



PATIENT PRESENTING CLINICAL SIGNS

Patient: Portabella Toomey
History: P was sitting in the chair with O and O felt something wet. P U+ on O. P jumped down and seemed disoriented and ran over to the water bowl, laid down and drank then O said P started foaming and V+. O said that housemate tested positive for FIV in March after being seen here. Several-month history of chronic vomiting. Concern for neoplasia, FIV, FIP, azotemia, anemia, gastritis, IBD, other

Species: Feline
Breed: Abnormal PE/Chem/CBC/UA Results: PE: dull, depressed, mild pain, Temp 96, HR 220, blood pressure 160/109(129), BCS 3/9, abd: Reactive to abdominal palpation, certain sections of bowel are thickened; dense stool in colon, Muscle atrophy, moderate generalized muscle wasting, neuro: Abnormal, weak; easily stressed; owner described a possible seizure
 DSH

Sex: *CBC: wbc 23, 450 neut, eos and baso elevated, rbc 23% *epoc: bun 43, creat 1.9 *chem: bun 53, creat 2, albumin 2.2, globulin 5.5, AG ratio: 0.4, alt 128
 Female Spayed *rads: decreased detail in abdomen, possible mass effect in left cranial quadrant; gas throughout the small bowel; fluid in abdomen *fpL: >50 abnormal *proBNP: < 50 normal

Age: Sedated with Dexdomitor and butorphanol for this study.
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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

2.75 kg

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

INTERPRETED BY

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

The left kidney is normal in size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed near the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Melissa Randolph

The right kidney is normal in size (3.15 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A hyperechoic medullary band is observed near the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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Adrenal Glands

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

REFERRING VET

Lisa Miller

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.92 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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Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.



PATIENT

Portabella Toomey

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

SPECIES

Feline

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 moderately thickened (up to 0.43 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

BREED

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SEX

Female Spayed

Pancreas

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.39 cm in width). There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.56 x 0.47 cm).

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Free Abdomen

There is no obvious evidence of free fluid.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging small cell lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic pancreatitis.

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Secondary Findings

- Mild bilateral age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the concern for a possible seizure episode, consider the following:

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1. Baseline blood pressure measurement
2. Pre- and postprandial serum bile acids to assess hepatic function
3. T4/free T4 by equilibrium dialysis
4. Neurologic examination +/- consultation with a board-certified neurologist to discuss a brain MRI +/- CSF tap



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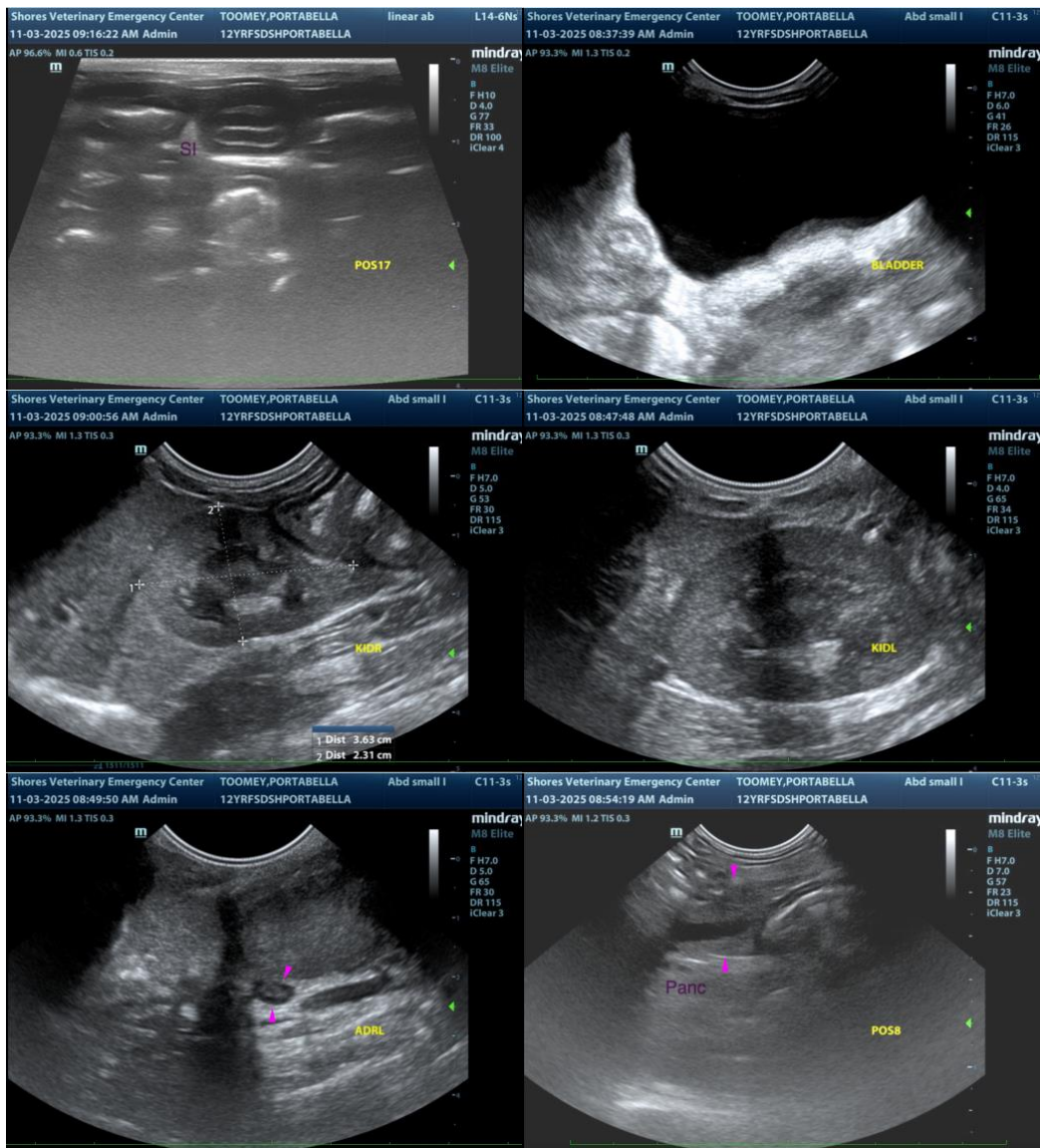
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- Regarding the GI signs, consider the following:
 - Fecal evaluation for ova and Giardia
 - GI panel including serum cobalamin and folate, TLI and PLI
 - 3-4 week limited antigen or hydrolyzed protein diet trial
 - +/- endoscopic or surgical GI biopsies
- Regarding the borderline azotemia, a urinalysis, urine culture and sensitivity, +/- UPC (if proteinuria is present on the urine dipstick) should be considered.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Also consider feline infectious disease testing (i.e., feline leukemia FIV, +/- FIP)





