
**PATIENT PRESENTING CLINICAL SIGNS**

Lucky Gandza  
 History: not eating past 5 days currently on: Supportive medicine  
 Abnormal PE/Chem/CBC/UA Results: BW-unremarkable

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline  
**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended with 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 2.0 cm, are normal.

**SEX**

Neutered Male

The left kidney is normal in size (3.53 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Two cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**AGE**

6 Years

The right kidney is normal in size (3.84 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

**WEIGHT**

11.2 Pounds

**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm length: 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm length: 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 0.86 cm.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**Liver**
**HOSPITAL NAME**

S. Catharine's AH

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.

**REFERRING VET**

Dr. Boctor

The gall bladder is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**INVOICE**

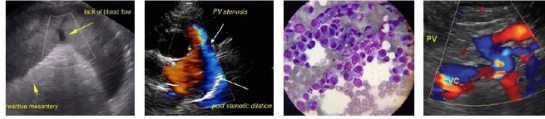
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**Gastrointestinal**

The gastric wall is normal in thickness in the region of the fundus moderately thickened (up to 0.82 cm) in the region of the pyloric antrum with apparent retention of the normal layering pattern. A 2.10 cm hyperechoic structure with some shadowing is observed in the region of the fundus. The lumen is otherwise not distended. The pyloric outflow tract is patent. The small intestinal lumen is not

**DATE**

9/28/21



**PATIENT**

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dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis/Mucosa ratio in some segments. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. There is no evidence of obstructive pattern.

**SPECIES**

Feline

**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.

**BREED**

DSH

**Free Abdomen**

The abdominal lymph nodes are normal/not visible.

**SEX**

Neutered Male

Reactive mesentery is observed in the cranial abdomen adjacent to the stomach. There is no evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6 Years

**Primary Findings**

- The gastric wall changes are most consistent with gastritis. However, emerging neoplasia cannot be completely excluded. There is questionable foreign material (i.e., hairball, other) in the region of the fundus which appears non-obstructive. Regional peritonitis is present.

**WEIGHT**

11.2 Pounds

**Secondary Findings**

- Minor renal pathology with left cortical infarcts

**INTERPRETED BY**

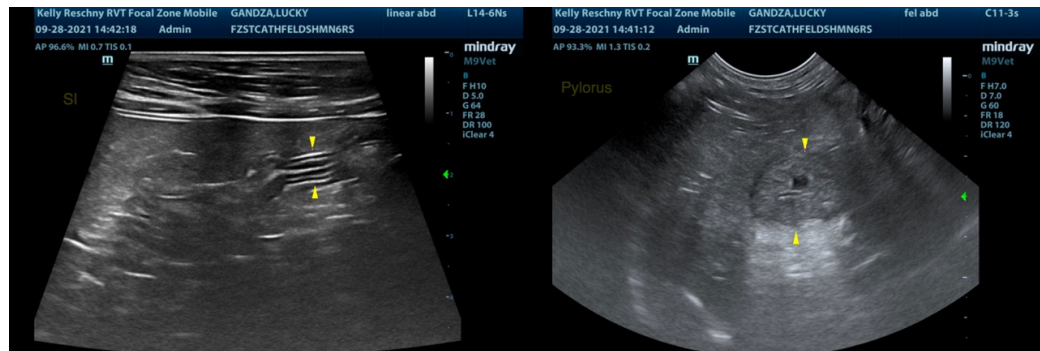
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- 3-view thoracic radiographs are recommended to assess cardiopulmonary status and to evaluate for occult neoplasia in the thorax.
- Ideally, gastrointestinal biopsies are recommended with removal of any foreign material from the gastric lumen. If a more conservative approach is desired, consider supportive care for gastritis/trichobezoars with recheck ultrasound in 48-72 hours if the patients' clinical status has not improved. Nutritional support (i.e., via temporary feeding tube) may be necessary to help prevent hepatic lipidosis given the extended period of anorexia.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

