

**PATIENT PRESENTING CLINICAL SIGNS**

Peeka Rogers

History: Had not been to a vet in 8 years when first seen in August 2021. P has a hx of IBD as per O. Prone to diarrhea if she gets into the dogs food. No change to her diet. Nothing that she could have gotten into that O is aware of (though will chew on things like plastic sometimes). Decreased drinking and eating reported (2 days). Has been going to her bowl to eat but then opens her mouth, shakes her head and walks away. O been trying to tempt with different foods and chicken broth, but P has not been interested. Vomited bile yesterday. Had diarrhea this AM. Energy lower today. Weight loss, loss of appetite, vomiting and some loose stools. Some degree of dehydration today at scan. Started IVF, Cerenia, Metronidazole.

**SPECIES**

Feline

**BREED**

Ocicat

Abnormal PE/Chem/CBC/UA Results: Elevated T4, RBCs, HCT, Low Chloride. Elevated Spec FPL.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

**AGE**

10 Years

The left kidney is normal size (3.75 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.

**WEIGHT**

3.7 kg

The right kidney is normal size (4.06 cm in length); 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Crystal Hill

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Chippawa AH

**Spleen**

The spleen is normal in size (0.61 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.

**REFERRING VET**

Dr. Van Leeuwen

**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.

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The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

**SPECIES**

Feline

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic 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.

**AGE**

10 Years

**Free Abdomen**

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

**WEIGHT**

3.7 kg

**ULTRASONOGRAPHIC FINDINGS**

- Minor geriatric renal changes

\*An obvious cause for the patients' clinical signs is not identified in the study. However, microscopic gastrointestinal disease (i.e., inflammatory bowel disease, intestinal dysbiosis, food allergy), low-grade pancreatitis, underlying metabolic issue (i.e., hyperthyroidism), other should be considered.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Treatment for hyperthyroidism is recommended (i.e., methimazole or referral for I-131 therapy).
- Other diagnostic/therapeutic considerations include the following:

**HOSPITAL NAME**

Chippawa AH

1. GI panel (i.e., serum cobalamin, folate, TLI and PLI)
2. Fecal evaluation for ova and giardia
3. A 6-week limited antigen diet trial (when patients' appetite returns) to assess for food allergies
4. Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

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5. Depending on the result of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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**REFERRING VET**

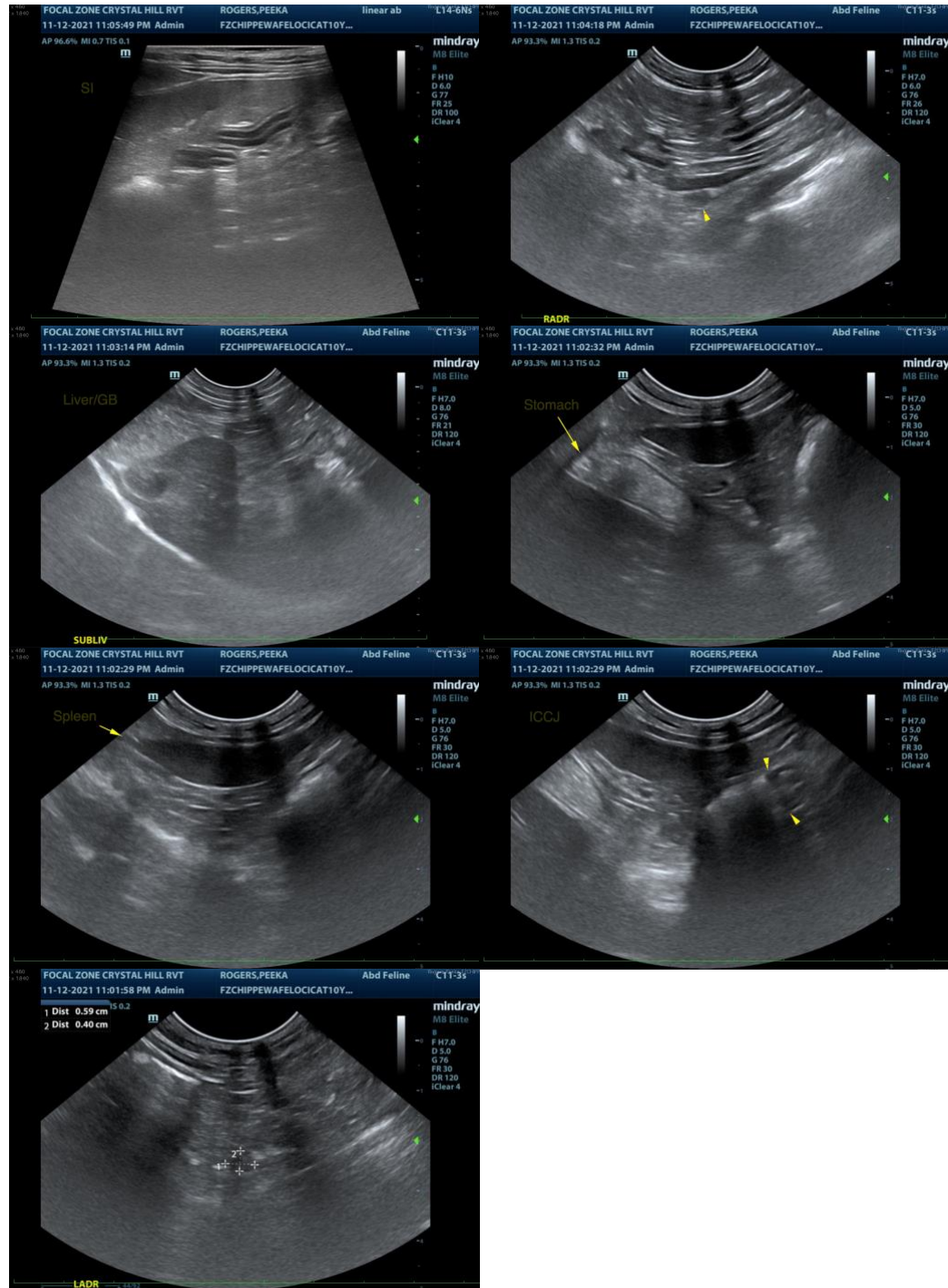
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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