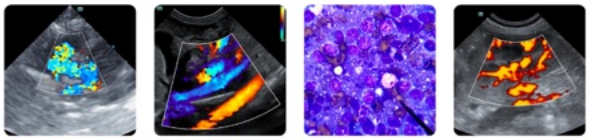


PATIENT

Luna Cattaneo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

15.84 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Javaruski

INVOICE

73478

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- Seen on GSiVS ER Sun 3/15 for vomiting overnight and then continuing to vomit >10x. Owner was not sure if she was eating at that time, but she was normal the day prior. Owner notes she has had episodes of vomiting previously. Bloodwork and abdominal radiographs were recommended, but declined. Luna was treated with a cerenia injection and subcutaneous fluids.
- Luna presented to her primary veterinarian yesterday Mon 3/16 for drooling, lethargy, and continued anorexia. Radiographs performed with radiologist review sent out and blood sent out to the lab. Mirataz was dispensed.
- RDVM called today Tues 3/17 with results and recommended Luna come to GSiVS for abdominal ultrasound.
- Still not eating the last 3 days - despite Mirataz. No further vomiting since Sunday.
- Other history: UTD on vaccines, indoor only, 2 other indoor cats in house. No known dietary indiscretion, does chew on plastic, no recent medications, vaccinations, etc. New minnow treats given 2-3 days ago. No other significant prior medical history or any current medications.
- CBC/chem 3/16: HCT 50%, WBC 3.9k, Neu 2.6k (L), PLT 246k RDVM Abdominal Radiographs with Radiologist Review: Segmental small intestinal distention could be due to mechanical obstruction, although no foreign body or other obvious obstructive lesion is identified. Focal ileus secondary to enteritis or inflammatory bowel disease is also possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

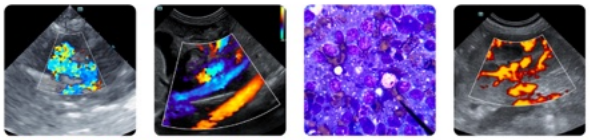
Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.9 cm. The right kidney measured 3.7 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left and right adrenal gland each measured 3.0 cm.



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Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.2 cm in width.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was bifid, yet not pathological.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor fluid filled gastric lumen was noted. There was no evidence of obstruction. Minor areas of excessive distal small intestinal thickening was noted without loss of mural detail.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Non-specific, gastric upset, no evidence of obstruction. Inflammatory bowel or dietary intolerance, occult parasitism is all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management should prove effective. Endoscopy is indicated if clinical signs persist.

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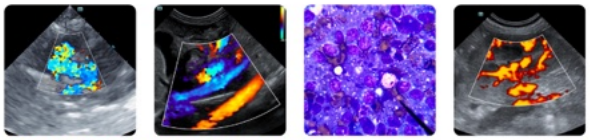

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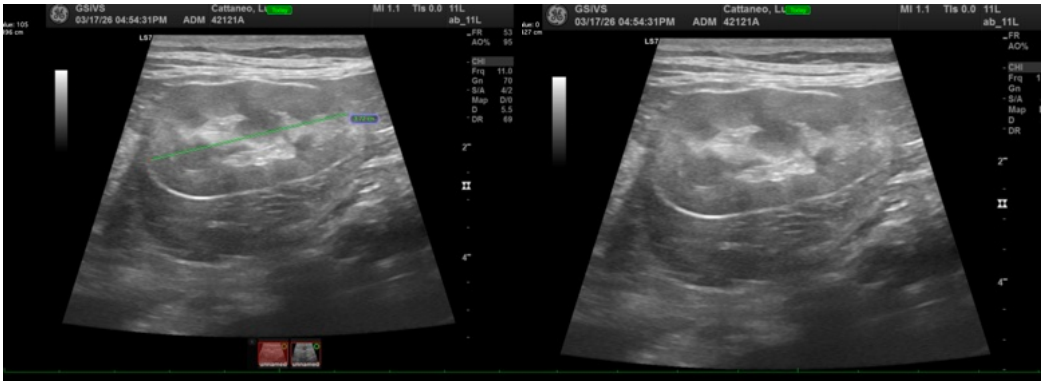

