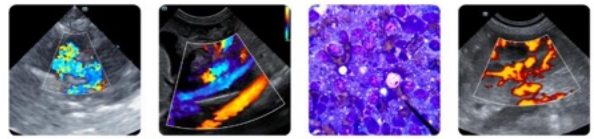


PATIENT
Pana King

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
2 Yrs.

WEIGHT
8.5 lbs.

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

IMAGING PERFORMED BY
Dr. Gabriel Ferrer

HOSPITAL NAME
Pulse Pet Ultrasound Services

REFERRING VET
Dr. Mario Roman

INVOICE
13611

DATE
6/9/26

PRESENTING CLINICAL SIGNS

History: Px presented as a referral for an abdominal ultrasound to rule out obstruction due to hairballs. Px originally visited rDVM on June 6th for anorexia and vomiting hairballs. Owner noticed that Px is interested in eating her dry food, although she then leaves it and does not eat it. Radiographs revealed soft tissue opaque material in the stomach and small intestine even though Px had not eaten since 3 days prior. Abnormal PE/Chem/CBC/UA Results: CBC WNL, chem panel reveals glucose of 188 and potassium of 3.7.

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 moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.18 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.

The right kidney is normal in size (3.31 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.

Adrenal Glands
The left adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

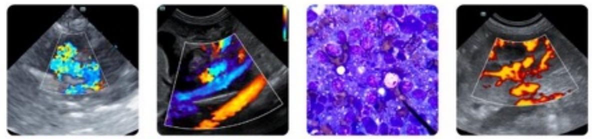
The right adrenal gland is normal size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (0.79 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 is of normal contours and contains a small to moderate amount of gravity- dependent echogenic debris/sludge. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/borderline dilated (up to 0.28 cm). There is no obvious evidence of an intraluminal obstruction in the visualized portion of the bile duct.

Gastrointestinal
The gastric lumen is not distended. 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



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

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.

Lymph nodes

2-3 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.92 x 0.36 cm. 2 prominent medial iliac lymph nodes are visualized, one of the nodes measuring 0.88 x 0.38 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The cystic/common bile duct changes may be a normal variant for this patient or could be secondary to cholangitis. Correlation with the patient's clinical history is recommended.

Secondary Findings:

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

*An obvious cause for the patient's clinical signs is not identified in this study. There is no obvious evidence of a gastrointestinal foreign body/obstruction on today's study. Broad considerations for vomiting and inappetence include a primary enteropathy (i.e., inflammatory bowel disease, food allergy/intolerance, dietary indiscretion, toxicity, other), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended along with a GI panel including serum cobalamin, folate, TLI and PLI.
2. Also consider three-view thoracic radiographs to assess for occult pathology in the chest.
3. Depending on the results of the above diagnostics, further GI workup (i.e., biopsies) may be warranted. In the meantime, symptomatic care is recommended.

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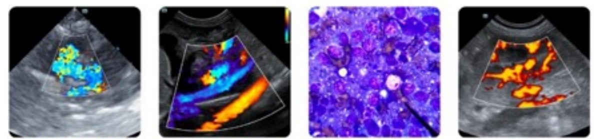

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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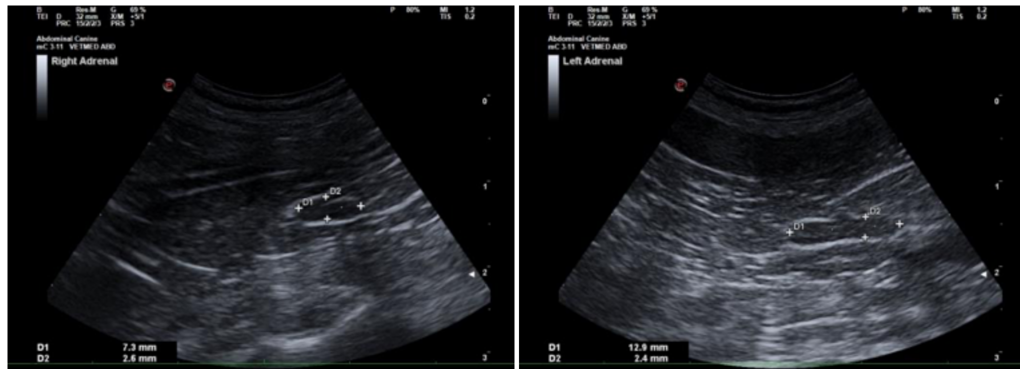

