



**PATIENT**

Casey Frandi

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female, spayed

**AGE**

16.5 YRs.

**WEIGHT**

Unknown

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Vanderbogart

**INVOICE**

12618

**DATE**

11/30/21

**PRESENTING CLINICAL SIGNS**

History: Lethargic, vomiting, +/- pale MM.

Abnormal PE/Chem/CBC/UA Results: Current BW and PCV pending. BW from 7/2021- wbc 20.4, neuts 81, abs. neuts 16524, lymphs 11

**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 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 2 cm, are normal.

The left kidney is normal size (3.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.32 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The region of the adrenal glands is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size 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 prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. A 0.70 cm hypoechoic nodule is observed on the right side. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The common bile duct can be followed to the level at the duodenal papilla and measures 0.23 cm in diameter at the distal aspect.

*Gastrointestinal*

The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal to borderline thickened (up to 0.25 cm) with a normal layering pattern. There is evidence of mucosal fogging in some segments. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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***Pancreas***

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The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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***Free Abdomen***

There is no evidence of free fluid. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.33 cm in length.

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**Primary Findings:**

- Bowel pattern consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic hepatic nodule could be consistent with an inflammatory focus, granuloma, emerging tumor, other.

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**Secondary Findings:**

- Minor age-related renal changes.

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Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider:
  1. GI panel (send to Texas A&M)
  2. A fecal evaluation for ova/Giardia
  3. Further diagnostics should be based on the patient's bloodwork results.

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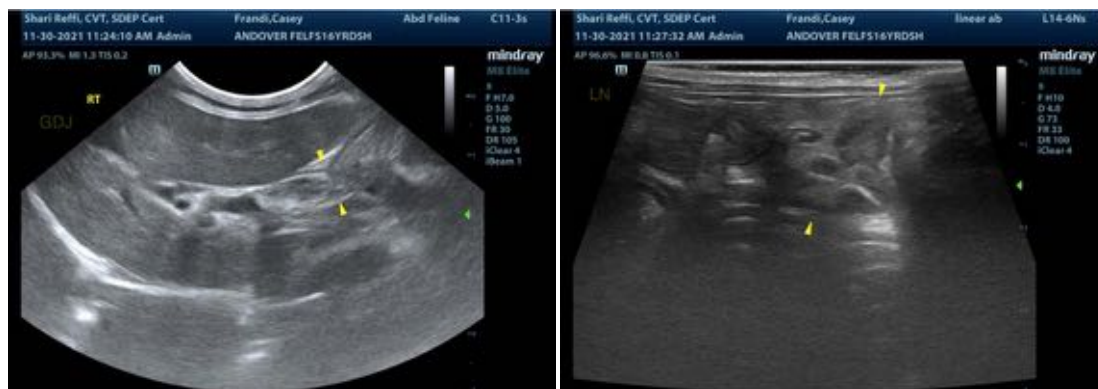
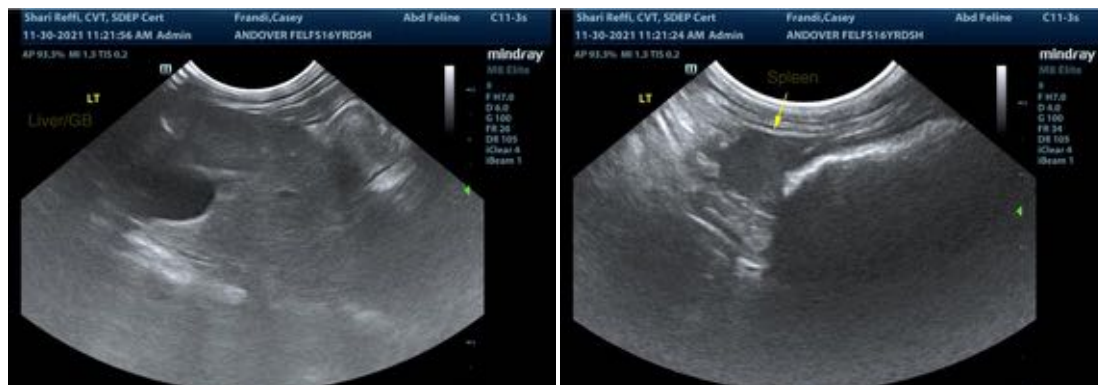
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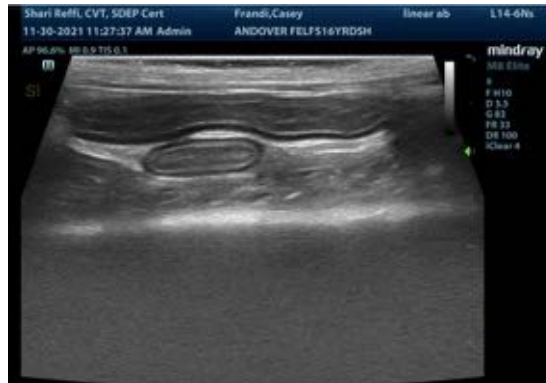
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**WEIGHT**

Unknown

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

Andrea.nicastro@sonopath.com

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