



**PATIENT**

Tomillo Aguilar

**SPECIES**

Feline

**BREED**

Siamese mix

**SEX**

Male Neutered

**AGE**

06/25/2024

**WEIGHT**

3.14kg

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Island Pet Urgent Care

**REFERRING VET**

Dr. Odle

**INVOICE**

23063

**DATE**

5-27-26

**PRESENTING CLINICAL SIGNS**

Current Medications: Cerenia  
Radiographic Findings: Sent

**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 is normal.

The left 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.

The right kidney is normal in size (3.39 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 (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.55 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 peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

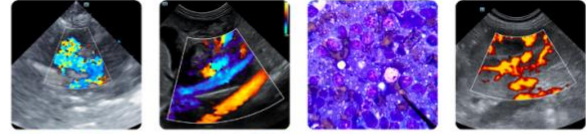
The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is severely fluid-distended and hyperperistaltic. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenum is diffusely fluid-distended. The duodenal wall is normal in thickness with a normal layering pattern. Several jejunal loops are moderately- to severely fluid-distended and hyperperistaltic. In at least two jejunal segments, soft, shadowing material is visualized. The jejunal 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. The colonic lumen contains some shadowing fecal material.

**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.



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**Lymph Nodes**

A few prominent mesenteric lymph nodes are visualized (one measuring 2.62 x 0.74 cm).

**SPECIES**

**Free Abdomen**

Feline

There is no obvious evidence of free fluid.

**BREED**

**Other**

Siamese mix

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window. A few B-lines are suspected in the visualized portion of the thorax.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Male Neutered

- Suspected jejunal foreign bodies in at least two segments with an obstructive pattern
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Possible B-lines in the thorax. This finding could suggest pulmonary parenchymal disease.

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**Secondary Findings**

- The increase in hepatic portal markings may be a normal variant for this patient or could be secondary to an inflammatory hepatopathy. Correlation with the patient's liver values is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An abdominal exploratory is recommended to assess for and removal any small intestinal foreign material. Three-view thoracic radiographs are recommended prior to anesthesia to assess for occult aspiration pneumonia.

