



PATIENT

Mazy Burwell

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 Yrs. 5 months

WEIGHT

8.82 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Preston

HOSPITAL NAME

All Creatures AH of
South Hill

REFERRING VET

Dr. Preston

INVOICE

12859

DATE

1/17/22

PRESENTING CLINICAL SIGNS

History: PC: spoke with Kathy, cat is eating a little on her own, not vomiting a lot but did last night. Blood possibly in one of the vomits w/ digested food. Less licking of lips, recommended recheck exam, possible abdominal ultrasound (with JP/SN. Pet will come in as tech appt for SQ fluids, cerenia today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. A small amount of suspended echogenic debris is observed within the lumen. 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 (3.47 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 hydronephrosis.

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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width) with a normal shape and smooth peripheral contours. A few hyperechoic foci are observed within the parenchyma. The parenchymal detail is otherwise unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in 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. 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.

Gastrointestinal



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The gastric lumen is moderately to severely distended with fluid and kibble and is hypomotile. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is severely thickened (up to 1.61 cm) and irregular with complete loss of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecal colic junction and colonic wall are normal.

Pancreas

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

Free Abdomen

The mesentery in the cranial abdomen, surrounding the stomach is hyperechoic. There is no obvious evidence of free fluid. A few prominent to enlarged rounded hypoechoic lymph nodes are observed in the cranial abdomen, the largest measuring 1.41 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pyloric antral wall changes are most consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). The gastric distention may be secondary to ileus or partial outflow obstruction. Regional peritonitis is present.
- The cranial abdominal lymphadenopathy may be secondary to infiltrative neoplasia or reactive change.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings:

- Minor age-related renal changes.
- The hyperechoic foci in the left adrenal gland likely represent a benign age-related incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the thickened gastric wall if clotting status is appropriate. If cytology results are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.