S. Catharine's AH

**REFERRING VET**

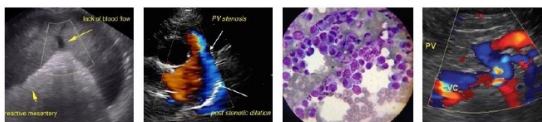
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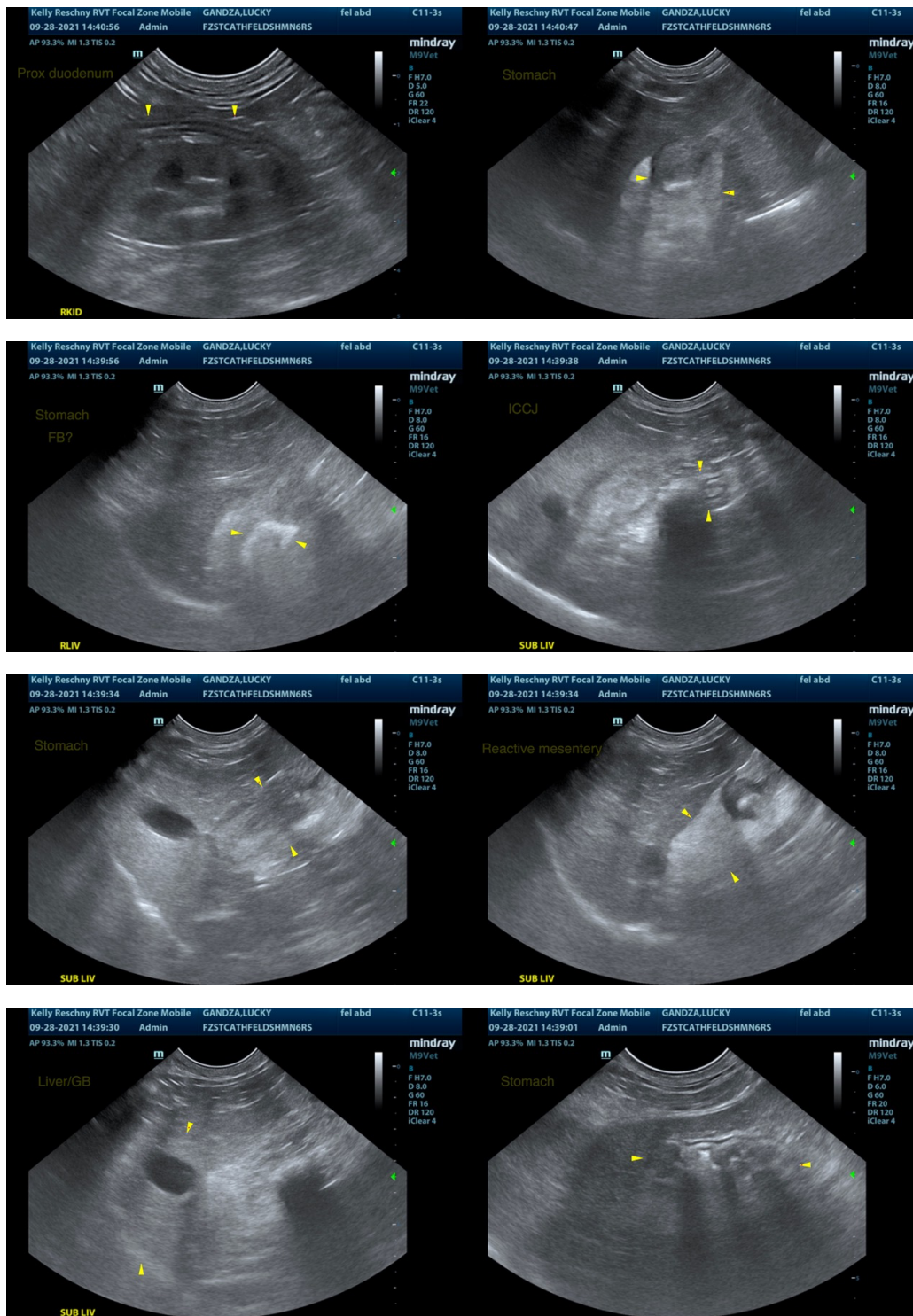
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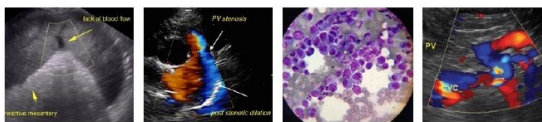
