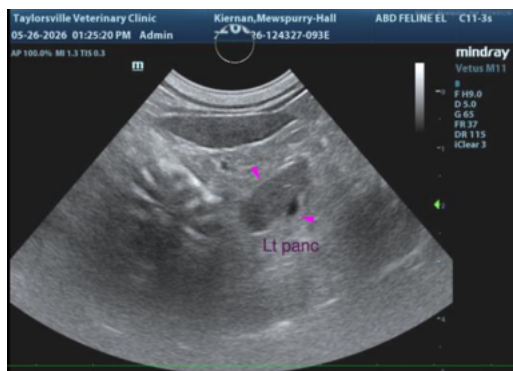
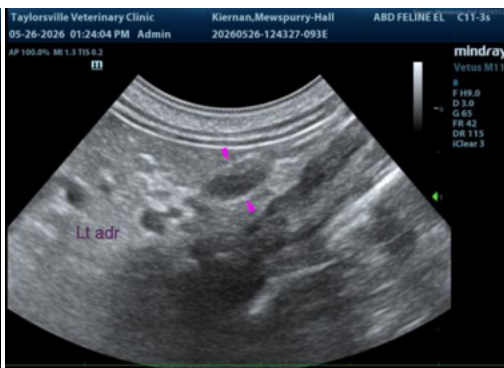
Dr. Megan Bray

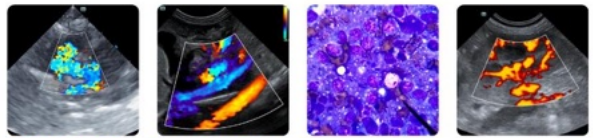
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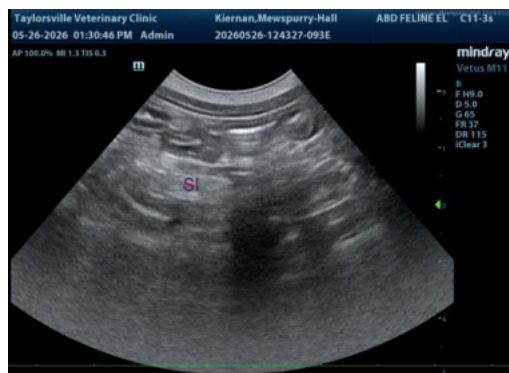
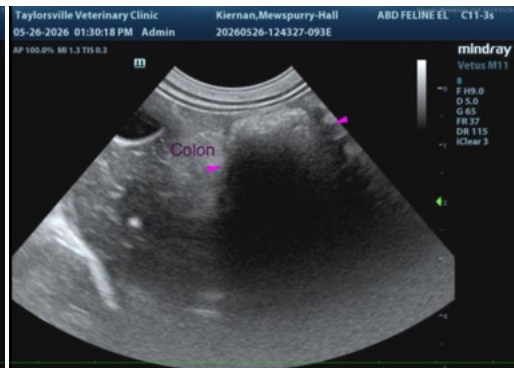
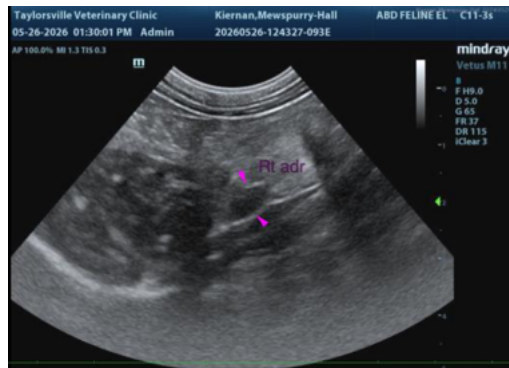
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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