



**PATIENT**

Biscuit Bardello

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

10.9 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Summit Dog and Cat

**REFERRING VET**

Dr. Vogler

**INVOICE**

14028

**DATE**

10/27/21

**PRESENTING CLINICAL SIGNS**

History: Chronic vomiting, decreased appetite  
Abnormal PE/Chem/CBC/UA Results:

**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 is mildly distended. A small amount of echogenic debris is suspended 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 (4.28 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.

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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.93 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.82 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.80 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 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.

The gallbladder is moderately distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. The proximal cystic duct is prominent. The common bile duct is normal/not seen.

**Gastrointestinal**

The gastric lumen is mildly distended with echogenic fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Most small intestinal



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segments are distended with fluid and chyme (up to 1.5 cm in diameter). The small intestinal wall thickness is normal with a normal layering pattern. The submucosal layer is thickened in some segments. Discreet masses are not identified. The ileocecal junction and colonic wall is normal. The colonic lumen contains granular appearing fecal material. There is no obvious evidence of obstruction. However, a partial obstruction cannot be completely excluded.

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**Pancreas**

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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**Free Abdomen**

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

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Years

**Primary Findings**

- Diffuse ileus

**WEIGHT**

10.9 Pounds

**Secondary Findings**

- Minor age-related renal pathology

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

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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
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. Surgical biopsies would be preferable so that all segments of bowel can be evaluated.