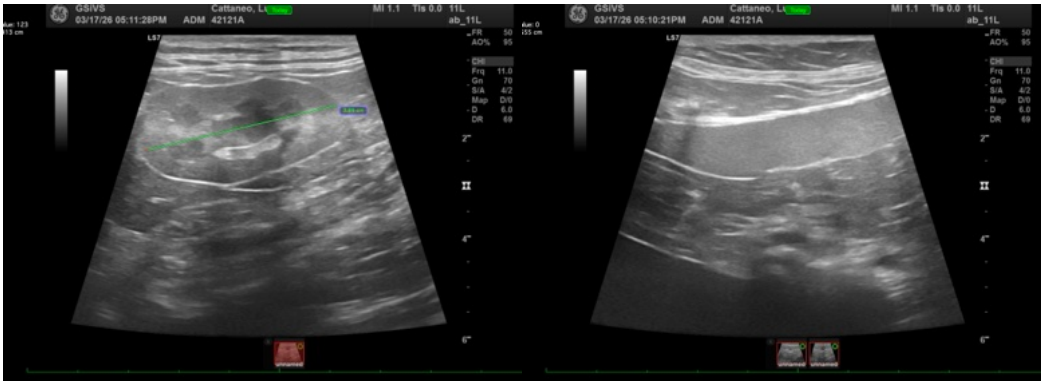

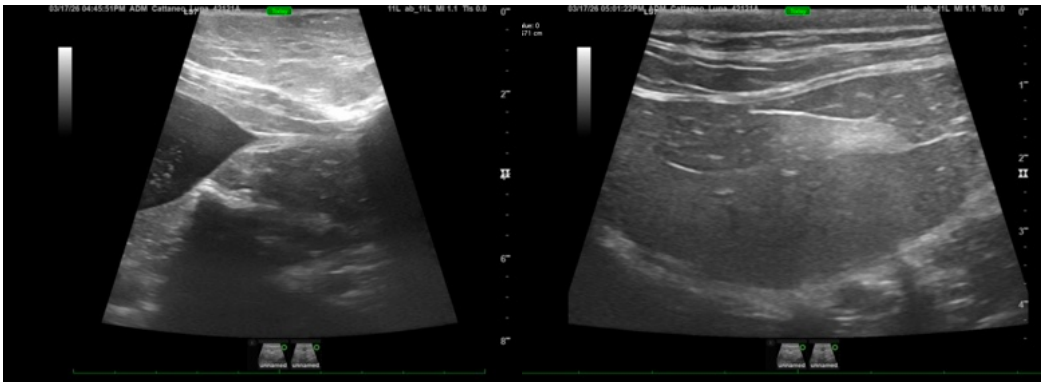

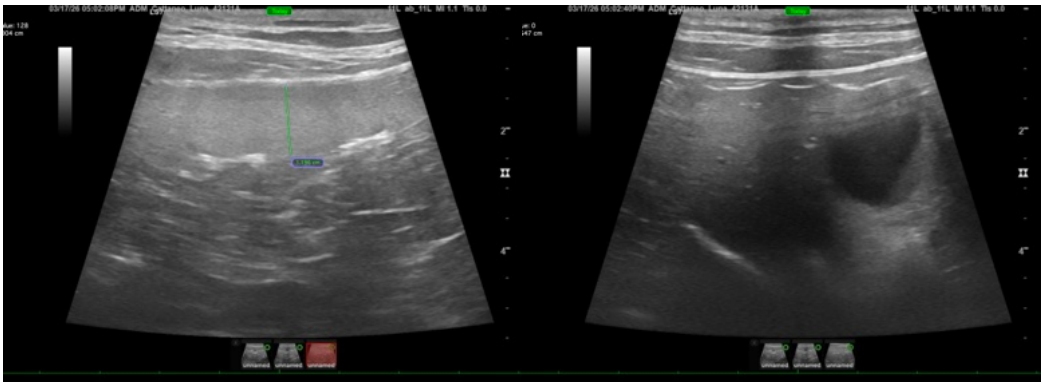

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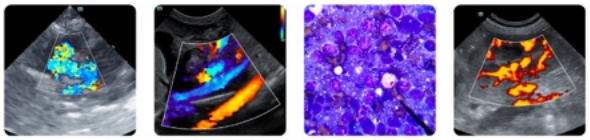

