



**PATIENT**

Angel Plaskow

**PRESENTING CLINICAL SIGNS**

**History:** Cat was over grooming was put on meds started vomiting owner stopped meds, elevated GGT

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of suspended, echogenic debris is observed within the lumen. 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.

**SEX**

Neutered Male

The **left kidney** is normal size (4.48 cm in length); normal shape and architecture with 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.

**AGE**

10 Years

The **right kidney** is normal size (4.77 cm in length); normal shape and architecture with 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.

**WEIGHT**

13.6 Lbs

**Adrenal Glands**

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

**Spleen**

The **spleen** is normal in size (0.84 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.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jenn

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/not seen.

**Gastrointestinal**

**HOSPITAL NAME**

Rockaway AH

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal 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.

**REFERRING VET**

Dr. Bednar

**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.

**INVOICE**

11440

**Free Abdomen**

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

**DATE**

8.18.22

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

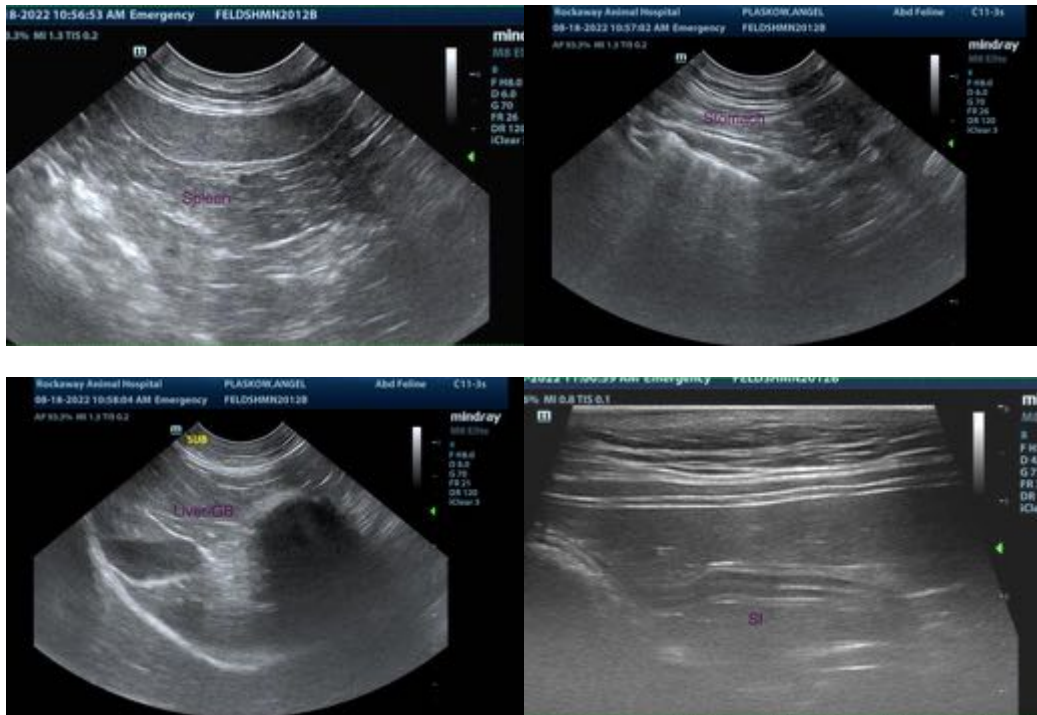
- Unremarkable abdomen. An obvious cause for the patient's vomiting is not identified in this study.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the elevated GGT, consider pre-and postprandial serum bile acids or rechecking liver values in 10-14 days.

Regarding the vomiting, supportive care is recommended. If further work-up is desired, consider the following:

1. Fecal evaluation for ova and Giardia
2. Consider a malabsorption panel (including serum cobalamin and folate, TLI and PLI)
3. Thoracic radiographs to assess for occult esophageal disease
4. Heartworm testing (i.e., antigen and antibody)
5. +/- GI biopsies (endoscopic or surgical)





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.

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