



PATIENT

Kenneth Damato

PRESENTING CLINICAL SIGNS

History: Vomiting profusely anorexia lethargic, vomited hairball.

SPECIES

Feline

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.

BREED

Domestic shorthair

The left kidney is normal size (4.47 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

SEX

Male Neutered

The right kidney is normal size (4.25 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 hydroureter. Renal vasculature is normal.

AGE

2 Years

Adrenal Glands

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

WEIGHT

13 lbs.

Spleen

The spleen is normal in size (0.86 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. 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.

IMAGING PERFORMED BY

Jenn

Gastrointestinal

The gastric lumen is moderately fluid-distended and hypomotile. Soft shadowing material is observed within the lumen. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are fluid-distended and hypomotile. The mesenteric effacing the serosal surface of these regions is hyperechoic. The small intestinal wall thickness is normal with a normal layering pattern. Discreet masses are not identified. The colonic wall is normal.

HOSPITAL NAME

Rockaway Animal
Hospital

Pancreas

A portion of the pancreas is obscured by the gastric distension. The left limb is visualized and is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not dilated. There is no evidence of peripancreatic inflammation or effusion.

REFERRING VET

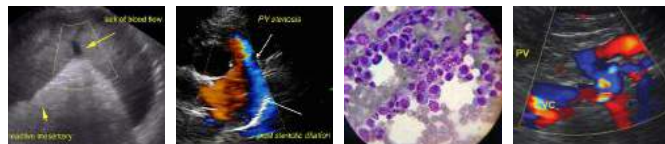
Dr. Maniar

INVOICE

11876kk

DATE

9/23/21



PATIENT

Free Abdomen

Kenneth Damato

Focal areas of reactive mesentery are observed within the mid-abdominal cavity. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Suspected gastric foreign material (i.e., hair or cloth) with gastric stasis. Small intestinal stasis is also observed. However, an obvious foreign body is not identified in the small intestinal lumen. Regional peritonitis is present.

BREED

Domestic shorthair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If an aggressive approach is desired, consider an abdominal exploratory to remove gastric foreign material and assess for small intestinal obstruction. Three-view thoracic radiographs should be performed prior to anesthesia to assess for evidence of aspiration pneumonia. If a more conservative approach is desired, consider medical management with a repeat ultrasound in 12-24 hours.

