



PATIENT PRESENTING CLINICAL SIGNS

Jackson McIntosh History: Anorexia, lethargy, vomiting-currently being hospitalized and getting worse each day. currently on Cerenia.

SPECIES Abnormal PE/Chem/CBC/UA Results: Abnormal PLi rads: M3 dilated stomach, M2 thick walls. Caudal displaced kidney. Small intestine M1 thick wall. M2 gas - dilated pylorus. No FB detected.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair The urinary bladder, trigone, and pelvic urethra are 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male Neutered The left kidney is normal size (4.50 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

9 Years The right kidney is normal size (4.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.95 kgs.

Adrenal Glands

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

The right adrenal gland is normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small hyperechoic nodules are observed throughout the parenchyma. 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is severely distended and hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The proximal duodenal lumen is fluid-distended. A 1.04 cm shadowing structure is observed within the proximal duodenal lumen. The mesentery effacing the serosal surface in this region is hyperechoic. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

INTERPRETED BY

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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

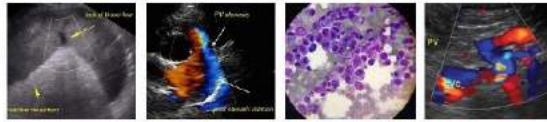
Main Street AH

REFERRING VET

Dr. Morris

INVOICE
11748kk

DATE
9/2/21



PATIENT

Pancreas

Jackson McIntosh

A portion of the pancreas is obscured by the gastric distension. In the visualized portions, no obvious pathology is observed.

SPECIES

Free Abdomen

Feline

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

BREED

ULTRASONOGRAPHIC FINDINGS

Domestic Shorthair

Primary Findings:

SEX

- Suspicion for a proximal duodenal foreign body/obstruction. Functional upper GI ileus cannot be completely excluded but is considered less likely. Regional peritonitis is present. The trace ascites is likely secondary to bowel pathology/peritonitis.

Male Neutered

Secondary Findings:

AGE

- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

9 Years

WEIGHT

- Minor, age-related renal pathology.

8.95 kgs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

- Three-view thoracic radiographs are recommended to assess for aspiration pneumonia.
- An abdominal exploratory should be considered to assess for a proximal duodenal obstruction. If no foreign body is found, gastrointestinal biopsies should be obtained at the time of surgery.

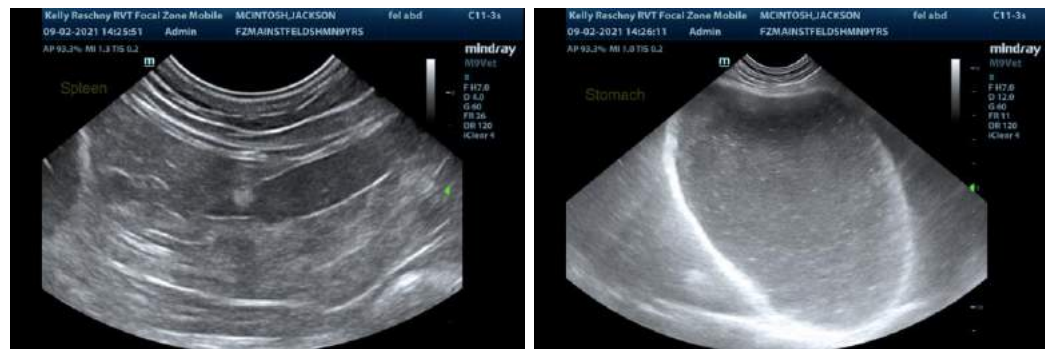
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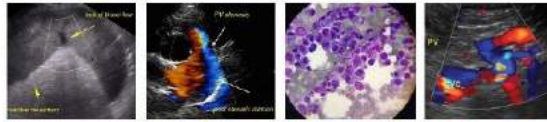
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SPECIES

