



PATIENT

Daisy Gillespie

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

9.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Garry Gotfredson

HOSPITAL NAME

Red Hills VH

REFERRING VET

Dr. Clare Panning

INVOICE

12640

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: Patient has repeated episodes of vomiting and diarrhea. Treatment generally is supportive care and resolves and then recurs a short time later. Patient is otherwise normal. Eating and drinking normal and active. Has not responded to food changes to GI low fat.

Abnormal PE/Chem/CBC/UA Results: fPLI normal levels Fecal antigen / giardia has been Negative

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.

The left kidney is normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. 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 (0.77 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 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. 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.

Gastrointestinal

The gastric lumen is minimally fluid 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 diffusely thickened (up to 0.63 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a greater than 1:1 ratio in most segments. There is questionable retention of the normal layering pattern in some regions. Discreet masses are not identified. The muscularis layer is very prominent at the ileocecal colic junction. The colonic wall is normal. No obstructive disease is noted.



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Pancreas

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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.

SPECIES

Free Abdomen

Feline

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.

Female, spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

- GI panel (sent to Texas A&M)
- Gastrointestinal biopsies would be necessary to get a definitive diagnosis. Surgical biopsies are preferred as all portions of the GI tract can be accessed.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.

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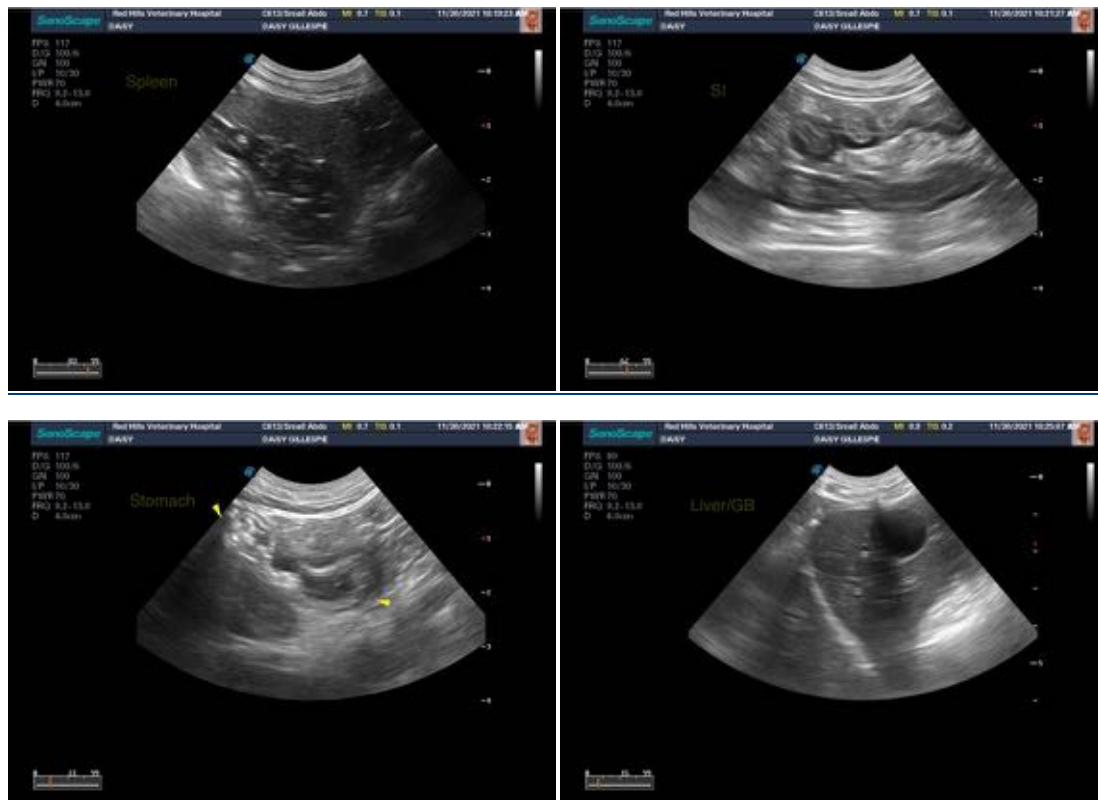
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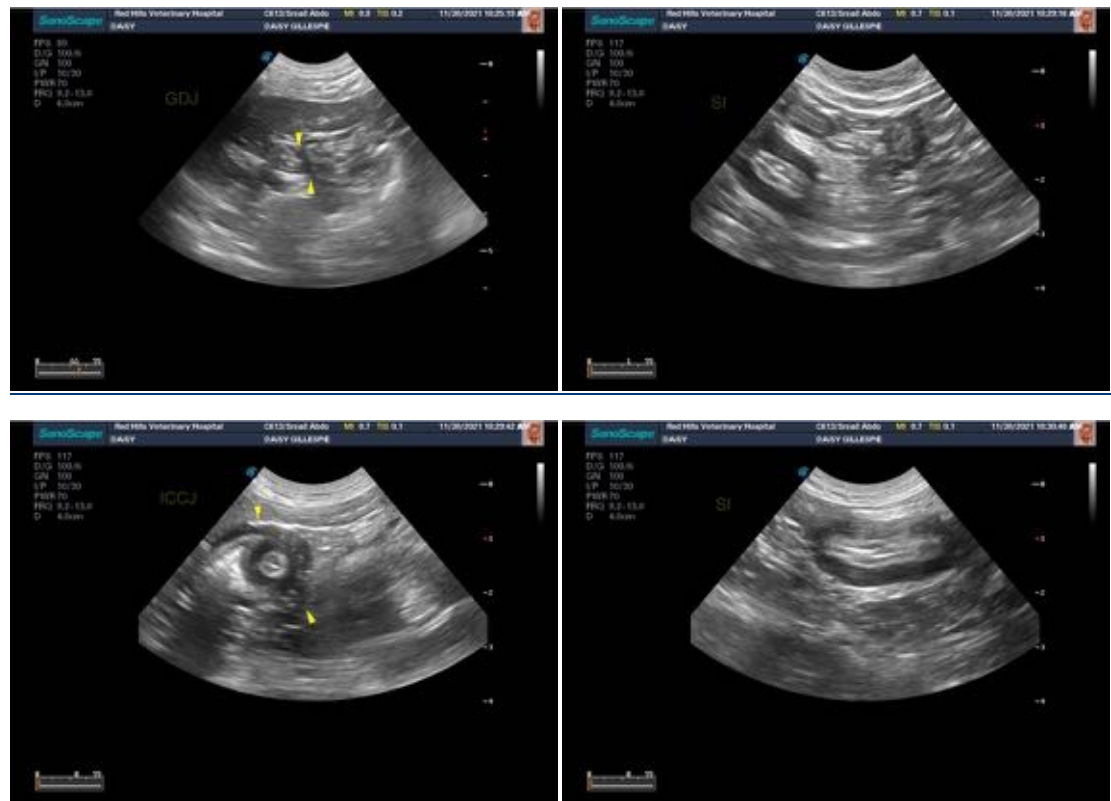
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com