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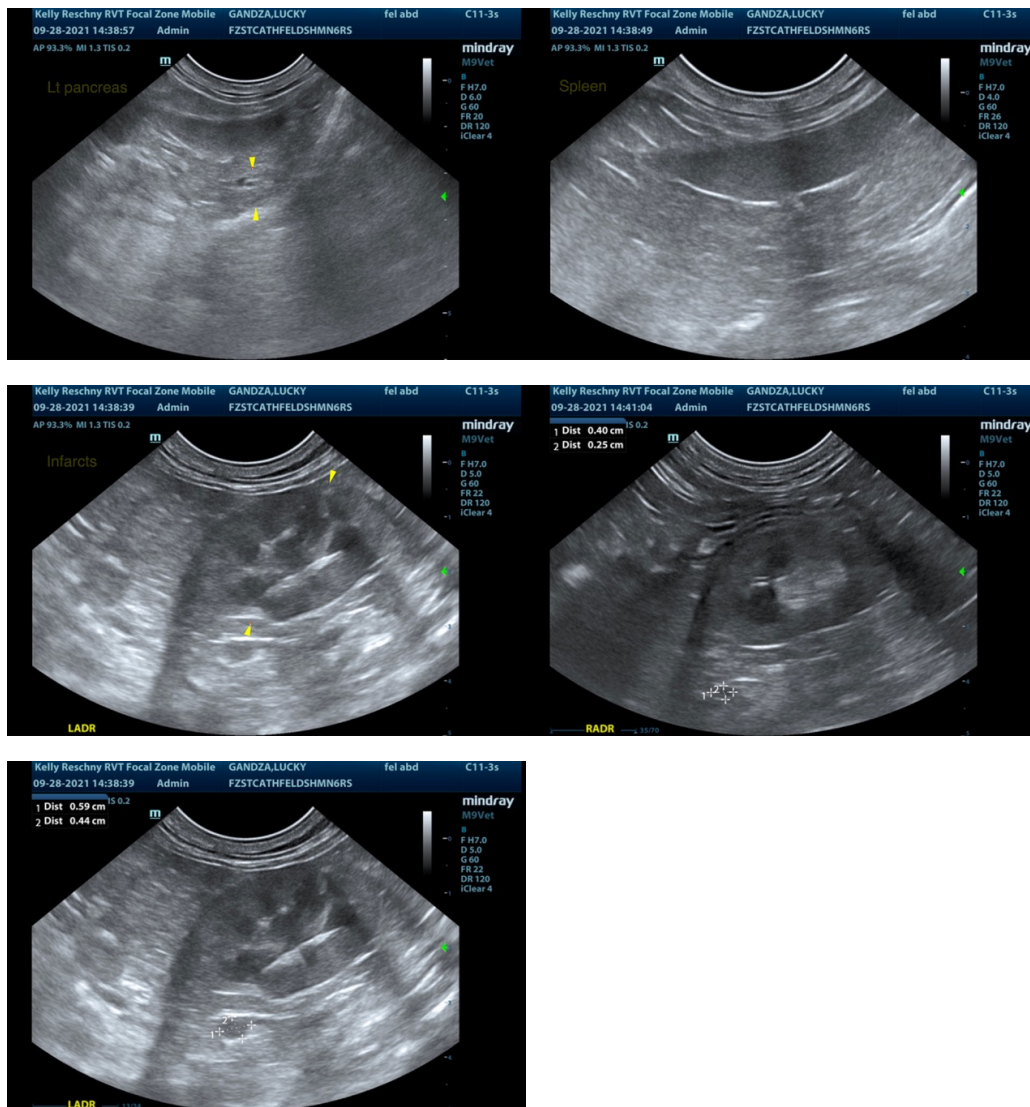
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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