

PATIENT

Billie Sloss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

4.8 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet, DVM

INVOICE

13919

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Chief complaint: Lost weight and vomiting P has history of intermittent vomiting; typically will vomit multiple times over a short period (i.e., 24 hours), become anorexic, and then is usually recovered within 24-48 hours, often without medical intervention. These events have occurred for multiple years, perhaps even over her entire lifespan. P lives in a house with 5 or 6 other cats (all siblings). She is easily stressed and has been grooming the perineal region moderately-significantly, causing alopecia. She has also had inappropriate urination that may be stress-related, but no documented stress cystitis. Pertinent Medical History: Annual exams, Dentals, vaccines all completed/UTD Current Medication: Reconcile 8 mg 1 daily Previous surgical and/or other procedure(s) and date(s): OVH 7-25-16

Abnormal PE/Chem/CBC/UA Results: Physical exam: Unremarkable. Mild-moderate alopecia on the ventral abdomen and evidence of mild lean muscle mass loss over the paraspinal region. Otherwise is not underweight. No obvious abdominal pain or abnormalities on palpation. Diagnostic Tests Performed/Results: Young Feline Wellness Blood Work 10-11-21; Unremarkable No fPLI performed at the time

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 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 (3.52 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.03 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

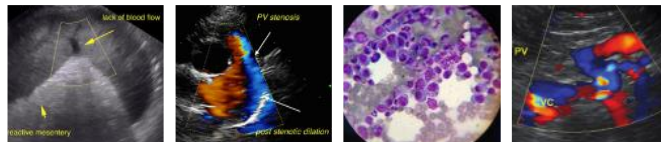
The right adrenal gland is normal size (0.21 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.99 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



PATIENT

Billie Sloss

regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1:1.

SPECIES

Feline

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/not seen.

Gastrointestinal

BREED

DSH

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. Discreet masses are not identified. The ileocecal junction and colonic wall is normal. The lumen of the descending colon contains hard shadowing fecal material. There is no evidence of obstruction.

SEX

Spayed Female

AGE

5 Years 7 Months

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.

WEIGHT

4.8 kg

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, infectious/parasitic) low-grade pancreatitis, underlying metabolic issue, other.

IMAGING PERFORMED BY

Patti Mayfield, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

HOSPITAL NAME

Highland VH

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

REFERRING VET

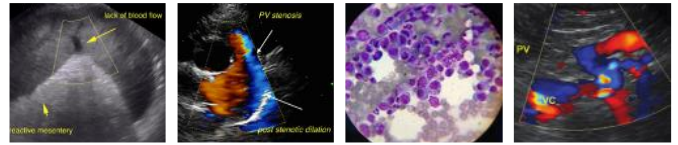
Rachel Poet, DVM

INVOICE

13919

DATE

10/20/21



PATIENT

Billie Sloss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

4.8 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Patti Mayfield, DVM

HOSPITAL NAME

Highland VH

REFERRING VET

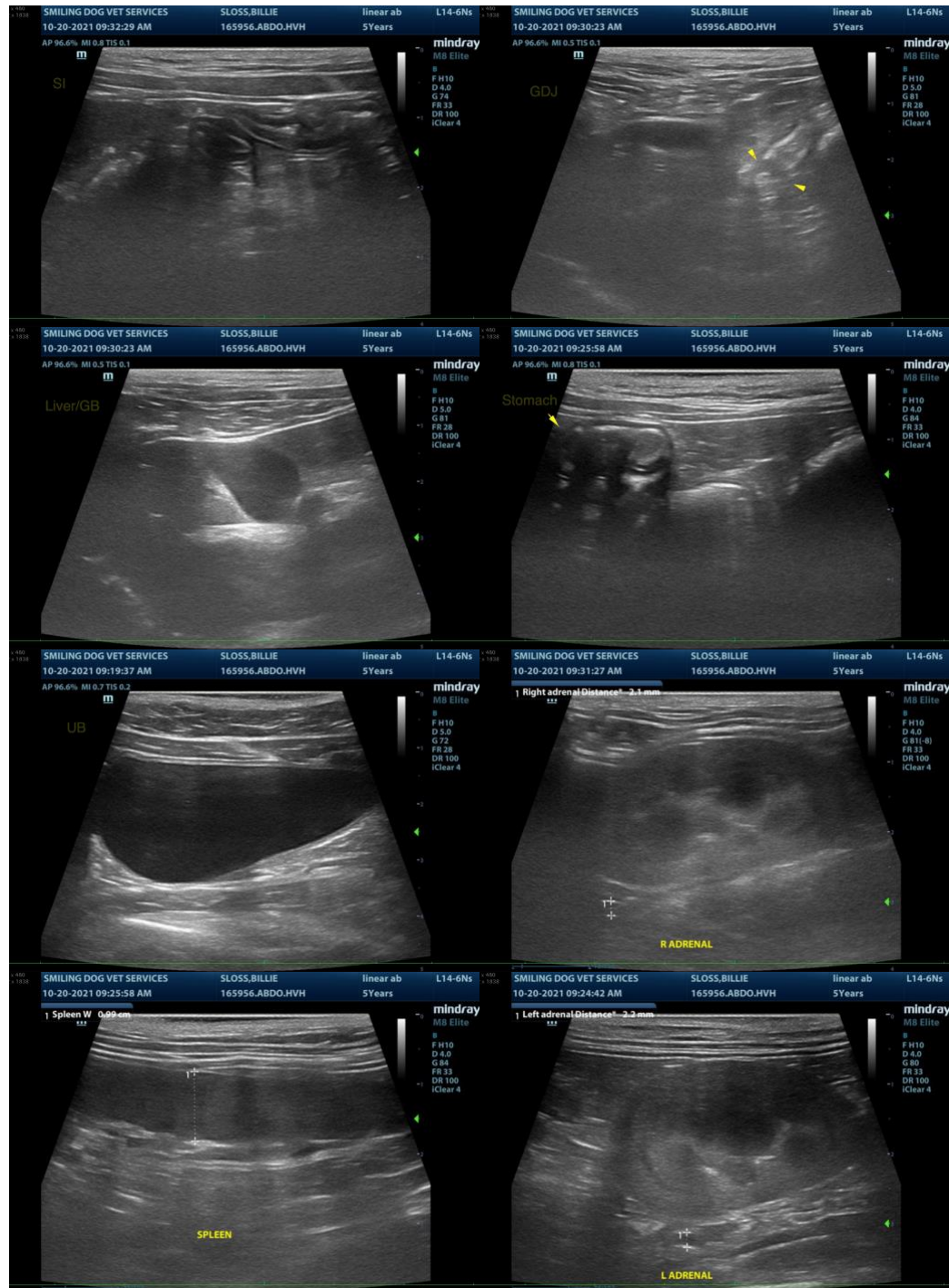
Rachel Poet, DVM

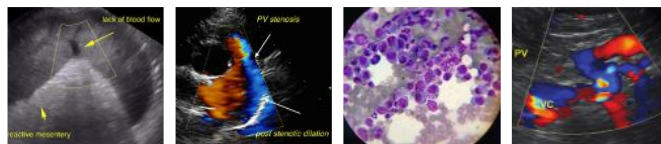
INVOICE

13919

DATE

10/20/21





PATIENT

Billie Sloss

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

4.8 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Patti Mayfield, DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet, DVM

INVOICE

13919

DATE

10/20/21



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com