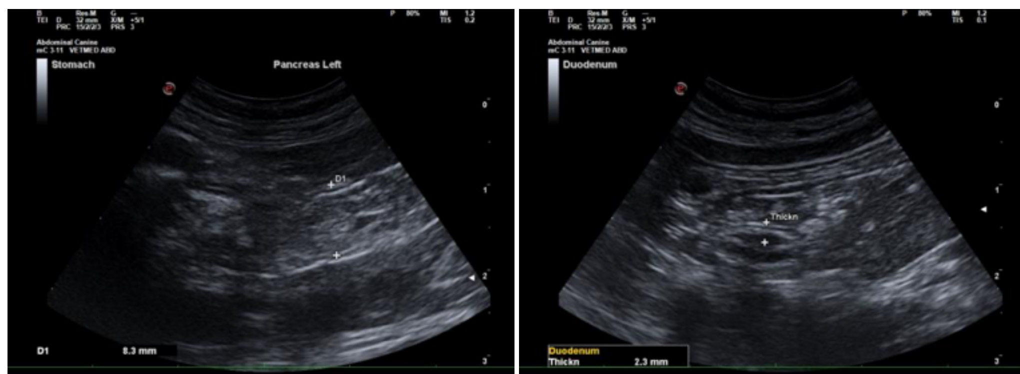

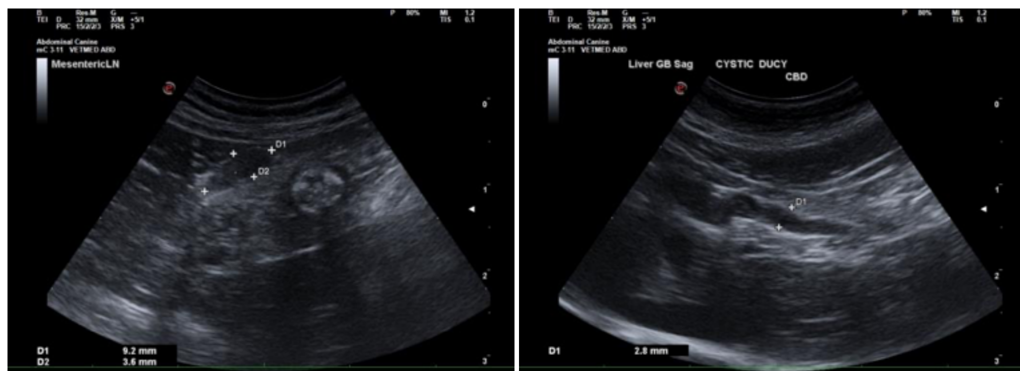

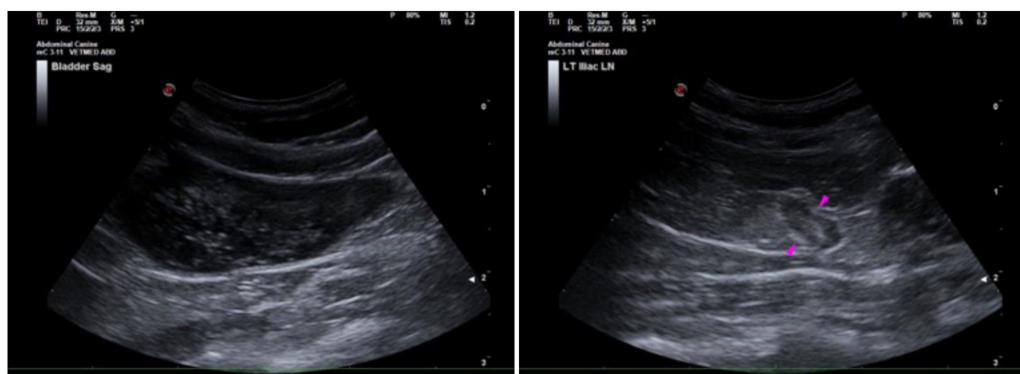

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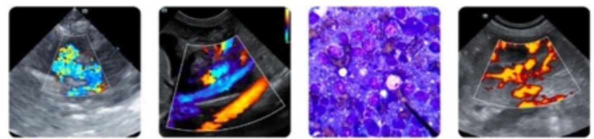

