



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Snow Keenan

**SPECIES**  
Feline

**BREED**  
Domestic shorthair

**SEX**  
Female, spayed

**AGE**  
7 Yrs.

**WEIGHT**  
7.4 lbs.

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

**IMAGING PERFORMED BY**  
Amy Mayhew

**HOSPITAL NAME**  
SVS Imaging Michigan

**REFERRING VET**  
Mitten AH

**INVOICE**  
14242

**DATE**  
11/21/22

**History:** Chronic daily vomiting for ~ two years duration along with mild weight loss. Owner reports sometimes vomit is contains food stuff, sometimes it contains hairball and sometimes it is just liquid. Owner did find an episode of hematemesis within past couple months and suspects it was from patient but symptom did not persist. Owner has been unable to perform a thorough food trial to this date due to a multi-pet household and difficulty separating feedings.

**Abnormal PE/Chem/CBC/UA Results:** Total Health with T4 to Idexx performed on 11/06/2021 - all WNL. GI Panel to Texas A&M University performed on 11/06/2021 - all WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is 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 1-2 cm, are normal.

The left kidney is normal size (3.21 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.

The right kidney is normal size (3.40 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.

**Adrenal Glands**

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.88 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 mostly anechoic. The cystic and common bile ducts are normal/not seen.

**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



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

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***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.56 cm lymph node is observed adjacent to the ileocecolic junction. The node is normal in shape and echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

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- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- Age-related pancreatic remodeling.

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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. Fecal evaluation for ova/Giardia
3. 6-week limited antigen or hydrolyzed protein 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. Consider initiation of a probiotic.
6. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:  
Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days  
Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days  
Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days  
(+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)
8. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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## REFERRING VET

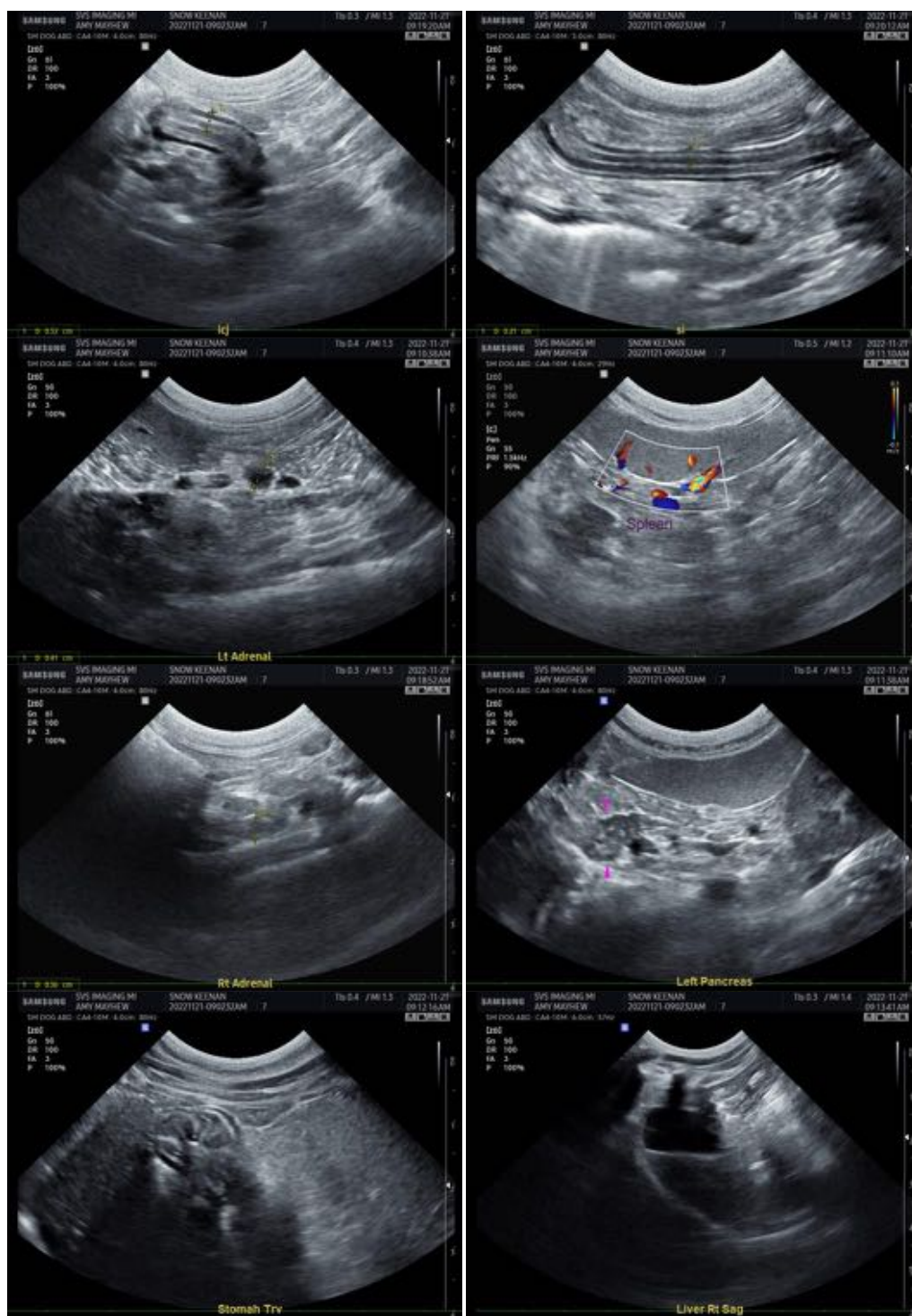
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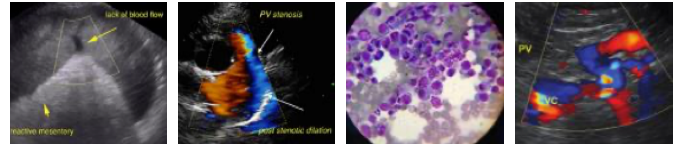
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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