



**PATIENT**

Kiara Relova

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years 3 Months

**WEIGHT**

11 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rivera

**HOSPITAL NAME**

DPC Veterinary H

**REFERRING VET**

Dr. Rivera

**INVOICE**

14111

**DATE**

10/30/21

**PRESENTING CLINICAL SIGNS**

History: P presents for sedated ultrasound and dental procedure. P suffers from chronic vomiting. Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness. Luminal contents are anechoic. There is no evidence of cystic calculi. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized.

**Spleen**

The spleen is normal in size (0.95 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 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 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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**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.

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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.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bowel pattern consistent with inflammatory bowel disease. Lymphoma has the potential to emerge but is not likely at this time.

**SEX**

Spayed Female

**Secondary Findings**

- Minor age-related renal pathology.

**AGE**

7 Years 3 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following diagnostic/treatment recommendations can be considered:

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. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
6. Three view thoracic radiographs are recommended to evaluate for occult esophageal disease.

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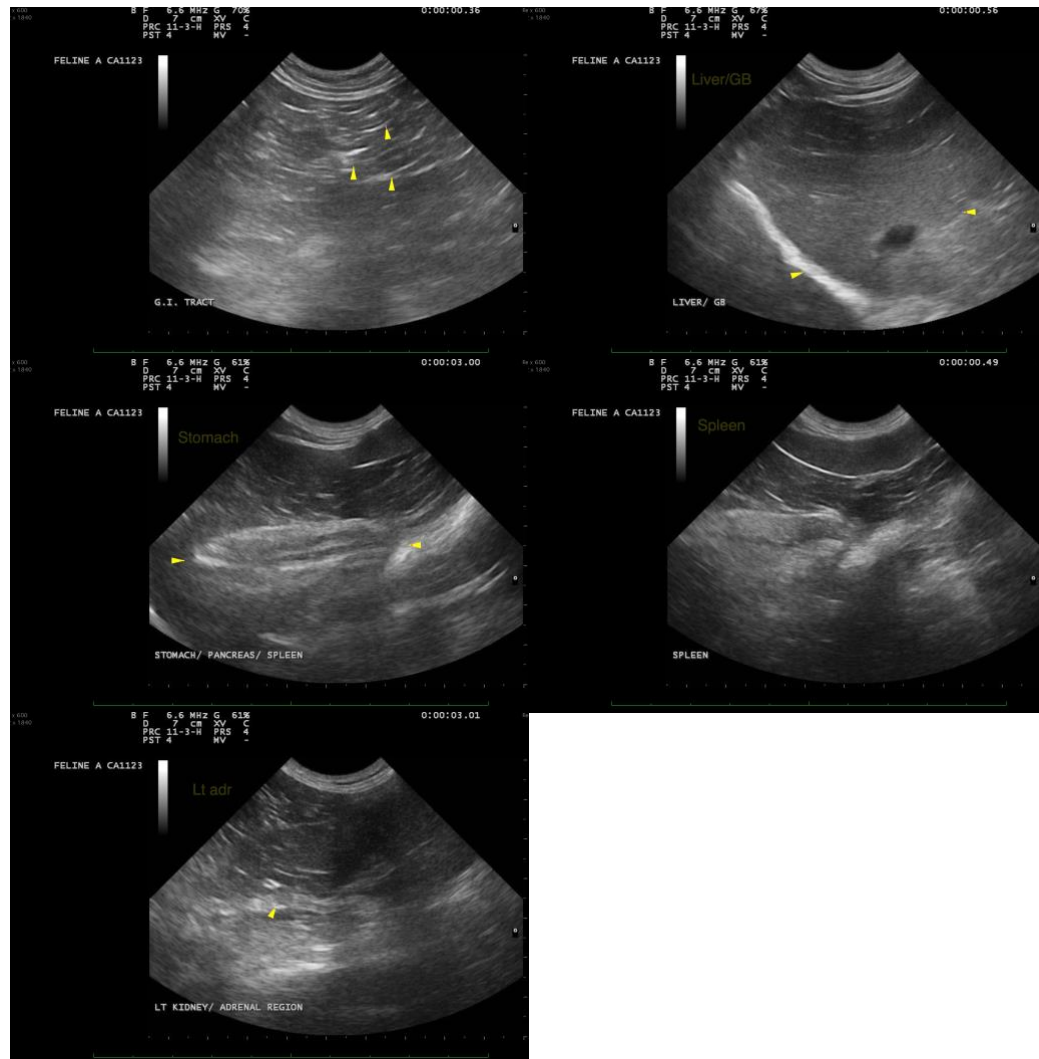
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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