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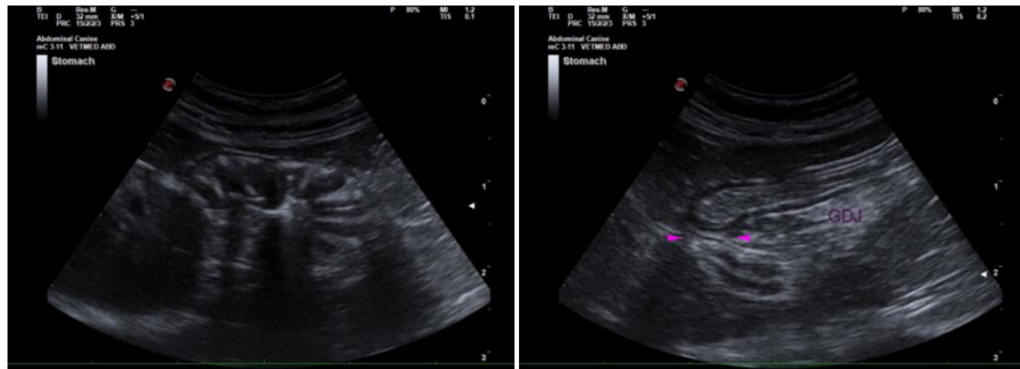

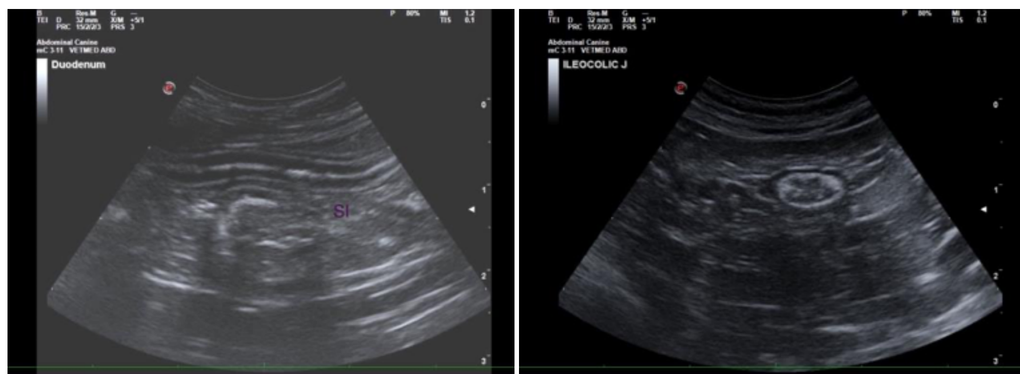

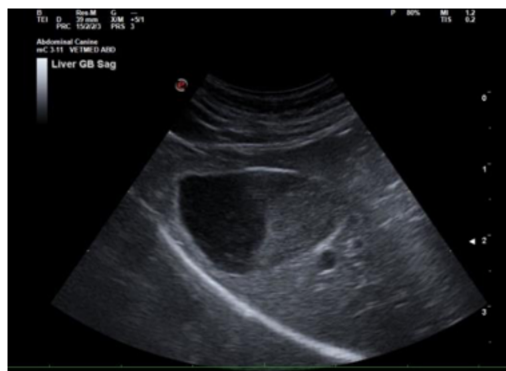

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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