

PATIENT

Cinderella Tammy
Evie's Cat Rescue

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

1 year

WEIGHT

6.35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise Hosp

REFERRING VET

Dr. Hellworth

INVOICE

11119

DATE

6/20/22

PRESENTING CLINICAL SIGNS

History: Possible G.I. signs (no reported vomiting or diarrhea), no reported deworming or current meds. Cat is reportedly crouching in litter box frequently.

Abnormal PE/Chem/CBC/UA Results: No reported blood work or Felv/Fiv status.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.13 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.44 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.82 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.

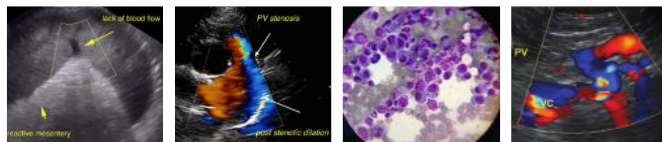
Liver

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. No pathological hepatic lymphadenopathy observed.

The gall bladder 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 mildly fluid distended. A small amount of ill-defined, hyperechoic shadowing material is also observed within the lumen. 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 thickness is normal with a normal layering pattern and appropriate



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mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

BREED

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Intact Female

Other

The uterine body is visible (0.43 cm in width). The wall is subjectively slightly thickened. There is mild luminal distention with anechoic fluid. No obvious pathology is observed.

AGE

1 year

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hyperechoic shadowing material in the gastric lumen may represent chyme, foreign material, medication, other. It appears nonobstructive at this time.
- The uterine changes could be consistent with impending or recent estrus. Pyometria is possible but considered less likely given the age of the cat.

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dysuria, straining to defecate, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab work, including a CBC Chemistry panel and urinalysis is recommended, +/- a urine culture and sensitivity, if warranted.

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Consider a fecal evaluation for ova and giardia.

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Consider empirical treatment for idiopathic cystitis while awaiting test result.

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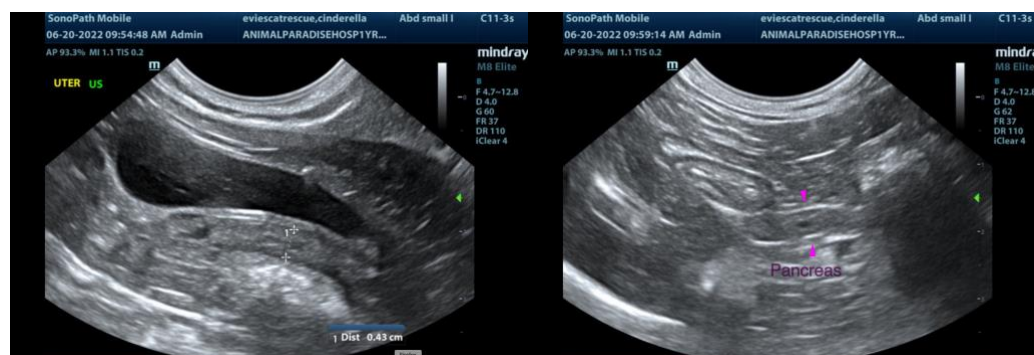
Dr. Hellworth

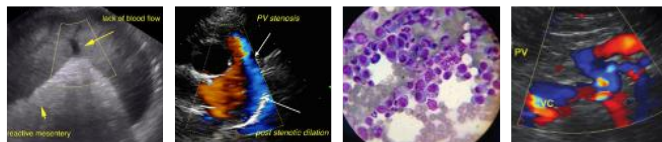
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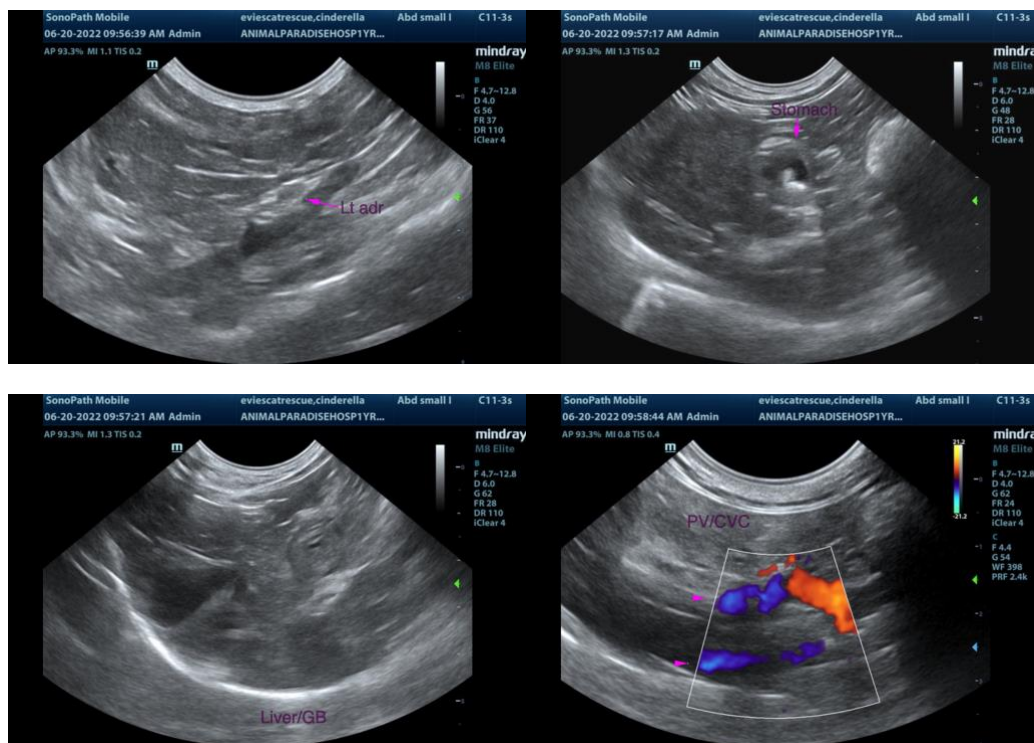
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com