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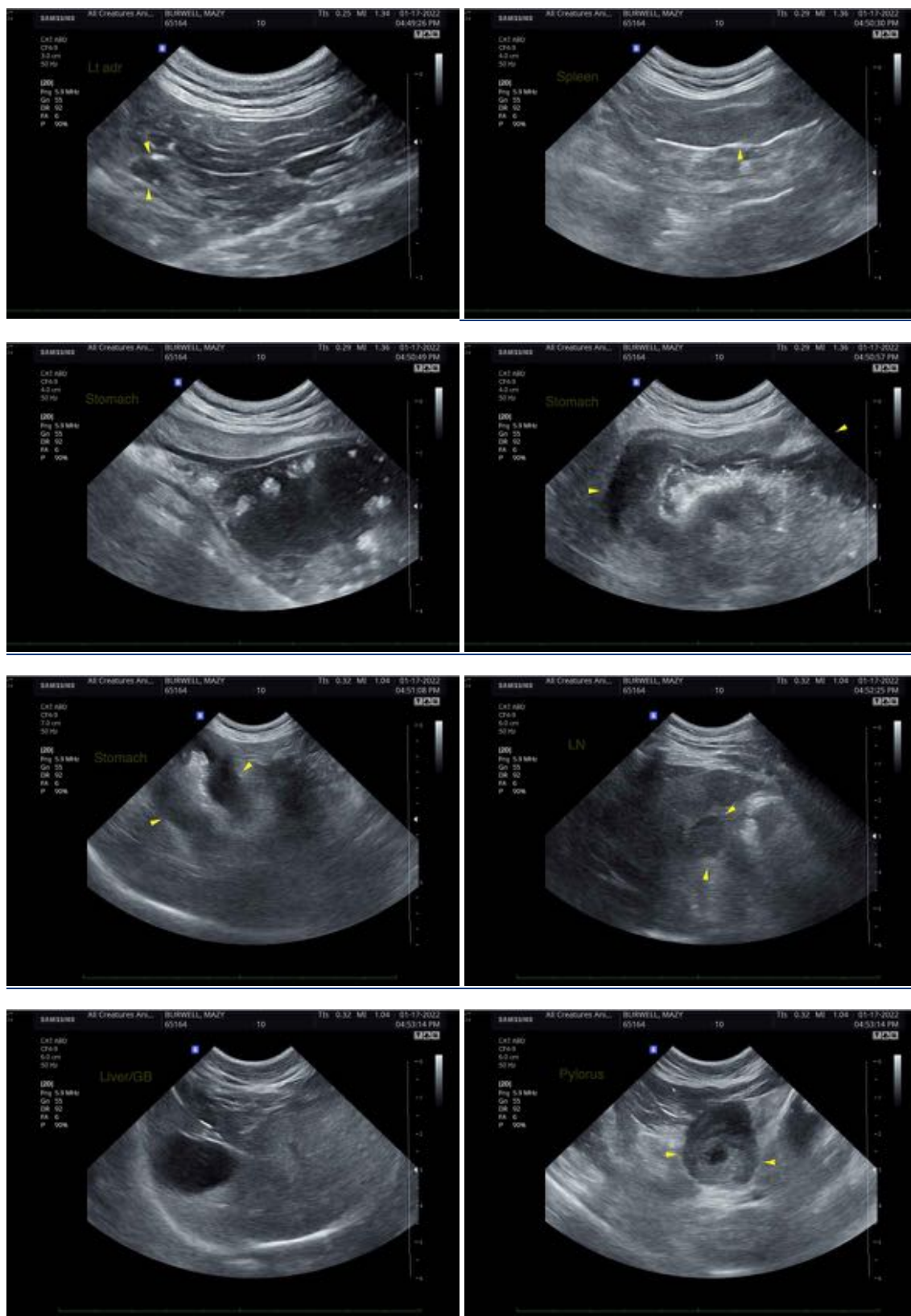
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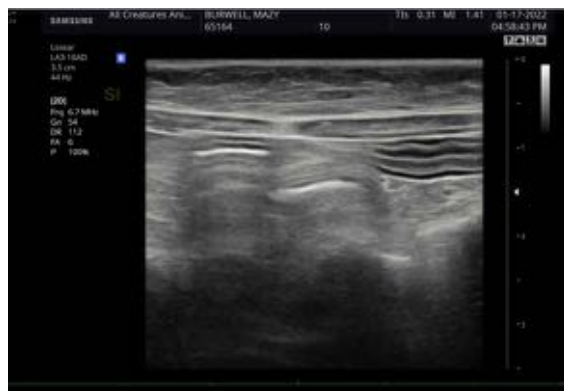
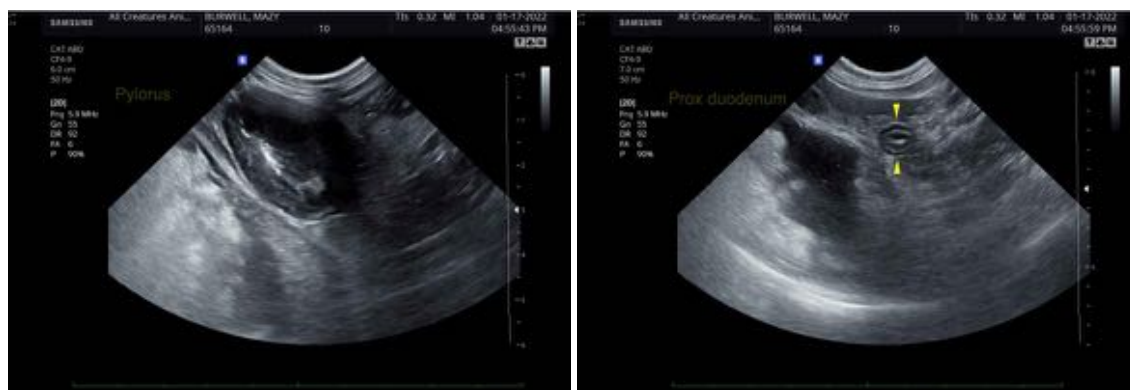
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com