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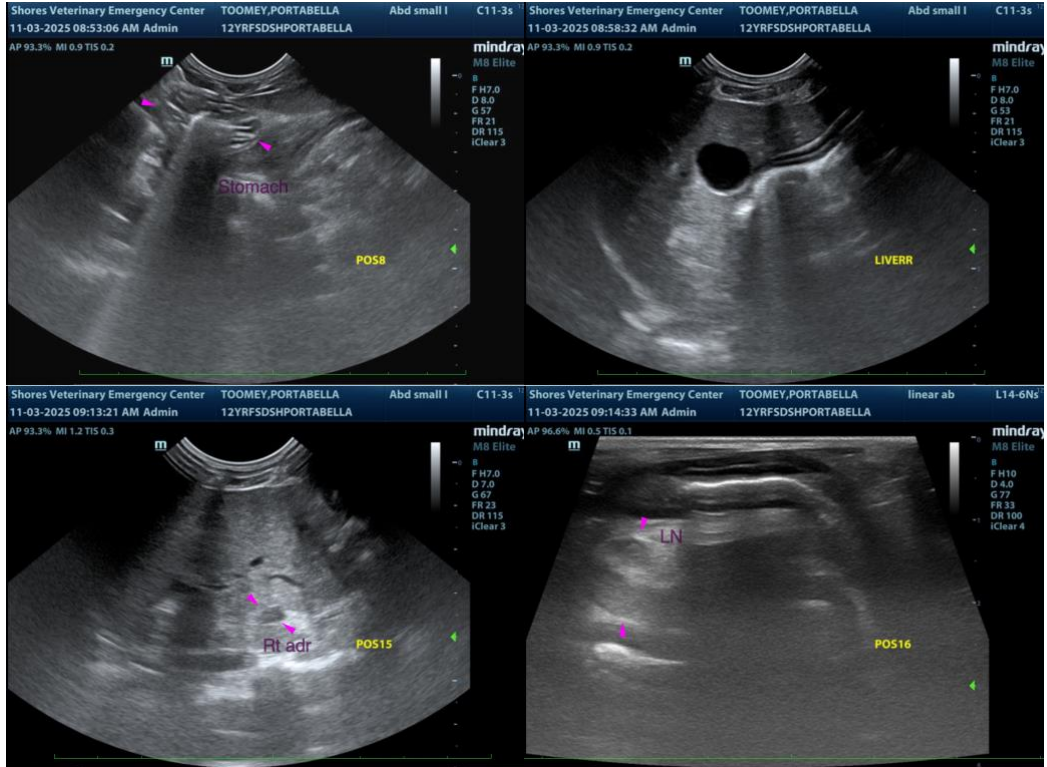
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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