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BREED

Domestic Shorthair

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Male Neutered

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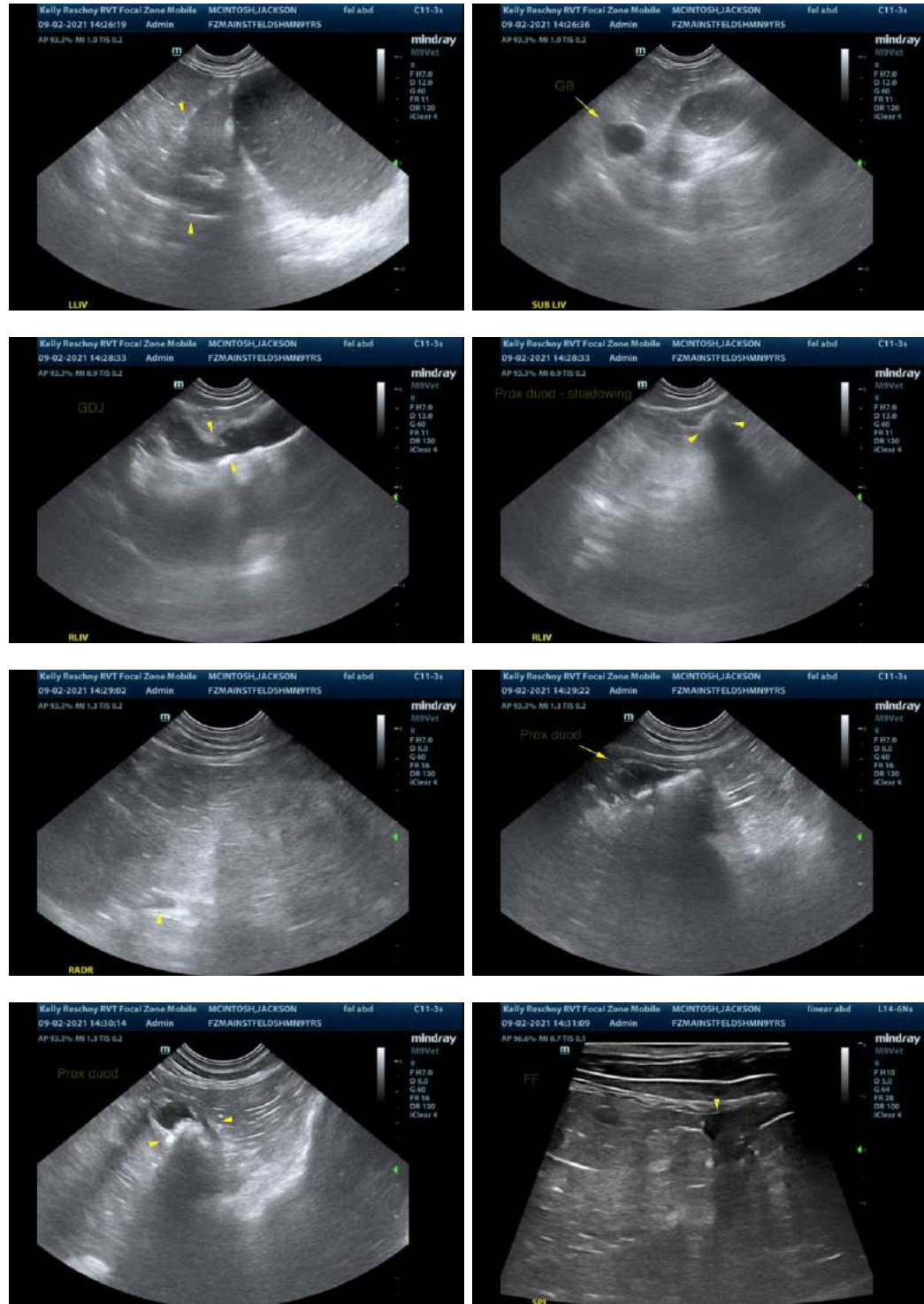
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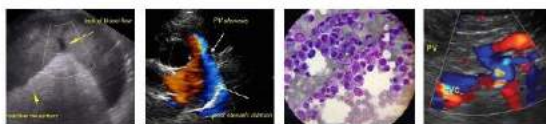
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Domestic Shorthair

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Male Neutered

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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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