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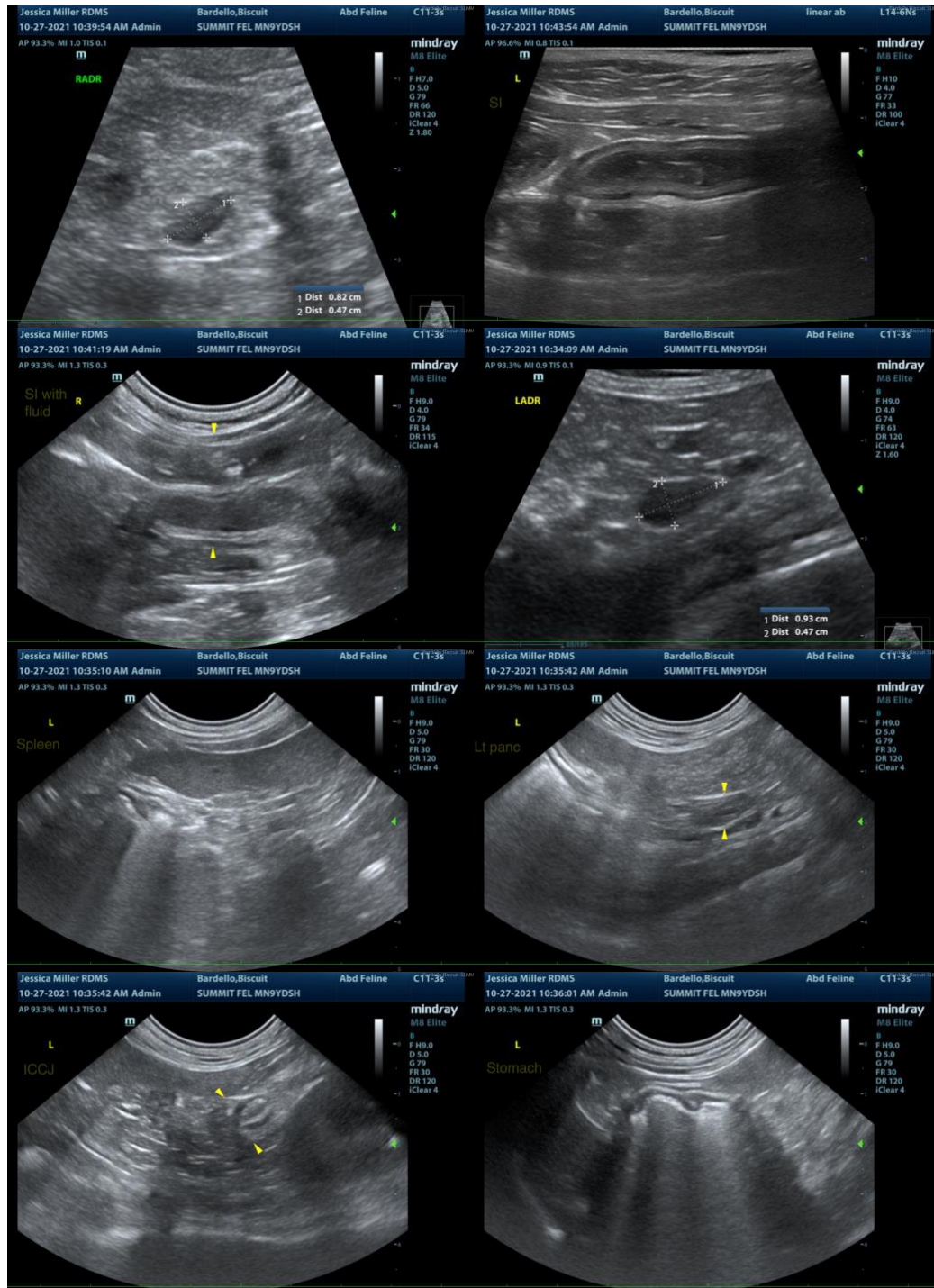
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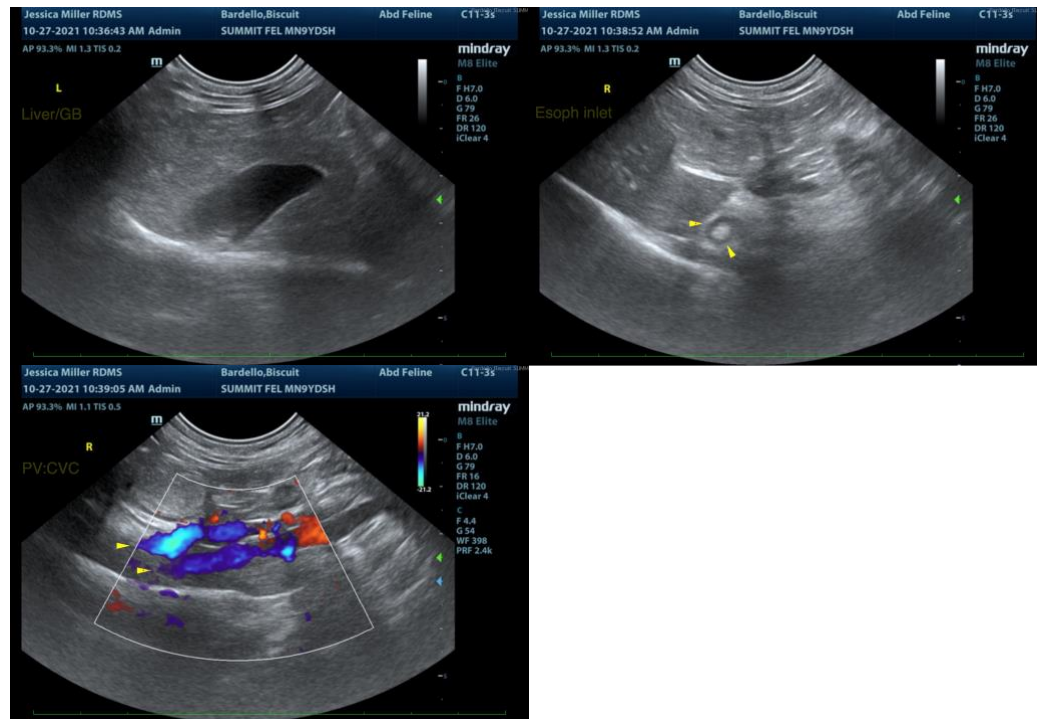
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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