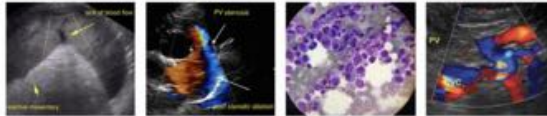




PATIENT	PRESENTING CLINICAL SIGNS
Mimi Maiden	Chronic vomiting, unexplained weight loss, recent inappetence
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.
BREED	
Calico	
SEX	
Spayed Female	The left kidney is small in size (2.85 cm in length); normal shape and architecture with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.25 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.
AGE	
17.5 years	The right kidney is borderline small in size (3.07 cm in length) with a normal shape and architecture and smooth peripheral contours. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.
WEIGHT	Adrenal Glands
6.1 lbs	The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
INTERPRETED BY	The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Spleen The spleen is normal in size (0.52 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.
IMAGING PERFORMED BY	Liver
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. Two to three hypoechoic nodules are visualized (the largest measuring 0.72 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
HOSPITAL NAME	The gall bladder lumen is mildly to moderately distended. The wall is mildly thickened (up to 0.21 cm) and slightly irregular. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are diffusely dilated (the common bile duct measures up to 0.59 cm). The cystic and common bile duct walls are mildly thickened. The common bile duct can be followed to the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.
Flowertown AH	
REFERRING VET	Gastrointestinal
Dr. Pignatello	The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended. The small intestinal wall is normal to mildly thickened (up to 0.72 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. In one fluid-distended segment of small intestine, there is questionable retention of the normal layering pattern. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.
INVOICE	
11951	
DATE	
11.3.22	



PATIENT

Mimi Maiden

SPECIES

Feline

BREED

Calico

SEX

Spayed Female

AGE

17.5 years

WEIGHT

6.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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ACVIM (Small Animal
Internal Medicine)

HOSPITAL NAME

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REFERRING VET

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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (up to 0.28 cm in diameter).

Free Abdomen

There is no obvious evidence of free fluid.

A few, prominent mesenteric lymph nodes are visualized (the largest measuring 0.73 cm in length) with a normal shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with emerging lymphoma (particularly the fluid-distended segments). Alternatively, inflammatory bowel disease is also possible.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The gall bladder and cystic/common bile duct wall changes are most consistent with cholecystitis/cholangitis.
- The pancreatic changes are most consistent with chronic pancreatitis.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization in left pyelectasia.
- The hepatic nodules could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, inflammation, other). Alternatively, emerging neoplasia cannot be completely excluded.

*Given the patient's clinical history, "triaditis" is a consideration with this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider the following diagnostic/therapeutic options:

1. Three-view thoracic radiographs to assess cardiopulmonary status and to evaluate for occult neoplasia in the chest
2. A GI panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M)
3. Fecal evaluation for ova and Giardia
4. Consider transitioning to a hydrolyzed protein or limited antigen diet if the patient will eat it.
5. Ultimately, GI biopsies would be necessary to get a definitive diagnosis. Surgical biopsies are preferred in that all areas of bowel can be accessed with this approach. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., limited antigen diet, corticosteroids) can be considered, as long as the client understands the risks of treatment without a definitive diagnosis.



PATIENT

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Spayed Female

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IMAGING PERFORMED BY

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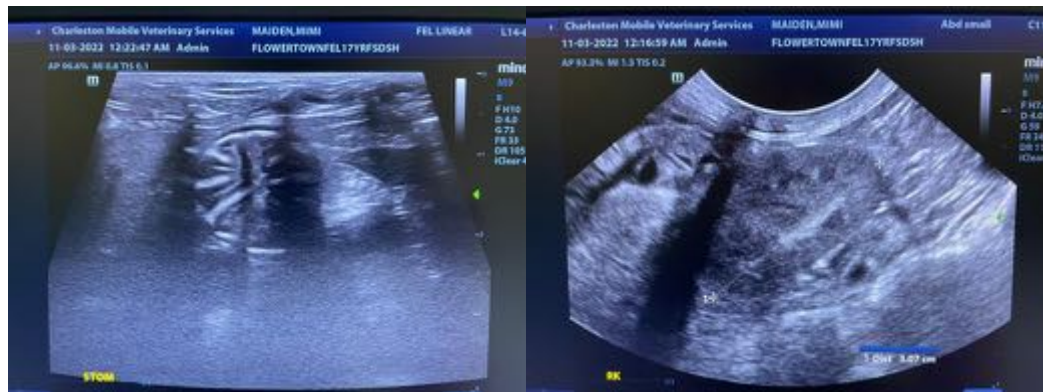
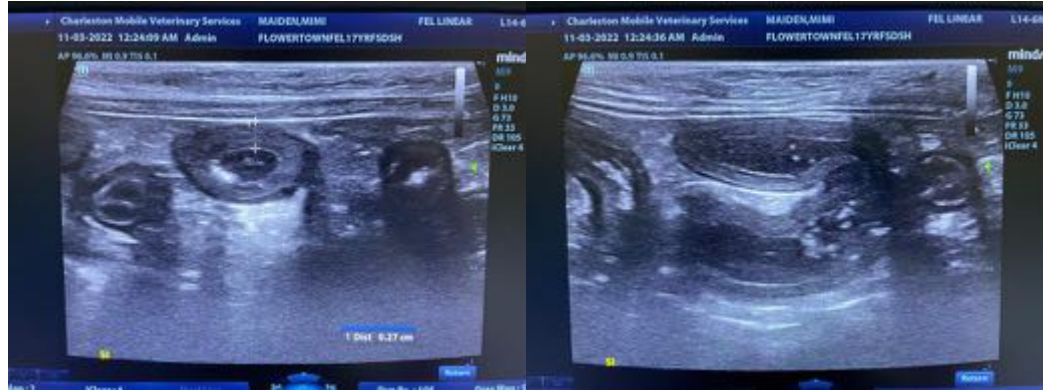
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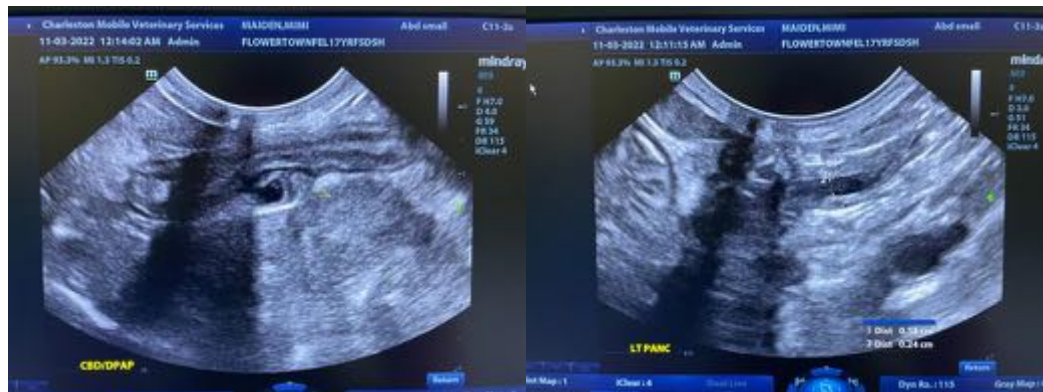
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com