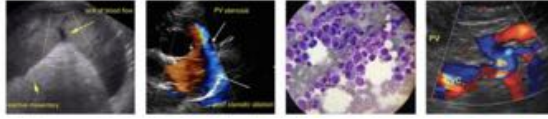




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tigger Popham	Clinical Exam Findings: Patient presenting for acute onset of vomiting two weeks ago. Patient has not had an emesis episode in a week. Patient has a history of hyperthyroidism. Patient has fleas.
<b>SPECIES</b>	
Feline	PE Findings: hyperthyroid (chronic), acute hyporexia , acute weight loss , dehydrated , acute intermittent vomiting, chronic white corneal opacity - previous ulceration, heart murmur - new as of 10/17/22
<b>BREED</b>	
DSH	Abnormal lab-work values: CBC, Chem 17, Electrolytes, and T4 ran in hospital on 10/17/22. Anemia - RBC 4.49, HCT 16.7%, HGB 5.4, lymphopenia 0.66, hypokalemia 3.2, t4 2.4 Current Medications: 5mg of Methimazole BID, L-Lysine supplement BID Radiographic Findings: Radiographs not obtained
<b>SEX</b>	
Neutered Male	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>AGE</b>	
9/20/2007	<b>Urinary System</b> The <b>urinary bladder</b> is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 1-2 cm, are normal.
<b>WEIGHT</b>	
7.32 lbs	The <b>left kidney</b> is normal size (4.13 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.
<b>INTERPRETED BY</b>	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The <b>right kidney</b> is borderline small in size (2.96 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
<b>IMAGING PERFORMED BY</b>	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	<b>Adrenal Glands</b> The <b>left adrenal gland</b> is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal. The <b>right adrenal gland</b> is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
<b>HOSPITAL NAME</b>	
Flowertown AH	<b>Spleen</b> The <b>spleen</b> is slightly prominent in size (0.96 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
<b>REFERRING VET</b>	
Dr. Tiffany Nawa	<b>Liver</b> The <b>liver</b> is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.
<b>INVOICE</b>	
11842	The <b>gall bladder</b> lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is visualized and is normal in size (0.27 cm in width).
<b>DATE</b>	
10.17.22	



**PATIENT**

Tigger Popham

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9/20/2007

**WEIGHT**

7.32 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Flowerstown AH

**REFERRING VET**

Dr. Tiffany Nawa

**INVOICE**

11842

**DATE**

10.17.22

**Gastrointestinal**

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**Pancreas**

The **pancreas** is diffusely visible/prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

**Free Abdomen**

The **mesentery** in the cranial abdomen is hyperechoic. A small amount of anechoic free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

**Other**

A **brief echocardiogram** reveals subjective left and right atrial enlargement without evidence of a right atrial/irregular mass or pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The increase in hepatic portal markings is suggestive of inflammatory disease (i.e., lymphoplasmacytic hepatitis or bacterial cholangiohepatitis).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The cranial peritonitis may be secondary to underlying pancreatic, hepatic, or GI pathology.
- Suspected bi-atrial enlargement.

\*An obvious cause for the patient's anemia is not identified in this study. Considerations include anemia of chronic disease, bone marrow disease, hemolysis, blood loss (i.e., secondary to flea infestation, low-grade GI bleeding), infectious disease (i.e., mycoplasma, feline leukemia), other.

**Secondary Findings**

- Bilateral degenerative renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regarding the cardiac changes, a full cardiac work-up (i.e., echocardiogram, thoracic radiographs, ECG and blood pressure) is recommended.

Regarding the anemia, consider a CBC (send to a diagnostic lab with reticulocyte count) is recommended to determine if regeneration is present. Other diagnostic considerations include a comprehensive tick panel, mycoplasma PCR, feline leukemia/FIV testing, +/- bone marrow aspirate.



**PATIENT**

If a bone marrow aspirate is pursued, a feline leukemia immunofluorescence assay should be performed on the sample.

Tigger Popham

**SPECIES**

Given the sonographic changes in the abdomen, a malabsorption panel including serum cobalamin and folate, TLI and PLI, is recommended to evaluate for maldigestion/malabsorption and pancreatitis. A fecal evaluation for ova and Giardia is also recommended.

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9/20/2007

**WEIGHT**

7.32 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Andrea Nicastro,  
DVM, Diplomate  
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Internal Medicine)

