



**PATIENT**

Edna Sanderson

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

1 Yr.

**WEIGHT**

6.9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Chrissy Krell

**HOSPITAL NAME**

Paws & Prairie AC

**REFERRING VET**

Dr. Chrissy Krell

**INVOICE**

12457

**DATE**

**PRESENTING CLINICAL SIGNS**

History: Vomiting, lethargic since Saturday. Owner said vomit contained brown bile substance. Possible string ingestion over the weekend. Not eating/drinking. Not on any meds. Due for vaccines but owner is aware we will work up illness first. Patient reported did a little better overnight after SQ fluids, Cerenia, famotidine and starting an antibiotic (found UTI yesterday). Rechecked today for follow up, reassess with ultrasound to screen for other issues/FB.

Abnormal PE/Chem/CBC/UA Results: 11/1/2021 PE: QAR, lethargic, (usually feisty), MM pink but tacky, CRT <2s, Abdomen is guarded cranially, HR and lungs auscult wnl. Temp 99.8F Abdominal x-rays - NSF, thickened stomach wall but no obvious obstruction or foreign material found. CBC: mild hemoconcentration, neutrophilia, plt 28K - manually reviewed, large clumping - about 200K. Chem - BUN 55, CL 110, ALKP <10, ownl. UA - pyuria, bacteruria (rods), no crystals, proteinuria, mild glucosuria. Treated with SQ fluids, Cerenia, famotidine, and started Clavamox. 11/2/21 Recheck PE: QAR but more bright, reactive today. Temp 102.2F, HR 200, RR normal. Abdomen still slightly guarded cranially. After AUS, patient ate readily.

**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. A small amount of suspended echogenic debris is observed 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 (3.43 cm in length); 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.

The right kidney is normal size (3.83 cm in length); 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 region of the adrenal glands is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (0.75 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



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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.

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**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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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**Pancreas**

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. 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. A few prominent jejunal lymph nodes are visualized, largest measuring 1.35 cm in length. In addition, 2-3 prominent lymph nodes are observed adjacent to the ileocecal colic junction.

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**ULTRASONOGRAPHIC FINDINGS**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

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\*There is no obvious evidence of a foreign body/gastrointestinal obstruction.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for ova/Giardia.
- Given the bacteriuria, a urine culture and sensitivity, preferably on a pre-antibiotic sample, should be considered.
- Continued supportive care for acute gastroenteritis/pancreatitis is recommended.
- Given the vomiting, consider three-view thoracic radiographs to assess for occult aspiration pneumonia.
- If the patient's clinical signs do not improve within 48-72 hours of supportive care, repeat abdominal imaging +/- a more advanced GI workup may be warranted.

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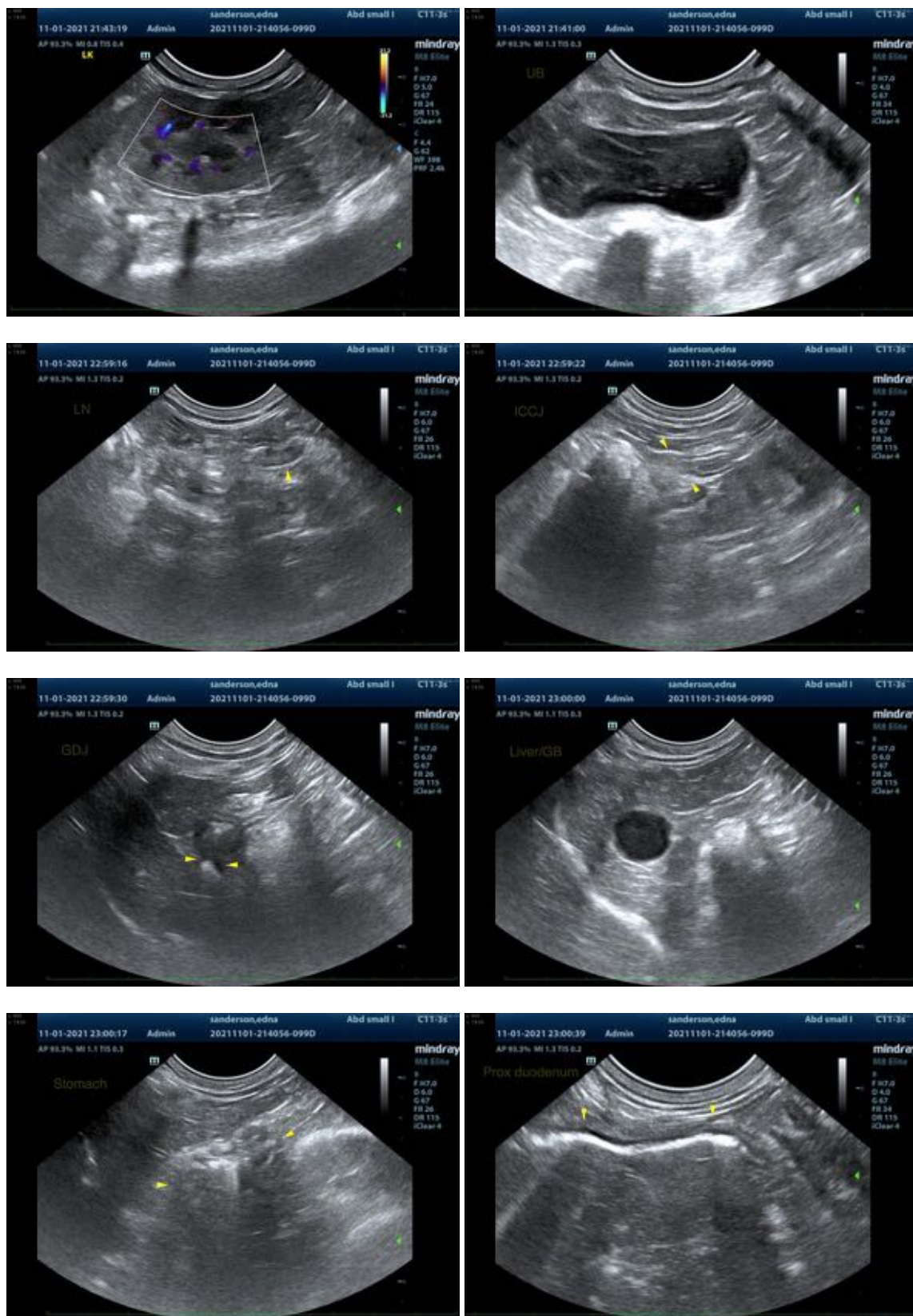
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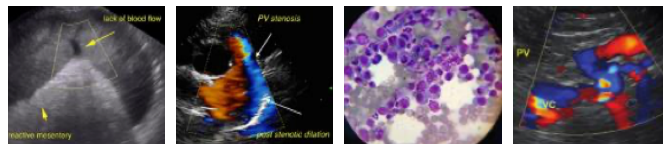
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com