



PATIENT

Ollie Sheldon

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

6 years

WEIGHT

9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Hoof and Paw VH

REFERRING VET

Dr. Jarrett

INVOICE

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DATE

10/25/21

PRESENTING CLINICAL SIGNS

History: Thin cat. Often gets into plastic/trash, appears to have pica. Presented recently for acute vomiting. Some concern on abdominal films that there might be a foreign body vs IBD.
Abnormal PE/Chem/CBC/UA Results: CBC 55.7%, MCHC 27.8, MCV 54 MiniChem-ALT 131 TT4 wnl

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 mildly 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 (4.26 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. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.18 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (1.02 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.25 cm length; 0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.06 cm in width at the level of the hilus) with slightly swollen peripheral margins. 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. There is a subtle increase in portal markings. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

The gastric lumen is minimally distended with fluid. 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 is mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio



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in some segments. A myelofibrosis is observed within the mucosal wall. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

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The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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No free fluid is observed. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.71 cm in length.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The increased hepatic portal markings could be consistent with an inflammatory process (i.e., bacterial cholangiohepatitis or lymphoplasmacytic hepatitis). Alternatively, this may be a normal variant for this patient.

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Secondary Findings:

- 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 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 hyperechoic medullary bands seen in both kidneys may be a benign incidental finding. Alternatively, subclinical renal disease may be present.

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*Given the sonographic changes, "triaditis" is a consideration in this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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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

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- Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

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- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

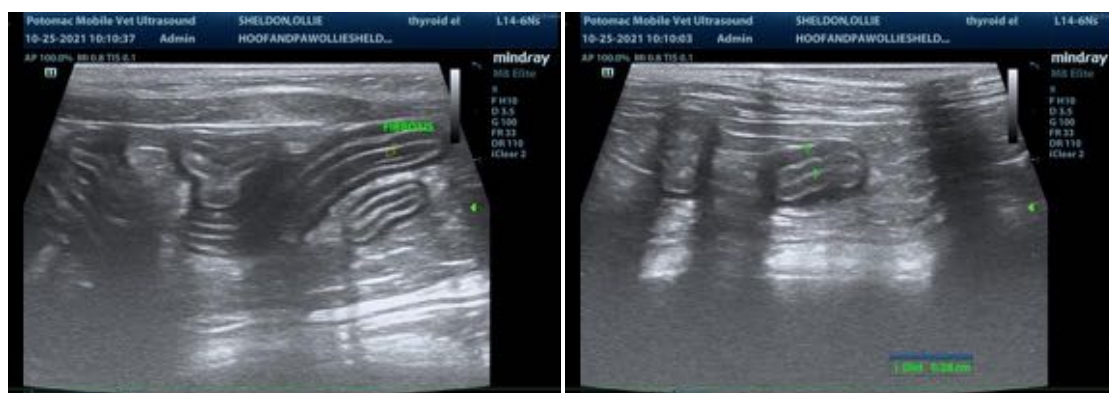
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- If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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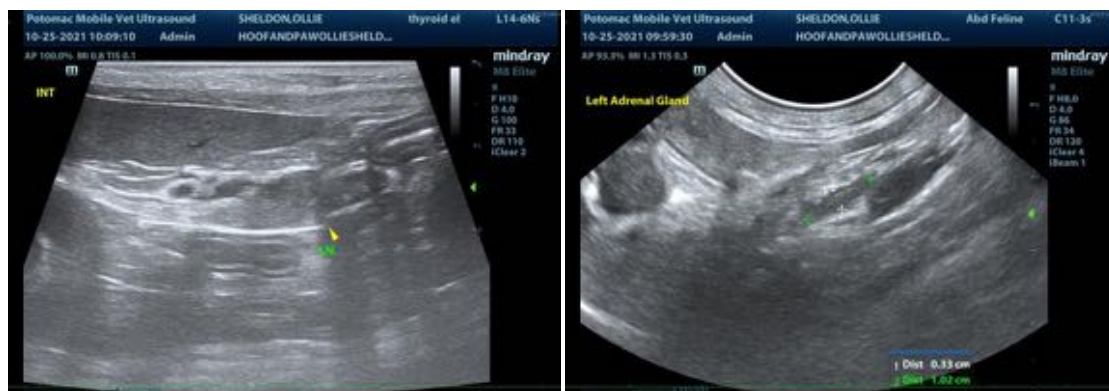
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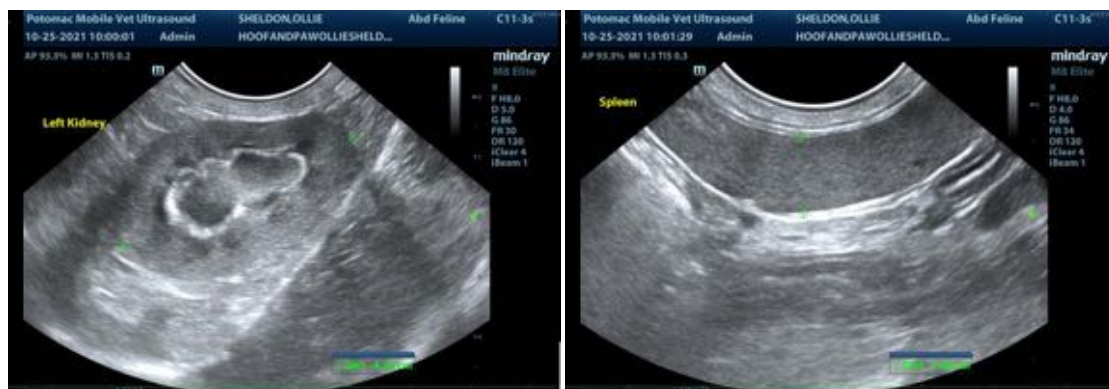


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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