



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Shippy

History: History of chronic vomiting and struggling to maintain weight. Patient is known to have chronic kidney disease. Currently receives Telmisartan. Last week had one episode of acute on chronic vomiting followed by drop in appetite. Has received Cerenia the last few days.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Labs from May 2021: PSL 28 H (8-26) GI profile unremarkable
Abdominal x-ray report attached

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Manx

Urinary System

SEX

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.

Male, neutered

AGE

The left kidney is normal size (3.95 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic and there is poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.36 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

15 Yrs.

WEIGHT

The right kidney is small in size (2.05 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic and there is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

7.7 lbs.

Adrenal Glands

INTERPRETED BY

The region of the adrenal glands is evaluated. No obvious pathology is observed.

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

Spleen

The spleen is subjectively normal in size (0.63 cm in width at the level of the hilus) with scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Liver

Emily Messner

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 mildly distended. The wall is normal in thickness. A scant amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal.

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Gastrointestinal

Dr. Mark Epstein

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 normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. 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.

INVOICE

12359

DATE

10/18/21



PATIENT

Pancreas

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The left limb of the pancreas is visible with normal curvilinear peripheral contours and hypoechoic parenchyma. The right limb is prominent with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

SPECIES

Feline

Free Abdomen

BREED

Manx

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 1.15 cm in length. Surrounding mesentery is hyperechoic.

SEX

Male, neutered

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic pancreatitis with remodeling/fibrosis.

AGE

15 Yrs.

Secondary Findings:

- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis with left pyelectasia.

WEIGHT

7.7 lbs.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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Emily Messner

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Dr. Mark Epstein

1. A fecal evaluation for ova/Giardia
2. A 6-week limited antigen diet trial to assess for food allergies
3. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
4. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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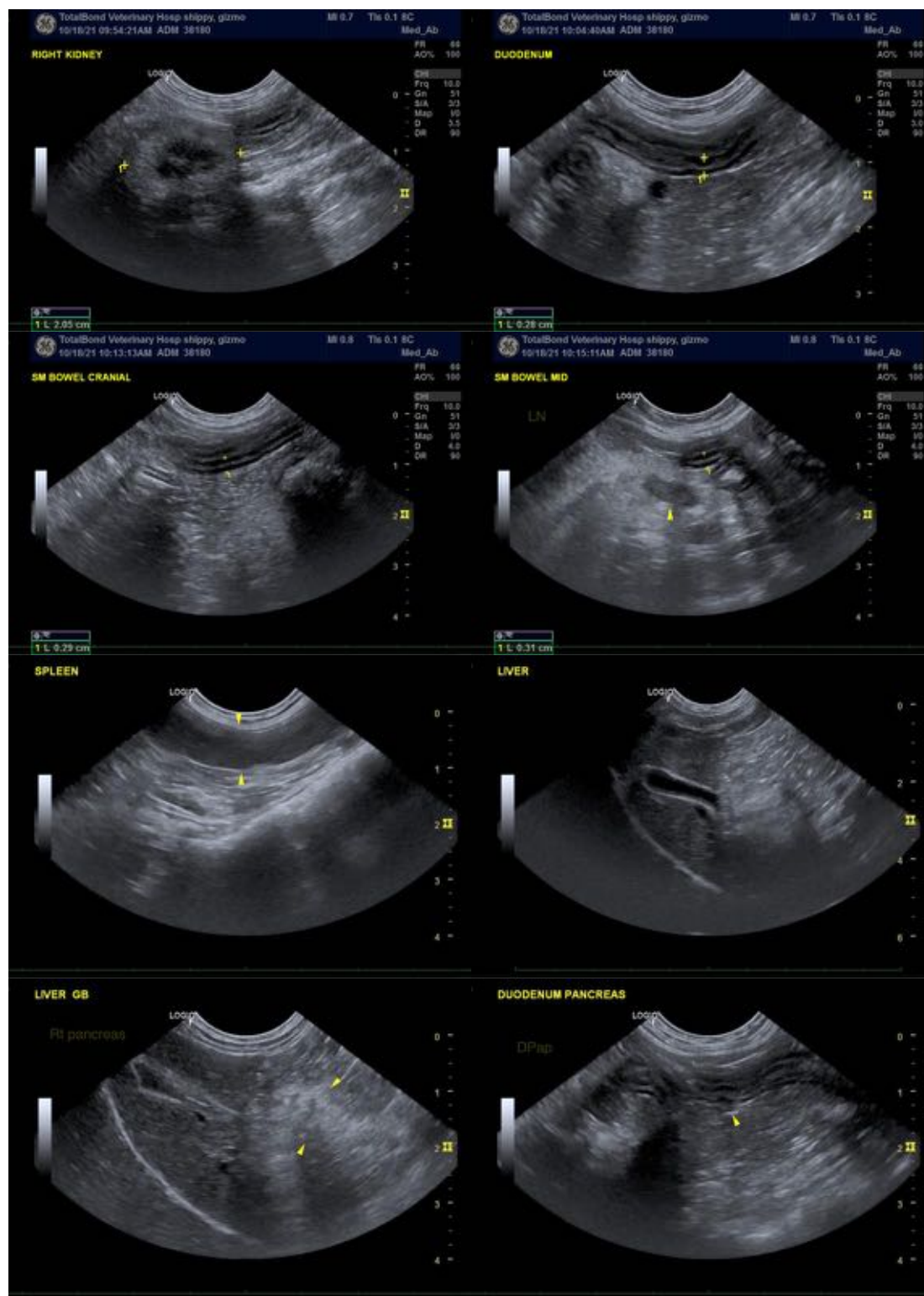
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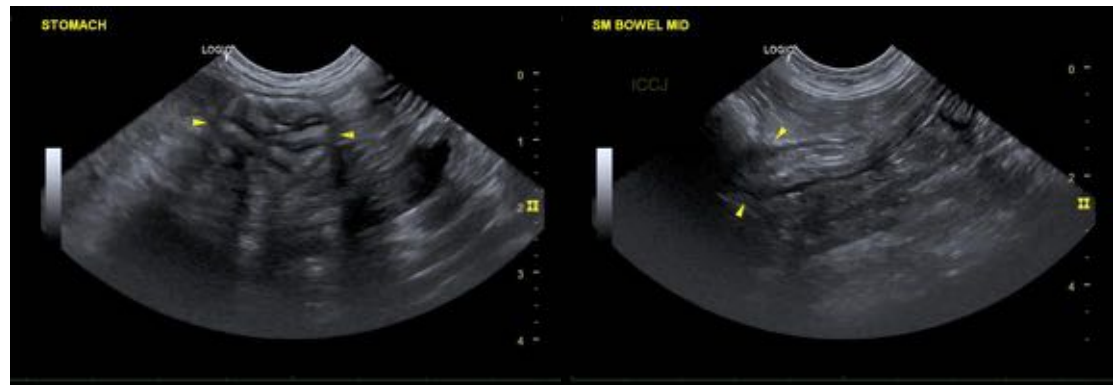
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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