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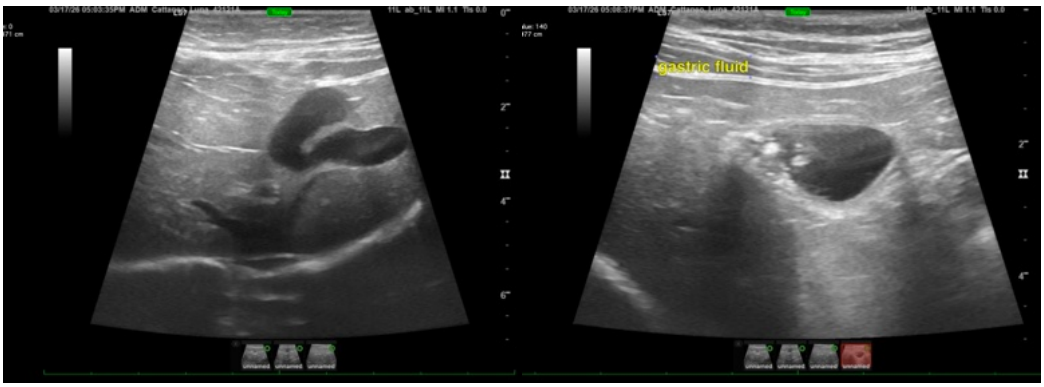

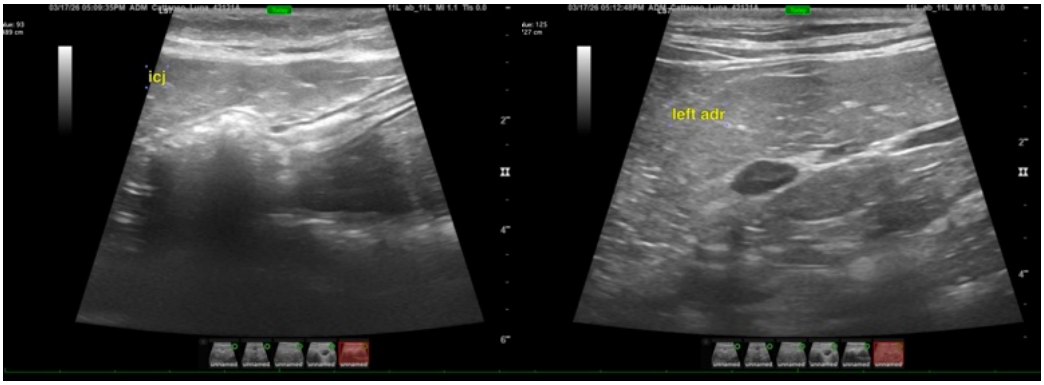

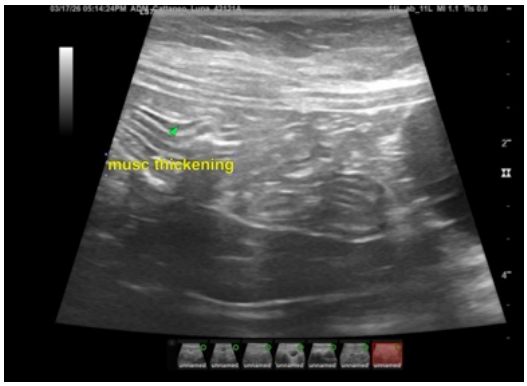

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com