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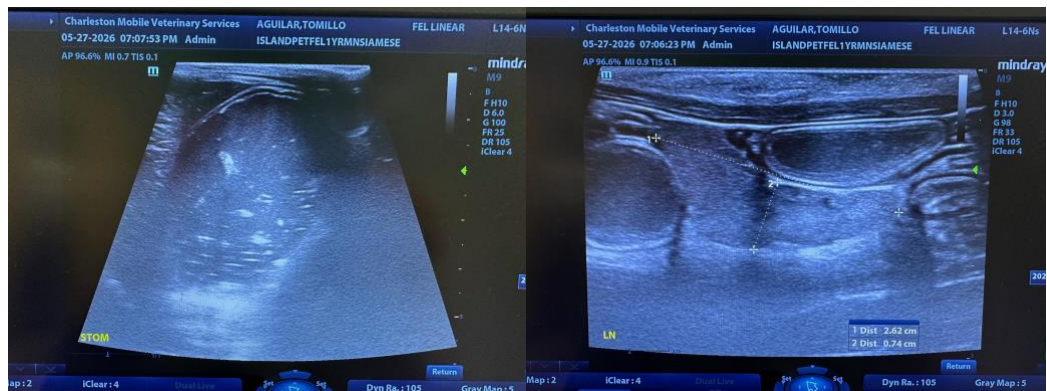
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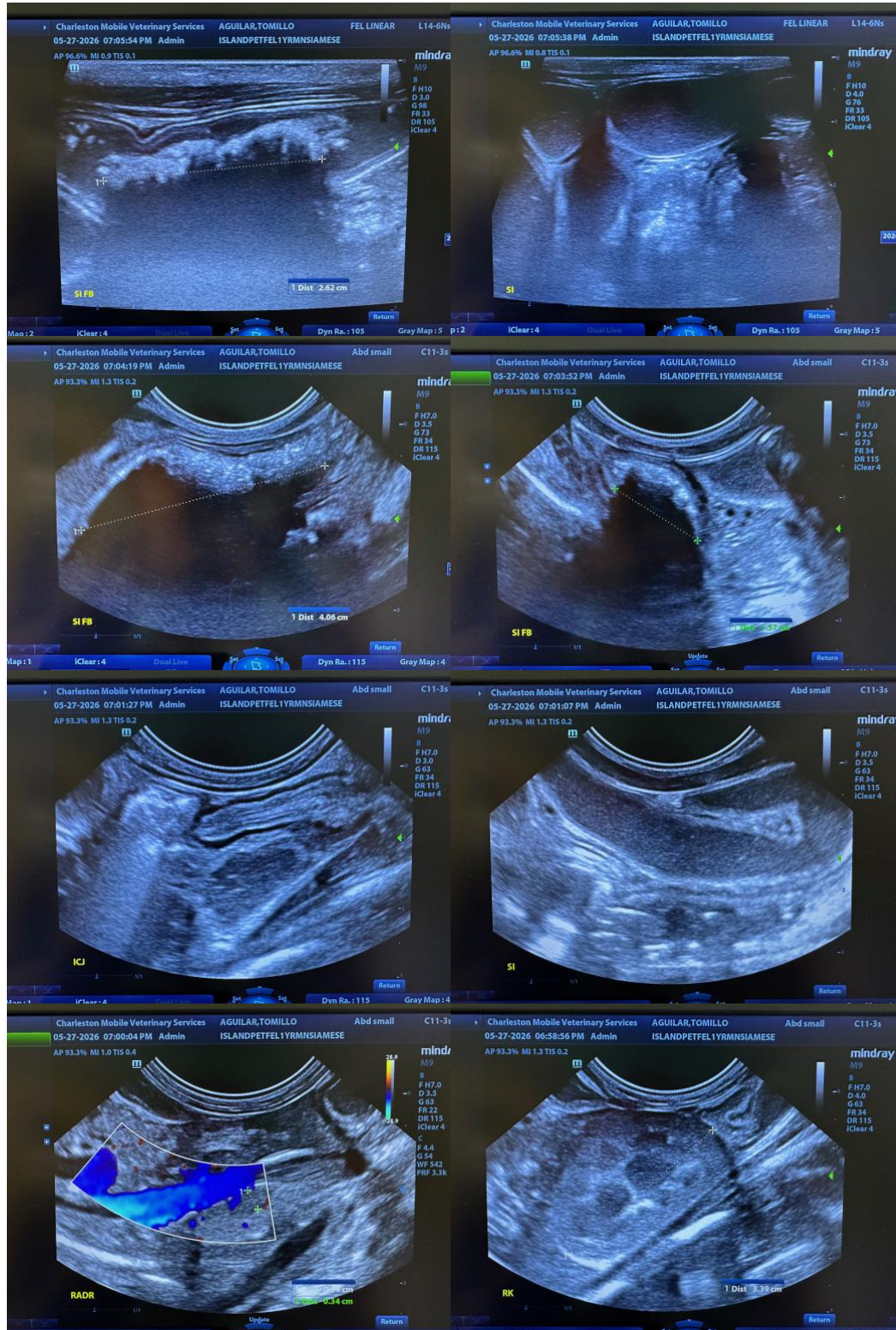
