



PATIENT PRESENTING CLINICAL SIGNS

Natasha Livierato

History: Seen Monday 1/24 for 24hr history of being "off", decreased appetite, was febrile on exam non-painful abdomen, T was 102.7 rest of exam normal. CBC/Chem 10 normal except mild leukocytosis/neutrophilia. Fever resolved with 1 dose onsiar, started vomiting that night 2x's- rads on 1/25 showed no concern for obstruction, NSF. Slight improvement in attitude yesterday but not interested in eating Vomited again this morning, still ADR Physical exam findings: 1/24- NSF except mild fever 1/25- fever resolved 1/27-- lost a few ounces, no visual signs of jaundice, non-painful abdomen Abnormal CBC Values: 1/24- WBC 19, neutrophilia new labs pending today

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 years 10 mos

WEIGHT

10.6 lbs

Abnormal Chemistry Values: 1/24- no abnormalities on Chem 10 new labs pending Abnormal UA Values: pending Radiograph Findings: Telemedicine report on 1/25- one area of slightly bunched intestines though to be normal/transient. No sign obstruction. No other abnormalities noted Reason for Ultrasound:- anorexic for 2 days, decreased intake for 4, vomiting Abnormal PE/Chem/CBC/UA Results:

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is 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.

The left kidney is normal size (3.48 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 hydroureter.

The right kidney is normal size (3.58 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 hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT,
I.V.T

HOSPITAL NAME

Animal Medical Center of
Deno

REFERRING VET

Dr Eryn Taormina

INVOICE

10229

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

DATE

1/27/22

Gastrointestinal



PATIENT

Natasha Livierato

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 years 10 mos

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT,
I.V.T.

HOSPITAL NAME

Animal Medical Center of
Deno

REFERRING VET

Dr Eryn Taormina

INVOICE

10229

DATE

1/27/22

The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. An approximately 2 ½ cm segment of small intestine is moderately thickened (up to 0.38 cm), with a loss of the normal layering pattern. The lumen in this region is mildly distended with chyme. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining small intestinal lumen is not dilated. The remaining small intestinal walls are normal in thickness with a normal layering pattern and appropriate mural detail. In these segments there is slight disruption of the normal 1:3 muscularis to mucosal ratio. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

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.

Free Abdomen

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

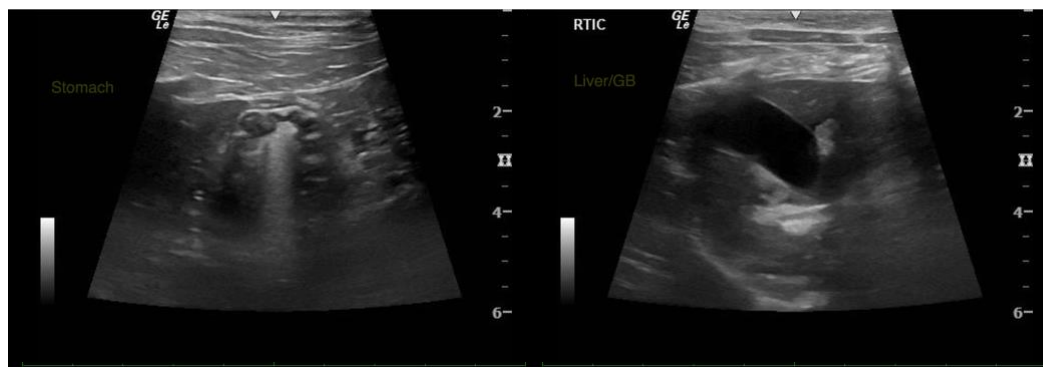
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal small intestinal wall thickening. Neoplasia (i.e, lymphoma, adenocarcinoma), is suspected. However, a severe focal inflammatory process cannot be completely excluded. Regional peritonitis is present. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, fine-needle aspiration of the thickened bowel wall is recommended (if clotting status is appropriate). If the region is not accessible, or if cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- A GI panel, including serum cobalamin and folate PLI and TLI should also be considered.