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

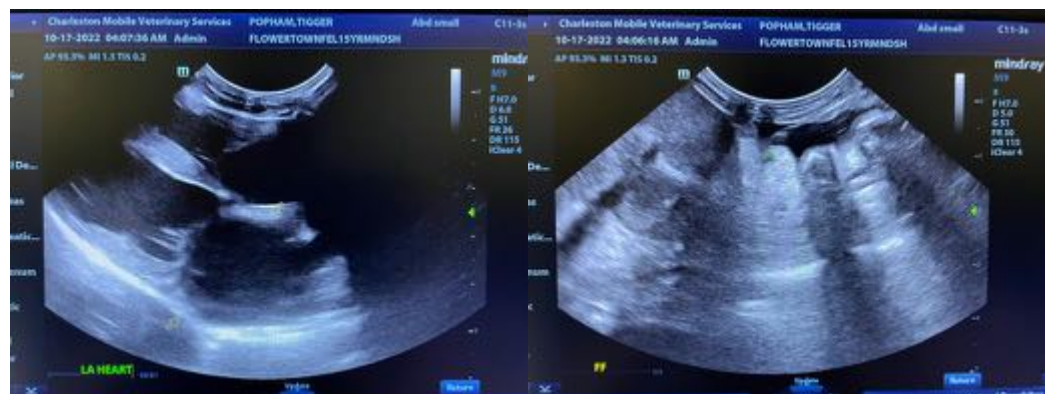
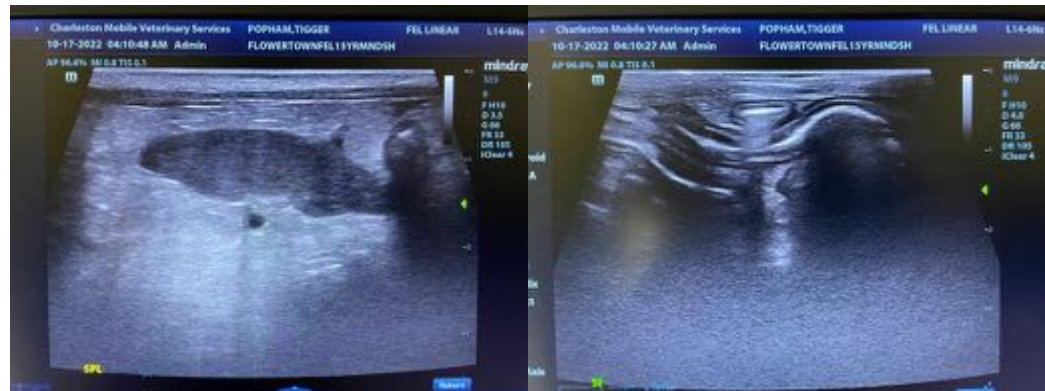
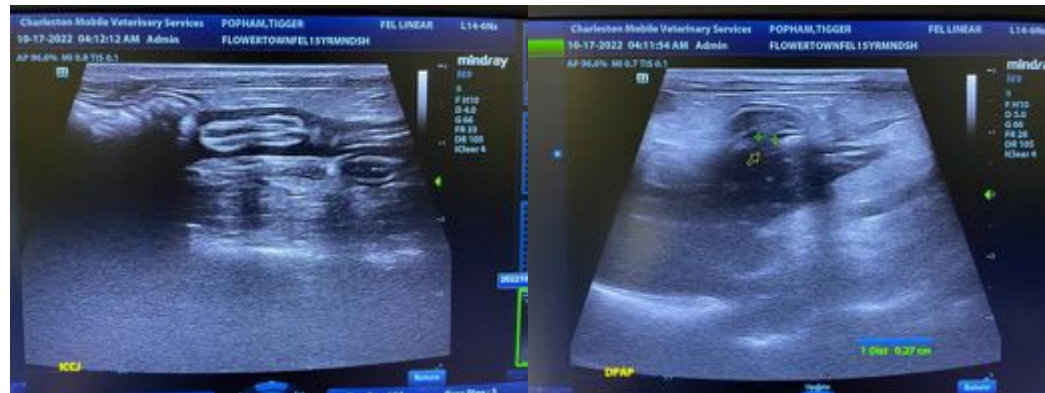
Dr. Tiffany Nawa

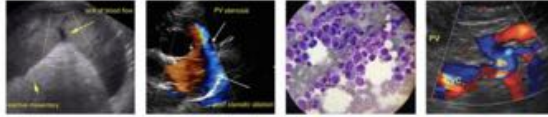
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**PATIENT**

Tigger Popham

**SPECIES**

Feline

**BREED**

DSH

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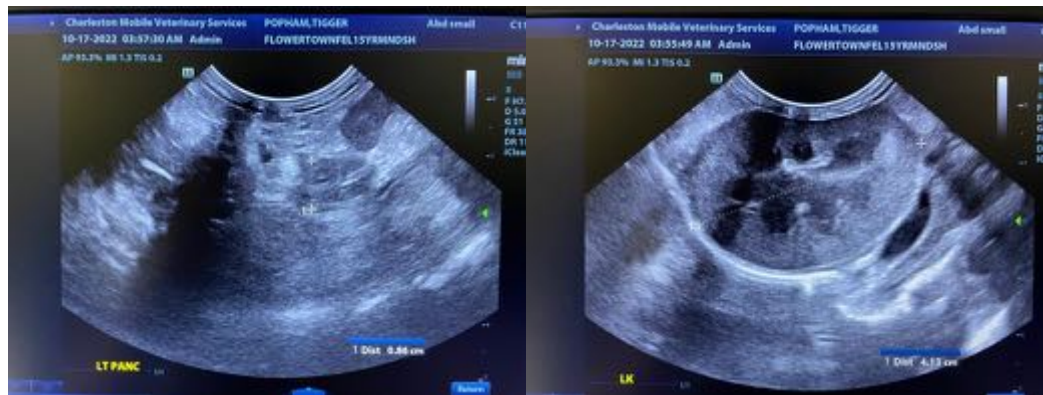


**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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ACVIM (Small Animal  
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**HOSPITAL NAME**

Flowerstown AH

**REFERRING VET**

Dr. Tiffany Nawa

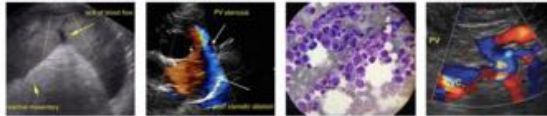
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10.17.22





#### PATIENT

Tigger Popham

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.

#### SPECIES

Feline

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.

#### BREED

DSH

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

#### SEX

Neutered Male

#### AGE

9/20/2007

#### WEIGHT

7.32 lbs

#### INTERPRETED BY

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

#### IMAGING PERFORMED BY

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ACVIM (*Small Animal  
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#### HOSPITAL NAME

Flowertown AH

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#### DATE

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