



PATIENT PRESENTING CLINICAL SIGNS

Minnie Burhanna

History: Indoor only cat. 6-month history of diarrhea. Presented 3 weeks ago for diarrhea – O did not use the prescribed medication. Presented on 10/28/22 for vocalizing and straining before passing diarrhea, O agreed to start Metronidazole that was previously prescribed and started on oral buprenorphine for pain. (Previously positive 2017 and received treatment for Bartonella. Other cats in household are not affected.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Chem all normal except SDMA = 16, CBC/T4/Urinalysis = within normal limits. fPLi/Cobalamin/Folate are all normal. TLI still pending. Fecal negative

BREED

DSH

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 with mostly 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.

SEX

Spayed Female

AGE

7 years

The **left kidney** is normal size (3.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

7.16 lbs

The **right kidney** is normal size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Sheldon

Spleen

The **spleen** is normal in size (0.85 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.

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Oakland

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.

REFERRING VET

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The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of suspended, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 is normal to mildly thickened (up to 0.33 cm) with a normal layering pattern and

DATE

11.3.22



PATIENT

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appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The wall of the descending colon is thickened (up to 0.41 cm) with apparent retention of the normal layering pattern. There is no evidence of an obstructive pattern.

SPECIES

Feline

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. A 1.10 cm rounded, hypoechoic lymph node is observed adjacent to the aortic trifurcation. A few, prominent mesenteric lymph nodes are also seen, the largest measuring 1.32 cm in length.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal and splenic wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease). There is some potential for emerging neoplasia. However, it is considered less likely at this time.

AGE

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Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Minor age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.

Consider a fecal PCR infectious disease panel.

Also consider transitioning to a hydrolyzed protein or limited antigen diet.

Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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SPECIES

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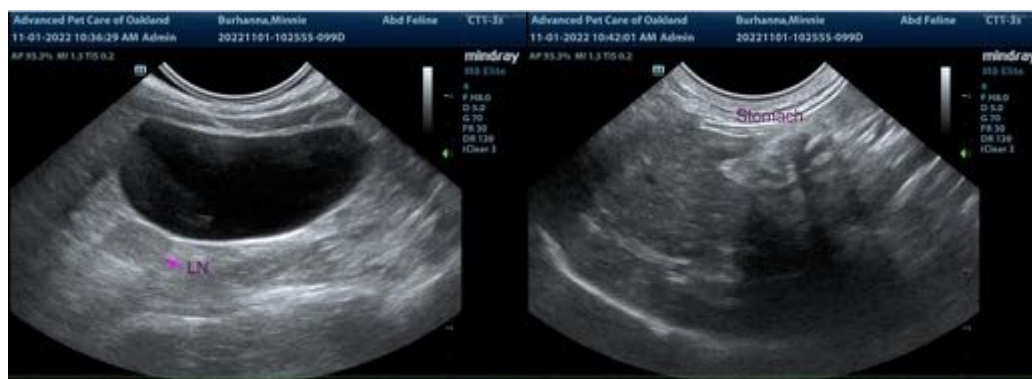
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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