SEX

Male Neutered

AGE

2 Years

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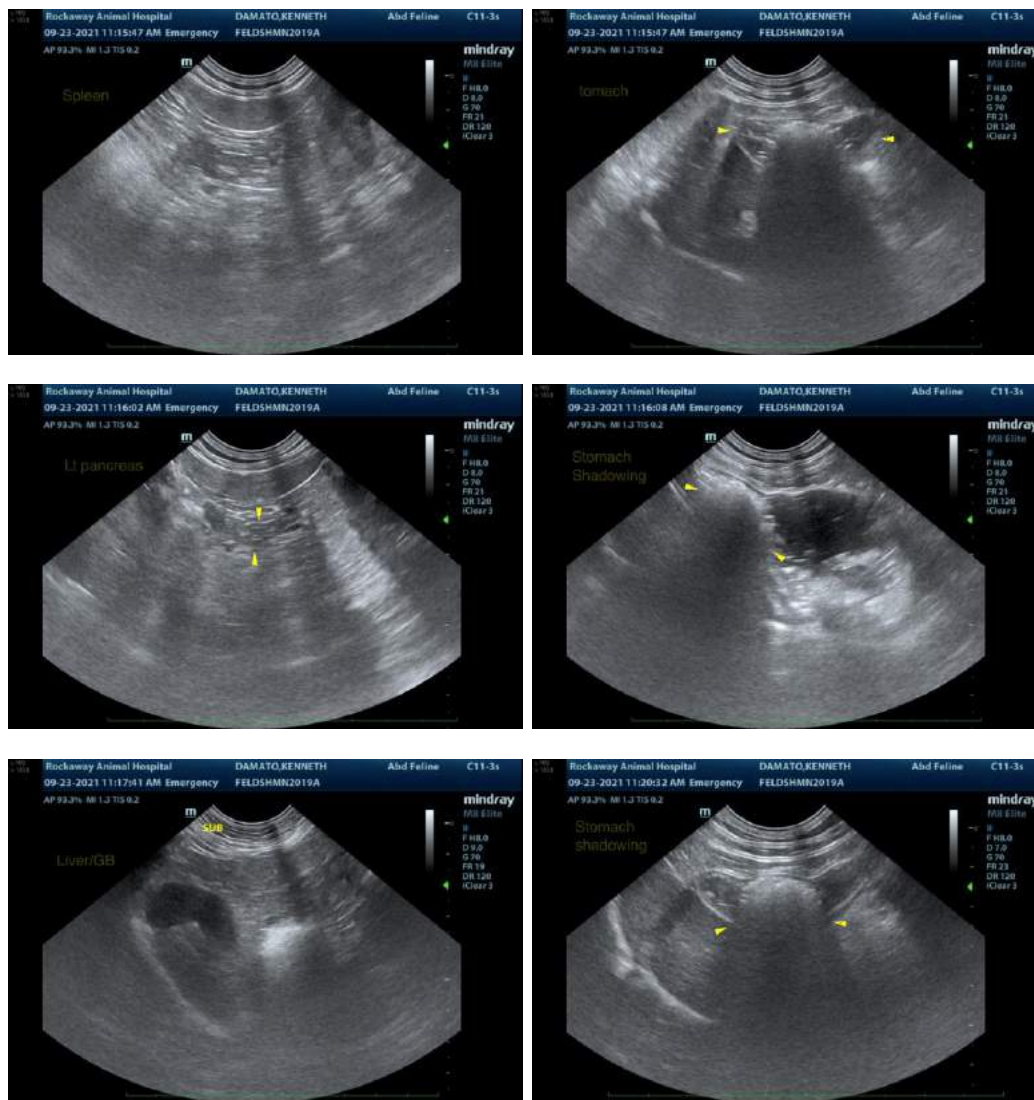
Dr. Maniar

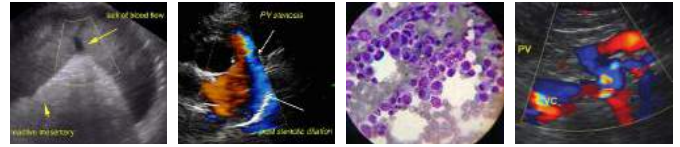
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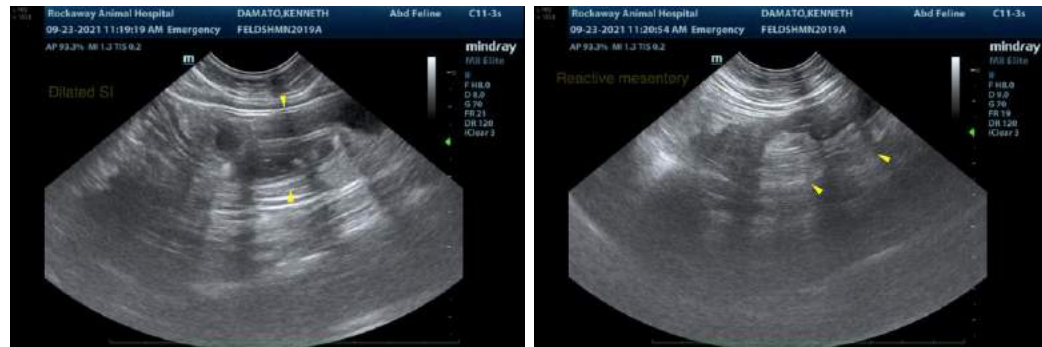
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com