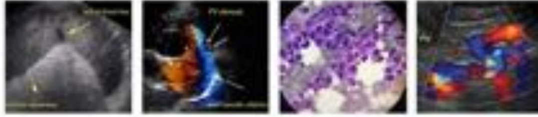
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Agnes Hazelwood

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female, spayed

AGE

7 Years

WEIGHT

7.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Hazelwood

INVOICE

12547

DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: Species: Feline Gender (altered?): FS Age: 7 years Weight in LBS: 7.3 lbs Breed: DMH History: Diagnosed with likely chronic enteropathy by internal medicine at WSU a few years ago. Biopsies not performed. GI panel was WNL at the time. On Purina HA. Still vomits, but better controlled now. Ultrasound at the time WNL. Recently, appetite seems increased. Physical Exam Findings/Reason for Ultrasound: Yearly screen, though screening radiographs this year showed prominent left colic lymph nodes and potentially thickened intestines. Spleen is also prominent, but radiologist noted this was similar to her images last year (but abnormal for a cat). She had a persistently elevated SDMA from 11/2020 to 04/2021. Recent labs WNL. T4 normal and Fe-leuk/FIV/heartworm negative. USG 1.052.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is borderline small (3.06 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is slightly hyperechoic. There is questionable cortical infarct at the cranial lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths 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 minimal loss of corticomedullary distinction. The cortex is mildly hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

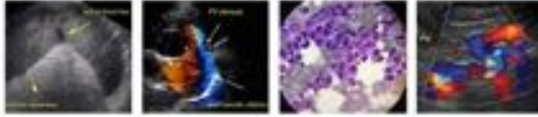
The right adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



PATIENT

Agnes Hazelwood

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female, spayed

AGE

7 Years

WEIGHT

7.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Hazelwood

INVOICE

12547

DATE

11/16/21

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 slight disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In addition, there is mild thickening of the submucosal layer. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed in the mid to caudal abdomen, the largest measuring 0.78 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

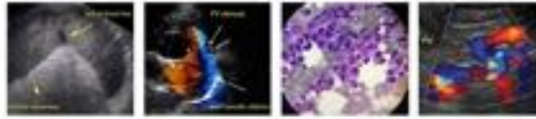
Secondary Findings:

- Bilateral, non-specific degenerative renal changes (similar to previous sonogram).
- The pancreatic changes are suggestive of age-related remodeling/fibrosis. Changes are similar to the previous sonogram.

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.

PATIENT

Agnes Hazelwood

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female, spayed

AGE

7 Years

WEIGHT

7.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

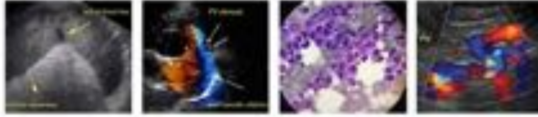
Dr. Hazelwood

INVOICE

12547

DATE

11/16/21



PATIENT

Agnes Hazelwood

SPECIES

Feline

BREED

Domestic Longhair

SEX

Female, spayed

AGE

7 Years

WEIGHT

7.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

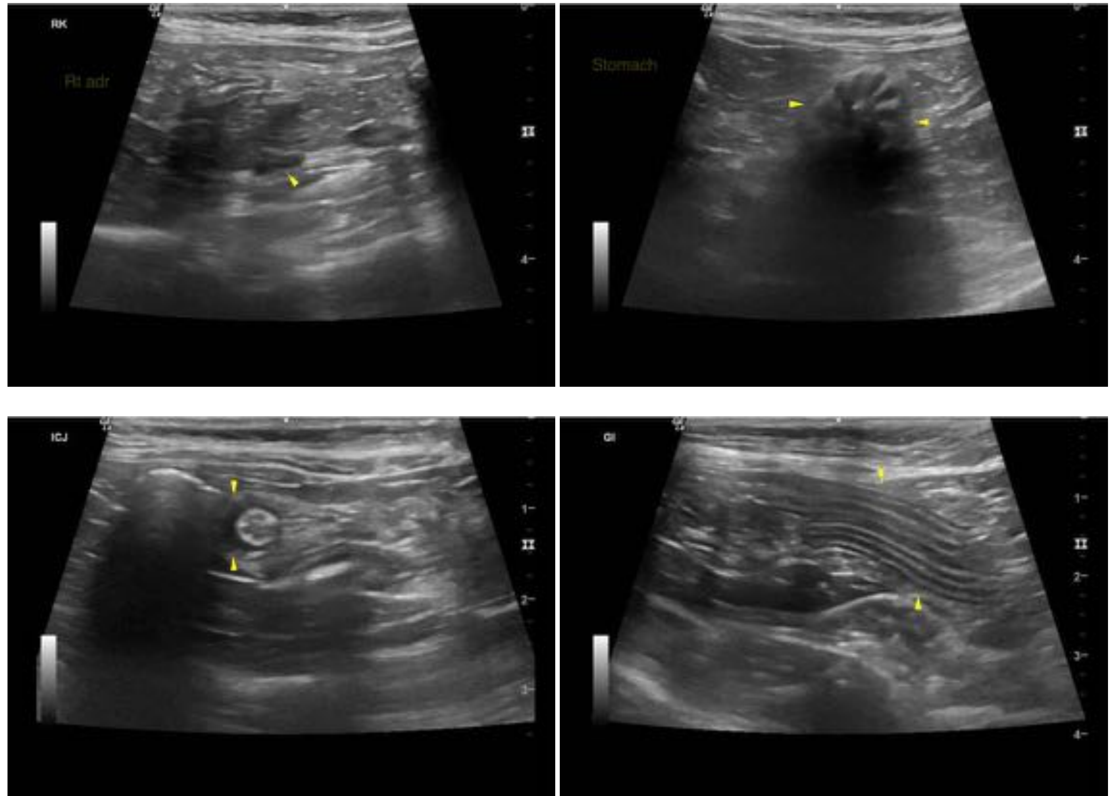
Dr. Hazelwood

INVOICE

12547

DATE

11/16/21



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 ACVIM (*Small Animal Internal Medicine*)

andrea.nicastro@sonopath.com