

## PATIENT

Lola Trombino

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Female, spayed

## AGE

8 Yrs.

## WEIGHT

6.3 kg.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

Snelgrove VS

## REFERRING VET

Dr. Vimalarajah

## PRESENTING CLINICAL SIGNS

History: Quiet, M2 overweight, M1 painful on abdominal palpation. Not eating for 5 days. More lethargic, possibly one episode of bile vomitus. Multiple cat household. Seemed to be ok on meds from Jan 9 but since stopping hasn't been interested in eating. Concerns for FB or obstructive urinary calculi, pancreatitis, gall bladder concern? No meds currently will start Cerenia if indicated.

Abnormal PE/Chem/CBC/UA Results: BW done Jan 9 - mildly elevated T bili and mild neutropenia. U/A blood 1+, a few WBCs. Was treated for cystitis with Meloxicam and Clavamox and started on Ursodial. Repeat chem no T bili rechecked. No obvious oral FB noted but does like elastics.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.37 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.97 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 hydronephrosis. Renal vasculature is normal.

### *Adrenal Glands*

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

### *Spleen*

The spleen is normal in size (0.88 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/not seen.

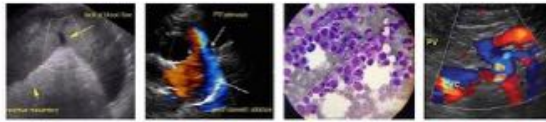
### *Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

### *Pancreas*

## DATE

1/24/23



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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.

**SPECIES**

Feline

*Free Abdomen*

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

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. There is no obvious evidence of a foreign body/obstruction. Differentials for this patient include primary gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, infectious/parasitic disease), underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Thoracic radiographs are recommended to assess for occult disease in the chest.
- Thorough orthopedic and neurologic evaluations are also recommended to assess for non-metabolic causes of the patient's clinical signs.
- Also consider a fecal evaluation for ova and Giardia and a GI panel including serum cobalamin, folate, TLI and PLI.
- Depending on the results of the above diagnostics, further workup may be warranted.

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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](mailto:info@SonoPath.com)

**DATE**

1/24/23