PATIENT

Natasha Liverato

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 years 10 mos

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT,
LVT

HOSPITAL NAME

Animal Medical Center of
Deno

REFERRING VET

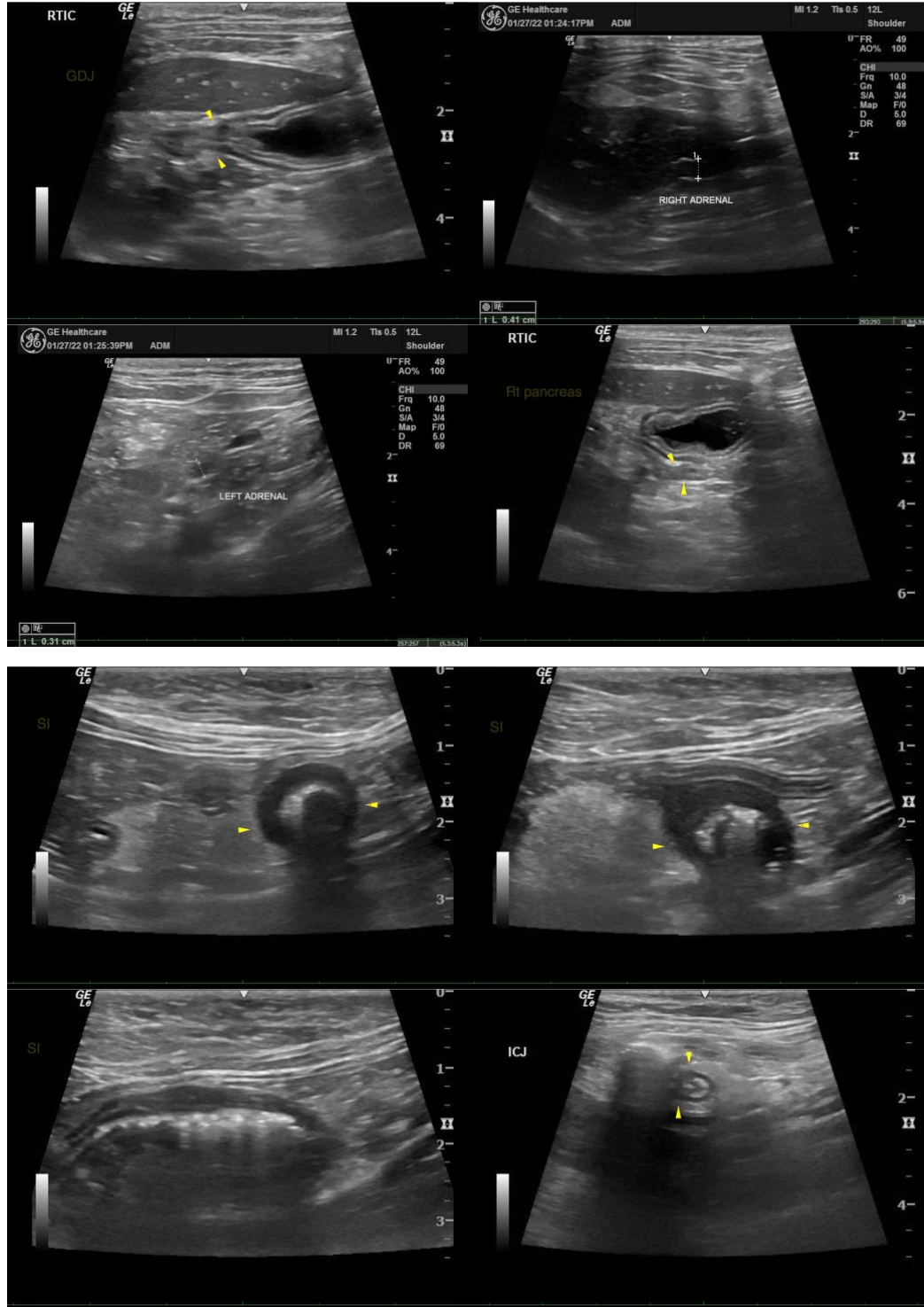
Dr Eryn Taormina

INVOICE

10229

DATE

1/27/22





PATIENT

Natasha Livierato

SPECIES

Feline

BREED

DSH

SEX

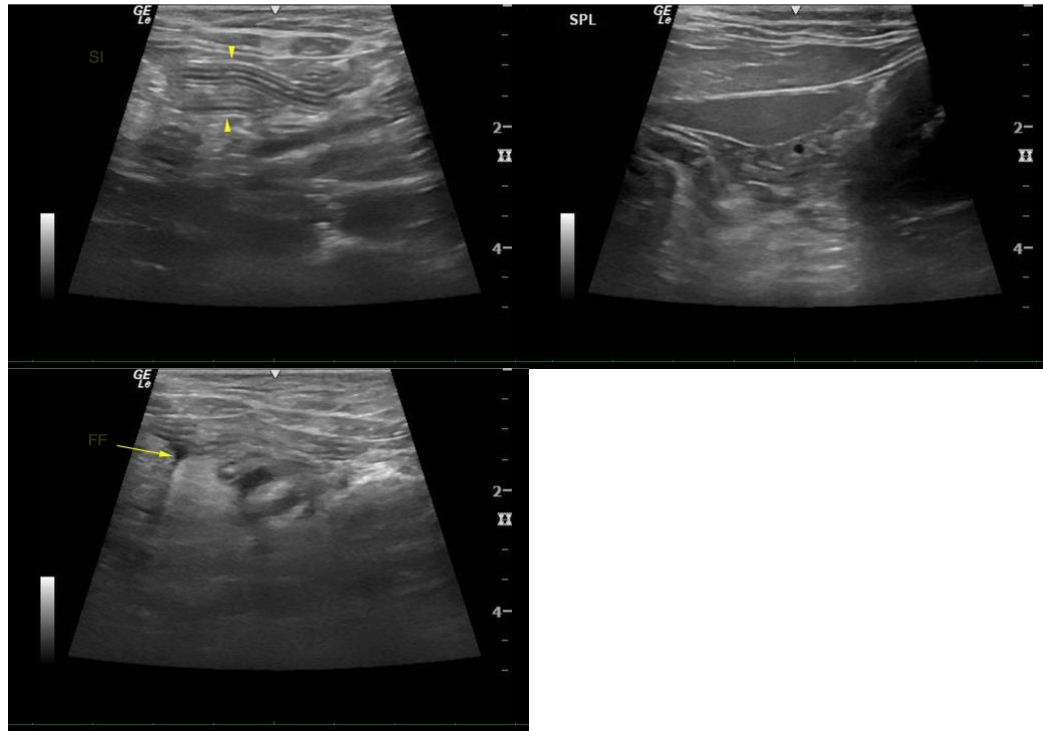
Spayed Female

AGE

6 years 10 mos

WEIGHT

10.6 lbs



INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

Loetitia Saint-Jacques, RVT,
LVT

HOSPITAL NAME

Animal Medical Center of
Deno

REFERRING VET

Dr Eryn Taormina

INVOICE

10229

DATE

1/27/22