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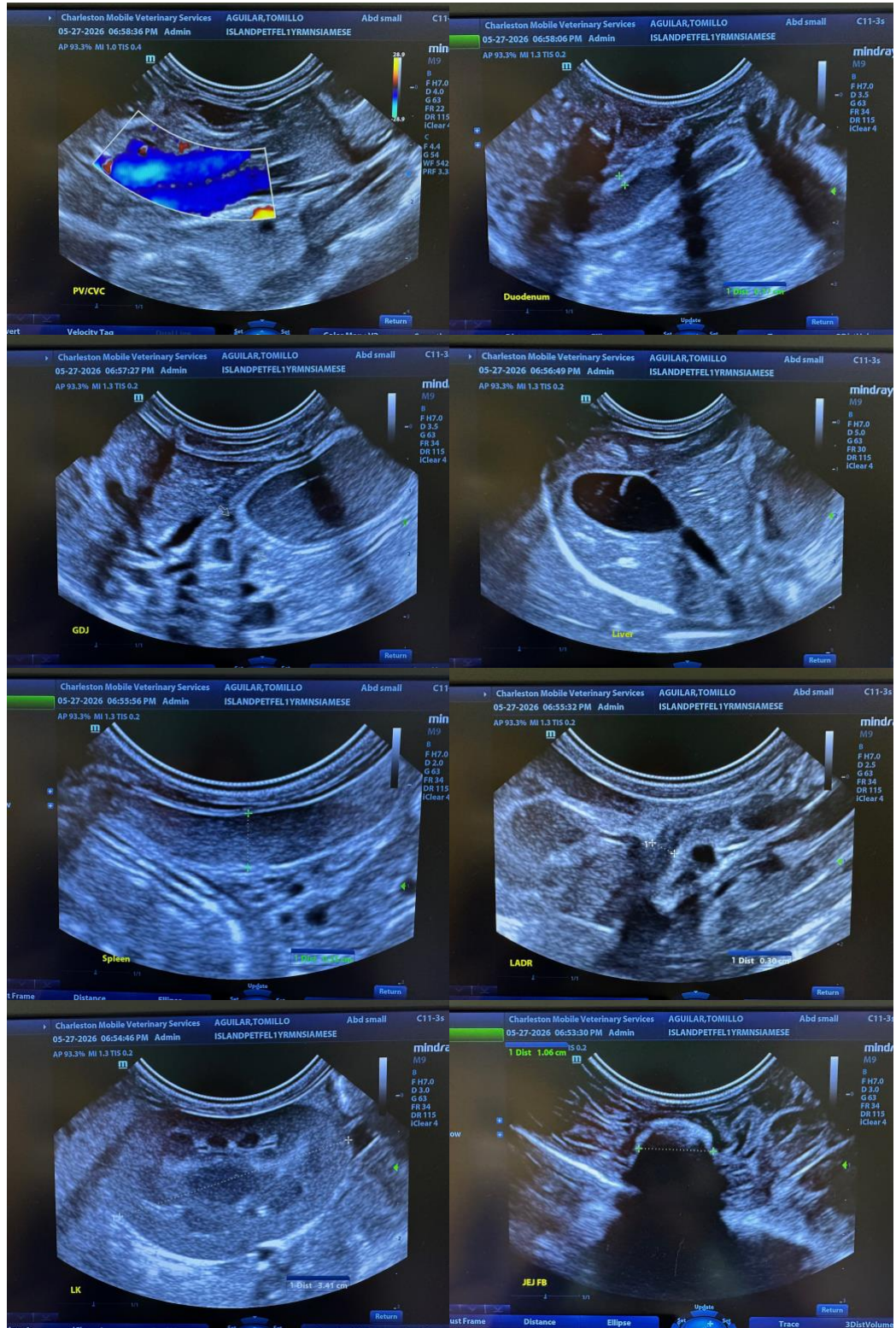
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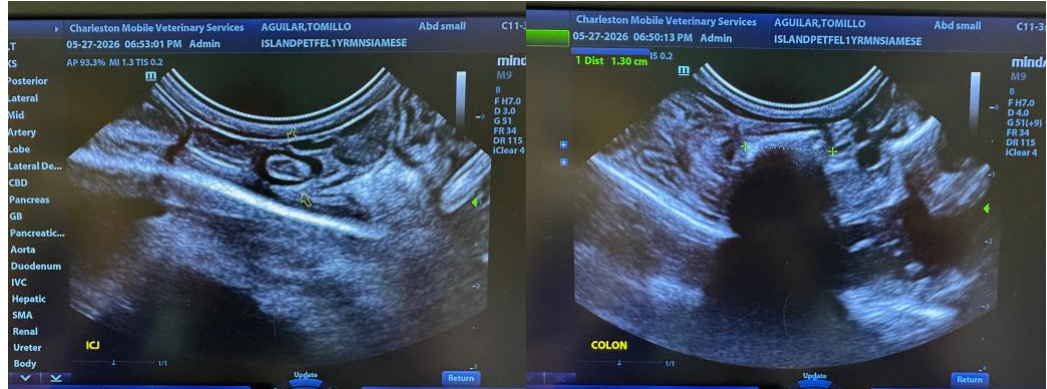
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)