



PATIENT

Macey Stewart

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

17 yrs.

WEIGHT

8.125 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Budden

INVOICE

14289

DATE

11/28/22

PRESENTING CLINICAL SIGNS

History: Seen on 11/20/22 for wellness exam. Vomiting multiple times/week. Had lost 0.4# since 5/18/2022. Ultrasound to assess for causes of vomiting.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 11/22/2022 ALT high 147 BUN high 37 Creatinine high 1.9 Cholesterol high 243 Platelet low 188, estimate adequate Neutrophils high 11869 USG 1.015 Thyroid gray zone 2.6

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.93 cm in length) with a normal shape and smooth peripheral contours. The cortex is subjectively thin with mild loss of corticomedullary distinction. A hyperechoic medullary band is adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is small in size (2.66 cm in length) with a normal shape and smooth peripheral contours. The cortex is subjectively thin with mild loss of corticomedullary distinction. A hyperechoic medullary band is adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.84 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly to moderately distended. The wall is mildly thickened (up to 0.23 cm) and hyperechoic. A moderate amount of mineralized sand +/- distinct choleliths are observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measured 0.27 cm at the distal aspect, at its entry point into the duodenal papilla. The cystic and common bile duct walls are subjectively thickened (mild).

Gastrointestinal



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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 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.

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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

- Mineralized gallbladder sand +/- a distinct cholelith- incidental. The gallbladder and cystic/common bile duct wall changes could be consistent with cholecystitis/cholangitis and/or benign age-related hyperplasia.
- Bilateral degenerative renal changes.

*An obvious cause for the patient's vomiting is not identifying in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease), underlying metabolic issue, other.

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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. Consider initiation of a probiotic.
 6. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
 7. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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- Regarding the azotemia, consider the following:

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1. Urine culture and sensitivity
2. UPC (if proteinuria is present)
3. Baseline blood pressure measurement

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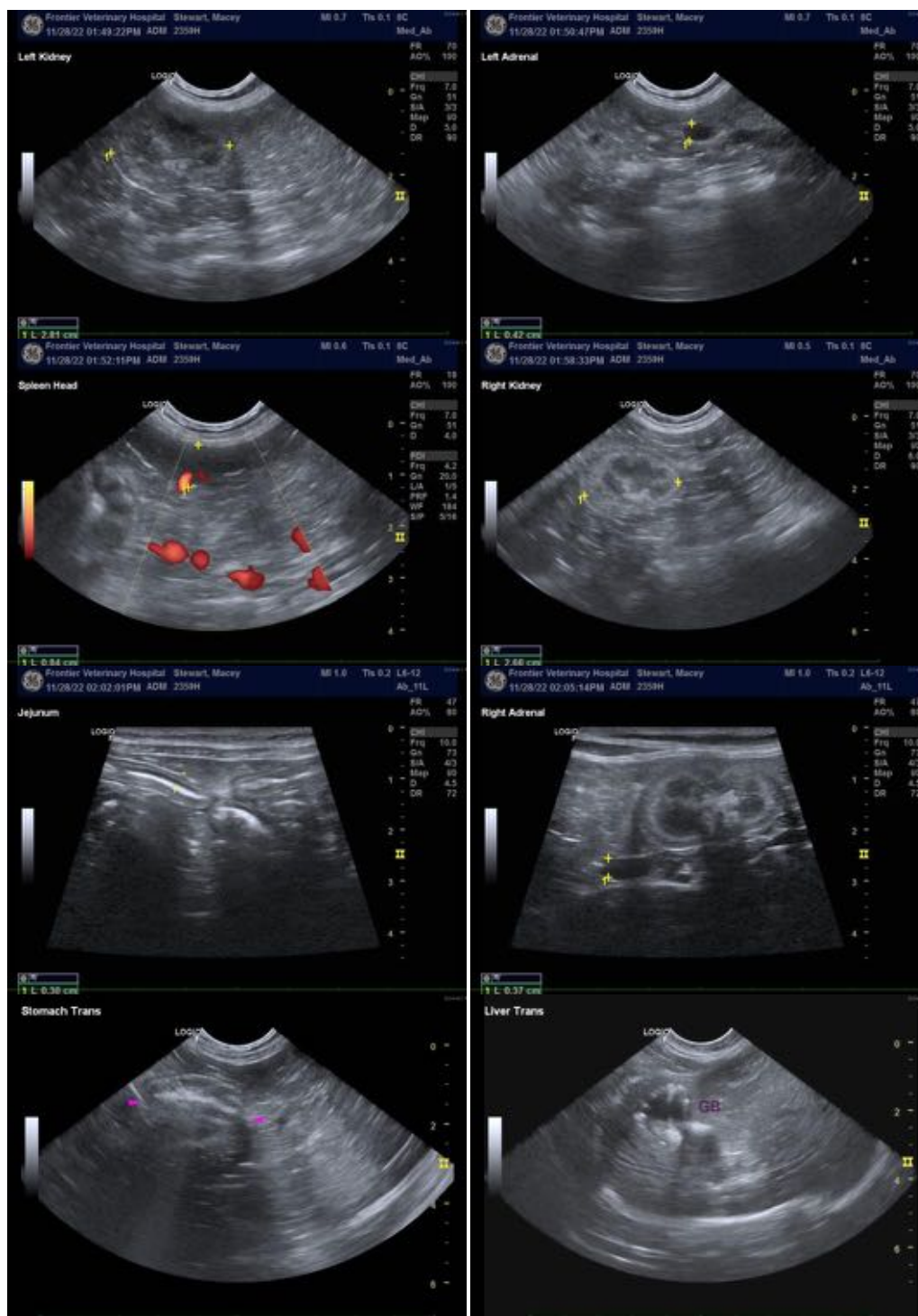
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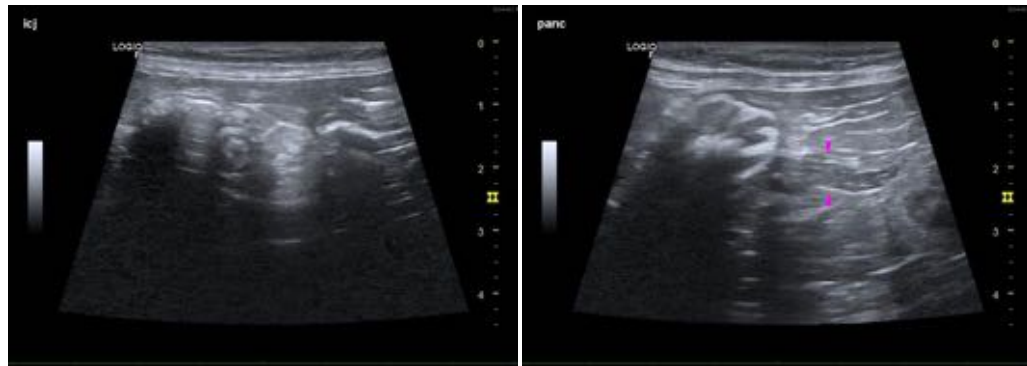
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com