



PATIENT PRESENTING CLINICAL SIGNS

Tilly Dillon History: Patient presents for vomiting. R/O FB vs. other.
Abnormal PE/Chem/CBC/UA Results: Labs WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED Domestic shorthair
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to 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.

SEX Female, spayed
The left kidney is normal size (3.40 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 hydronephrosis. Renal vasculature is normal.

AGE 6 Yrs.
The right kidney is normal size (3.53 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 hydronephrosis. Renal vasculature is normal.

WEIGHT *Adrenal Glands*

6.4 lbs.
The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY The right adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.58 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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.

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme. 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. No obstructive disease is noted.

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PATIENT *Pancreas*

Tilly Dillon A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

SPECIES *Free Abdomen*

Feline 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

SEX

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.

Female, spayed

*An obvious cause for the patient's vomiting is not definitively identified in this study. Considerations include dietary indiscretion, food allergy/intolerance, infectious/parasitic disease, partial GI obstruction, underlying metabolic issue, other.

AGE

6 Yrs.

WEIGHT

6.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- A fecal evaluation for ova/Giardia.
- If the vomiting is chronic, consider a malabsorption panel including serum cobalamin, folate, TLI and PLI as well as a 6-week limited antigen or hydrolyzed protein diet trial.
- If the patient was given food prior to today's study, consider repeating an abdominal ultrasound following a 12-hour fast to assess for pathology that may have been missed due to gastric distention.
- Thoracic radiographs are recommended to assess for occult esophageal disease.
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- In the meantime, consider initiation of a probiotic along with other symptomatic measures.

IMAGING PERFORMED BY

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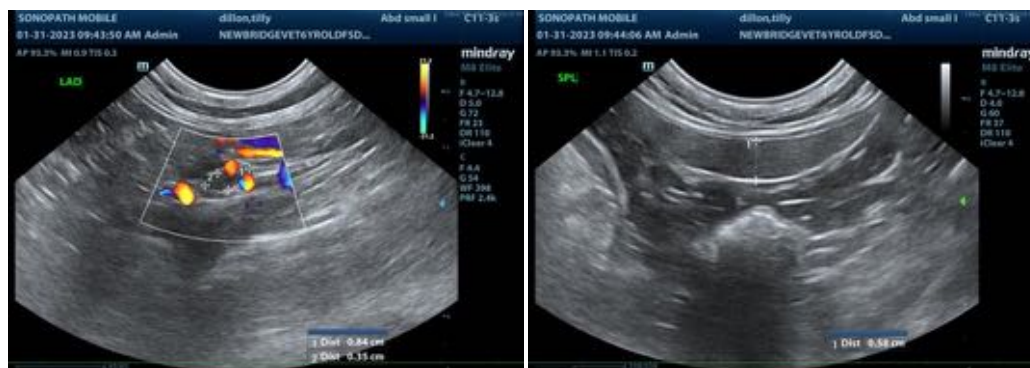
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PATIENT

Tilly Dillon

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

6 Yrs.

WEIGHT

6.4 lbs.

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Andrea Nicastro, DVM,
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PERFORMED BY**

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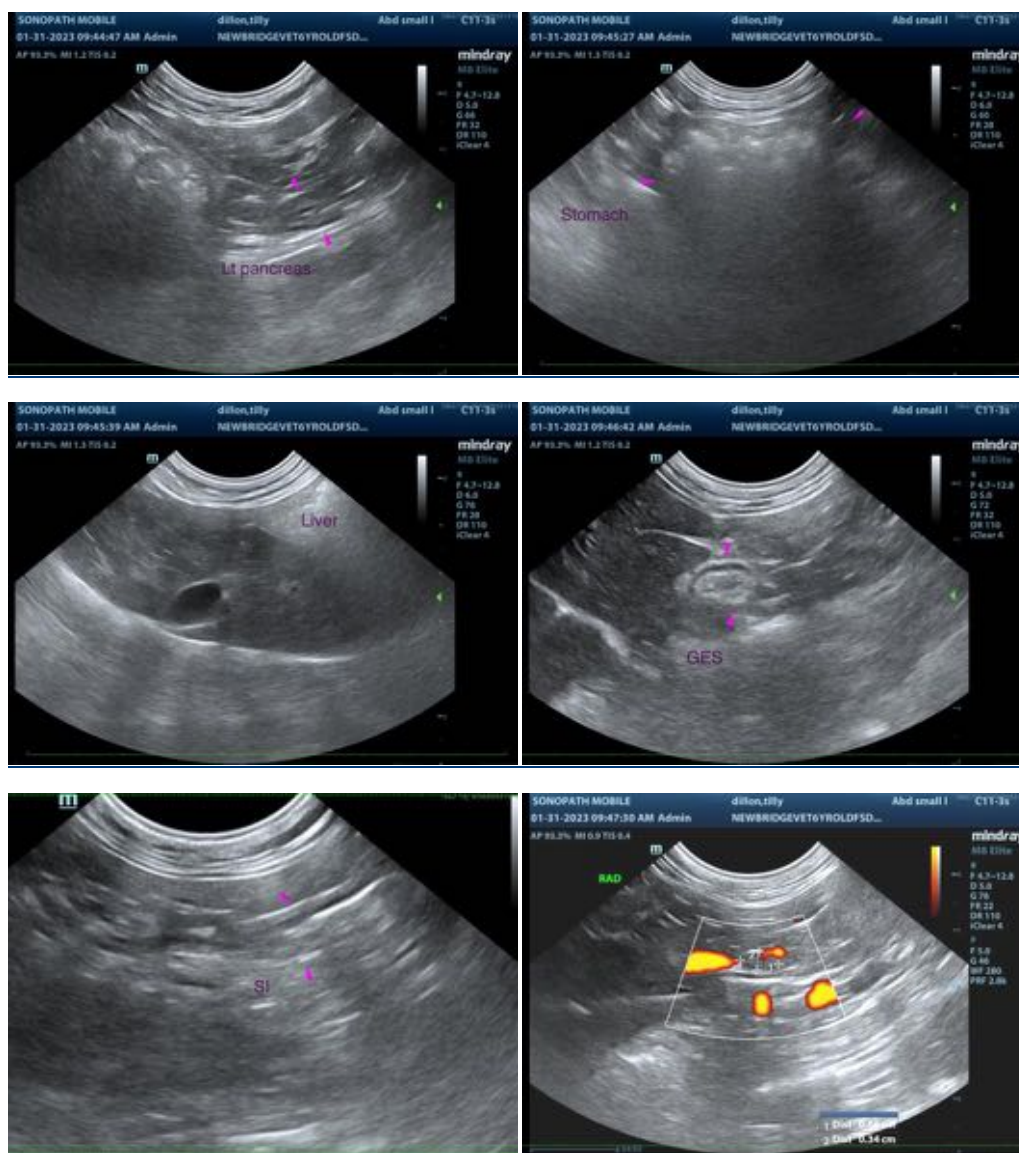
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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