



## PATIENT PRESENTING CLINICAL SIGNS

Flower Natu  
Abnormal PE/Chem/CBC/UA Results: PE: Grade 2/6 L parasternal systolic murmur. Severe unkempt fur/matting. Grade 2-3/4 calculus with mild diffuse gingivitis. MM light pk/CRT<2. P: 140, R: 40 Chem 27, CBC, TT4, UA, Chest rads pending

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

17 years

## WEIGHT

6.3 lbs

## 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 the visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is subjectively normal size, with a 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 hydroureter. Renal vasculature is normal.

### Adrenal Glands

The **left adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

## INTERPRETED BY

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

### Spleen

The **spleen** is subjectively prominent in size (1.06 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.

## IMAGING PERFORMED BY

Saum Hadi

### 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 regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

## HOSPITAL NAME

Bethany Family PC

The **gall bladder** is moderately distended. The wall is normal to slightly thickened (up to 0.16 cm) and appears slightly irregular. Mineralized foci are observed within the wall. A scant amount of echogenic to mineralized debris is visualized. The cystic and common bile ducts are tortuous and moderately dilated. The common bile duct measures 0.44 cm in diameter. The cystic and common bile duct walls are slightly thickened. There is no obvious evidence of and intraluminal obstruction. The duodenal papilla is mildly thickened (up to 0.47 cm in width).

## REFERRING VET

Saum Hadi

### Gastrointestinal

The **gastric lumen** is moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.31 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The muscularis layer of the distal ileum is prominent. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

## INVOICE

11902

## DATE

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**Pancreas**

The **pancreas** is diffusely visible, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.27 cm in diameter).

**Free Abdomen**

No obvious evidence free fluid. A few mesenteric lymph **nodes** are visible/prominent, the largest measuring 0.81 cm in length. The nodes are normal in shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The gall bladder and cystic/common bile duct changes are most consistent with cholecystitis/cholangitis.

**Secondary Findings**

- Bilateral, chronic, age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider the following diagnostics:

1. Thoracic radiographs to assess for occult neoplasia in the chest
2. Malabsorption panel (send to Texas A&M)
3. Fecal evaluation for ova and giardia
4. Additional diagnostic and treatment recommended should be based on the above test results as well as the baseline lab-work that is pending.



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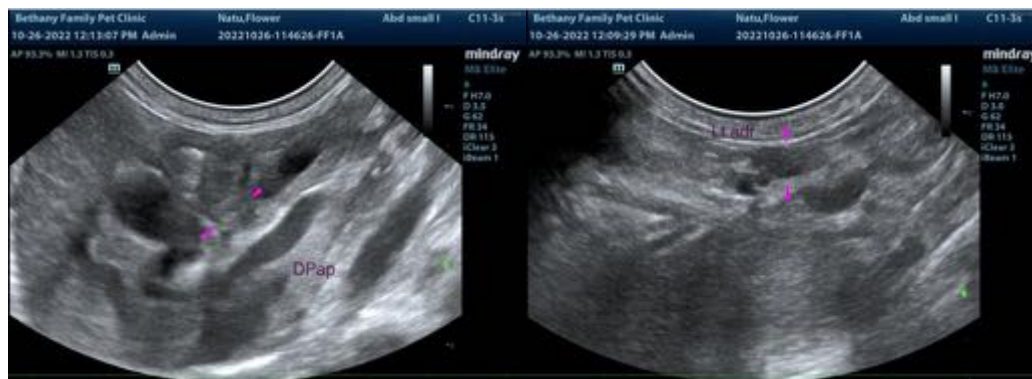
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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