



PATIENT PRESENTING CLINICAL SIGNS

Maggie Snover History: Weight loss, vomiting on & off for few weeks, PU/PD
R/O Abdominal Neoplasia
Previous Ultrasound done 4/12/2021

SPECIES Current Meds: None

Feline Abnormal PE/Chem/CBC/UA Results: 6/14/23 - CBC = WNL; Superchem/SDMA All WNL ; T4 = 1.9

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female Spayed

The left kidney is normal in size (3.94 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

AGE

12 years

The right kidney is normal in size (4.36 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

WEIGHT

10.6 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width) with a normal shape and smooth peripheral contours. A few, small anechoic lesions are observed within the gland. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.44 cm width) with a slightly irregular shape. A few hypoechoic-to-anechoic lesions are observed throughout the gland. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

Carlos Abdul-Chani

Spleen

The spleen is normal in size (0.72 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 appears normal.

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Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. Numerous, varying-sized cystic-to-multisepated cystic nodules/masses are visualized throughout the organ (the largest measuring approximately 2.00 cm in its longest dimension). The remaining parenchyma is isoechoic relative to the spleen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Maria Cruz

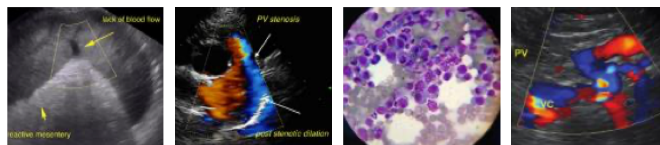
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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

DATE

6.22.23



PATIENT *Gastrointestinal*

Maggie Snover The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

BREED

DSH

The left limb is visible/prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). The mesentery effacing the serosal surface at the medial aspect is hyperechoic.

SEX

Female Spayed

Free Abdomen

There is no obvious evidence of free fluid. Several prominent lymph nodes are observed in the cranial- to midabdomen (the largest measuring 1.54 cm in its longest dimension). The mesentery surrounding all nodes is hyperechoic.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

10.6 lbs

- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic active pancreatitis.
- The abdominal lymphadenopathy is most consistent with reactive change, with a lower possibility of emerging neoplasia.
- The cystic hepatic lesions could be consistent with biliary cystadenomas or biliary cystadenocarcinomas.

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Secondary Findings

- Bilateral chronic age-related renal changes
- The hypoechoic-to-anechoic areas within the adrenal glands likely represent benign incidental cysts, with a lower possibility of abscessation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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- Given the PU/PD, consider a urinalysis with culture and sensitivity to assess for infection.
- Regarding the patient's history of weight loss and vomiting, along with the sonographic changes, consider the following:

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1. Fecal evaluation for internal parasites
2. Texas GI panel including serum cobalamin and folate, TLI and PLI
3. Limited antigen or hydrolyzed protein diet trial to evaluate for food allergies
4. Heartworm antigen and antibody testing

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5. Thoracic radiographs to assess for occult esophageal disease and other pathology in the chest
6. +/- endoscopic or surgical GI biopsies
7. While awaiting test results, consider initiation of a probiotic.

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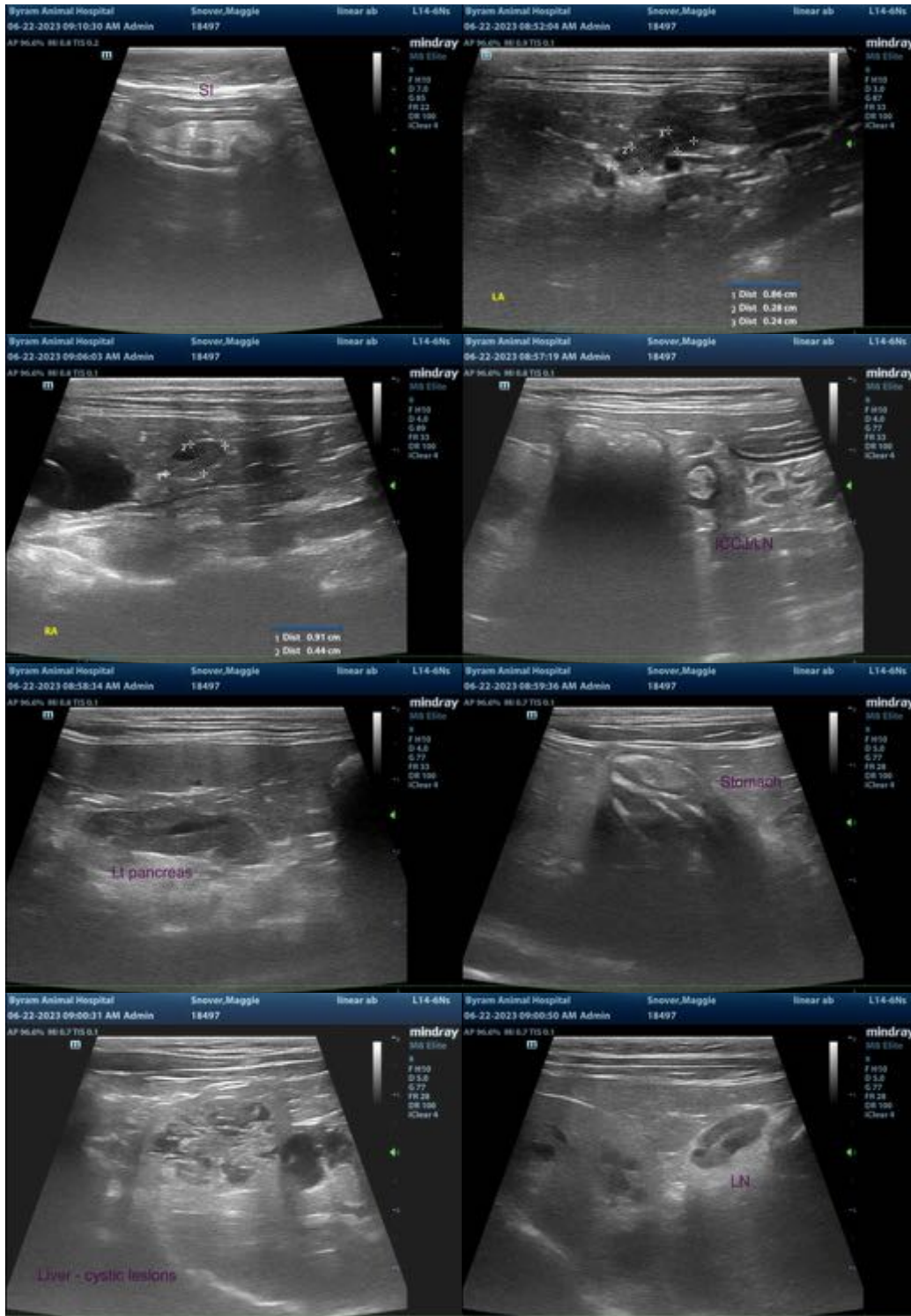
Dr. Maria Cruz

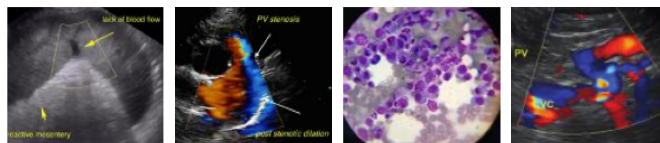
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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