



**PATIENT PRESENTING CLINICAL SIGNS**

Missy Faulkner

History: HX: Not eating/drinking. Diarrhea- no blood, Vomiting - undigested food/bile, Lethargic. Ongoing for almost 1 week. PE: Mild diffuse abdominal discomfort Medications: Vitamin B12 Dx: IBD vs Lymphoma spectrum

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: BW: Neutrophils - low Monocytes - high SDMA - high rads: The appearance of the gastrointestinal tract may suggest a nonspecific gastroenteritis, pancreatitis or a gastroenteropathy. There is however moderate variation in diameter of the small intestines and therefore segmental or emerging complete mechanical ileus caused by soft tissue opaque foreign material of the distal jejunum should remain a consideration. A soft tissue opaque mass lesion originating from the wall of the distal jejunum resulting in obstruction of a jejunal segment is also not excluded.

**BREED**

DLH

**SEX**

Spayed Female

\*Images list Miss Wittenrich as the last name. Wittenrich is the RDVMs last name.

**AGE**

14 Years

**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 2.0 cm, are normal.

**WEIGHT**

5 kg

The left kidney is normal size (3.49 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. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (3.43 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. Renal vasculature is normal.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**Adrenal Glands**

**HOSPITAL NAME**

Beattie PH East  
Hamilton

The left adrenal gland is normal size (0.54 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Wittenrich

The right adrenal gland is normal size (0.48 cm length; 0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INVOICE**

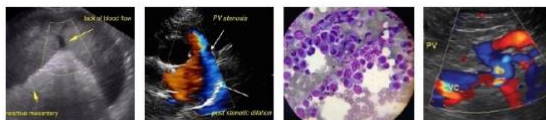
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**Spleen**

The spleen is subjectively prominent in size (1.15 cm in width at the level of the hilus) with slightly swollen peripheral contours. Using the high frequency probe, the parenchyma appears subtly mottled. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**DATE**

10/21/21



**PATIENT** *Liver*

Missy Faulkner

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.

**SPECIES**

Feline

The gall bladder is mildly distended. The wall is slightly thickened (up to 0.21 cm) and hyperechoic. A small amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**BREED**

DLH

**Gastrointestinal**

**SEX**

Spayed Female

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**AGE**

14 Years

**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**

5 kg

**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The presence of ingesta within the gastric lumen in an anorexic patient could suggest a delayed gastric emptying.

**Secondary Findings**

- Minor age-related renal changes
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The thickened gallbladder wall could be consistent with benign age-related hyperplasia and/or cholecystitis. Correlation with clinical findings is recommended.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

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\*An obvious cause for the patients' clinical signs is not identified in the study. Acute gastroenteritis is a differential. Other differentials include low-grade pancreatitis, food intolerance/allergy, inflammatory bowel disease, underlying metabolic issue, other.

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**SPECIES**

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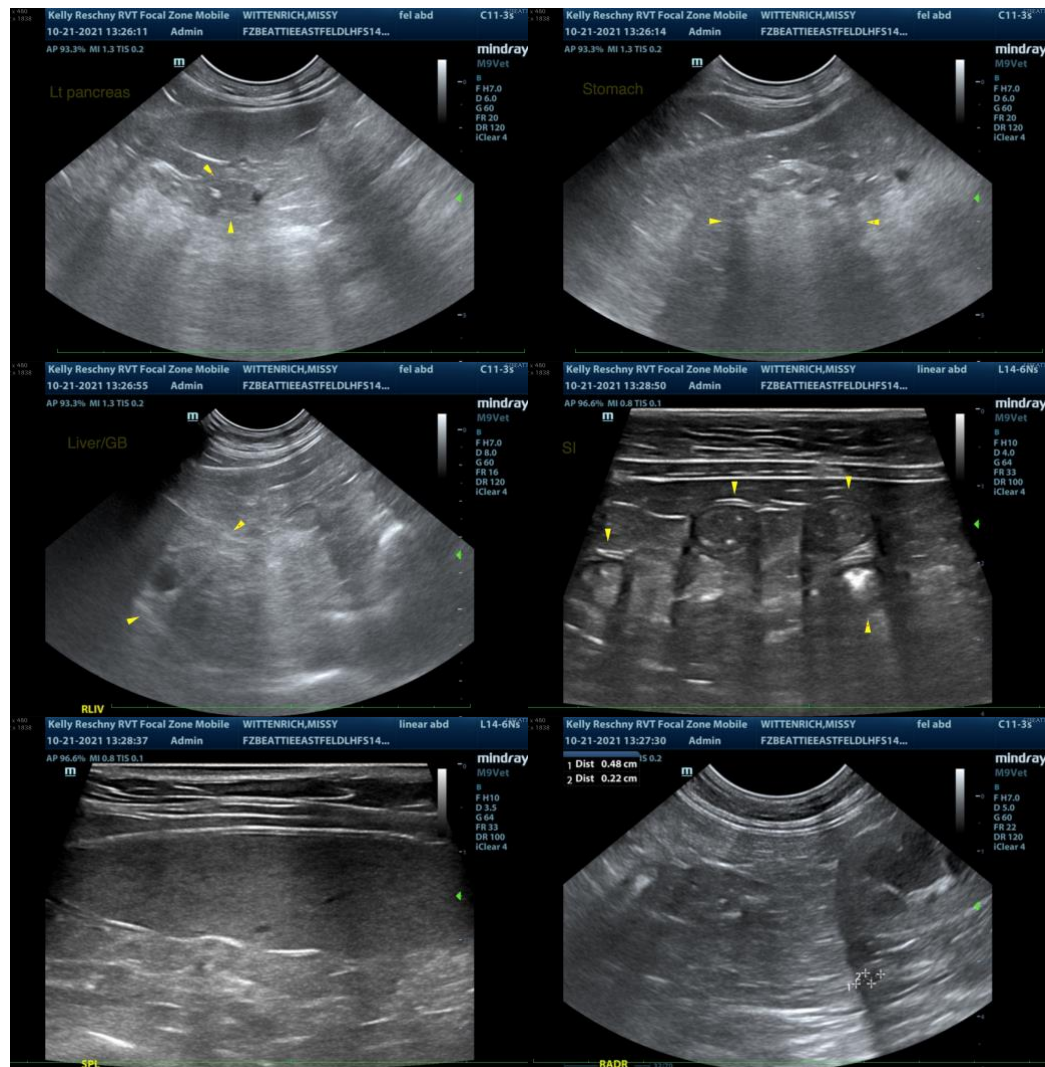
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for acute gastroenteritis is recommended.
- Given the patients' age, three view thoracic radiographs should be considered to assess for occult disease in the chest.
- Other diagnostic considerations include a fecal evaluation for ova and Giardia. A GI panel including serum cobalamin, folate, TLI and PLI. If clinical signs do not resolve with supportive care, a more advanced work up (i.e., fine needle aspirate of the spleen to rule out round cell neoplasia +/- endoscopic or surgical gastrointestinal biopsies) may be warranted.



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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.

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