



**PATIENT**

Furgus Curry

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

6.5 Yrs.

**WEIGHT**

12.9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Vanderbogat

**INVOICE**

12615

**DATE**

11/30/21

**PRESENTING CLINICAL SIGNS**

History: On/off blood seen in stool since 10/2021, will cry in LB (not associated specifically with urinating or defecating), Neg fecal/giardia.

Abnormal PE/Chem/CBC/UA Results: cbc/chem-nsf. USG 1.023, wbc2-3, rbc 2-3. Cysto pending from today.

**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 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 (3.85 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.23 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 hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.76 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 mildly 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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal



**PATIENT**

Furgus Curry

ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**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.

**BREED**

Domestic shorthair

**Free Abdomen**

There is no evidence of free fluid. A prominent (0.54 cm) lymph node is observed at the ileocecal colic junction.

**SEX**

Male, neutered

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6.5 Yrs.

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- An obvious cause for the hematochezia is not identified in this study. Considerations include colonic mucosal polyp, inflammatory bowel disease/colitis, colonic tumor, other.

**WEIGHT**

12.9 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A GI panel including serum cobalamin, folate, TLI and PLI is recommended.
- Consider empirical treatment with Metronidazole as well as a limited antigen diet trial. If clinical signs, persist or if an aggressive approach is desired at this time, consider a colonoscopy with biopsies. Given the small intestinal wall changes, an upper GI endoscopy should also be considered concurrently.

**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**

12615

**DATE**

11/30/21





**PATIENT**

Furgus Curry

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

6.5 Yrs.

**WEIGHT**

12.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

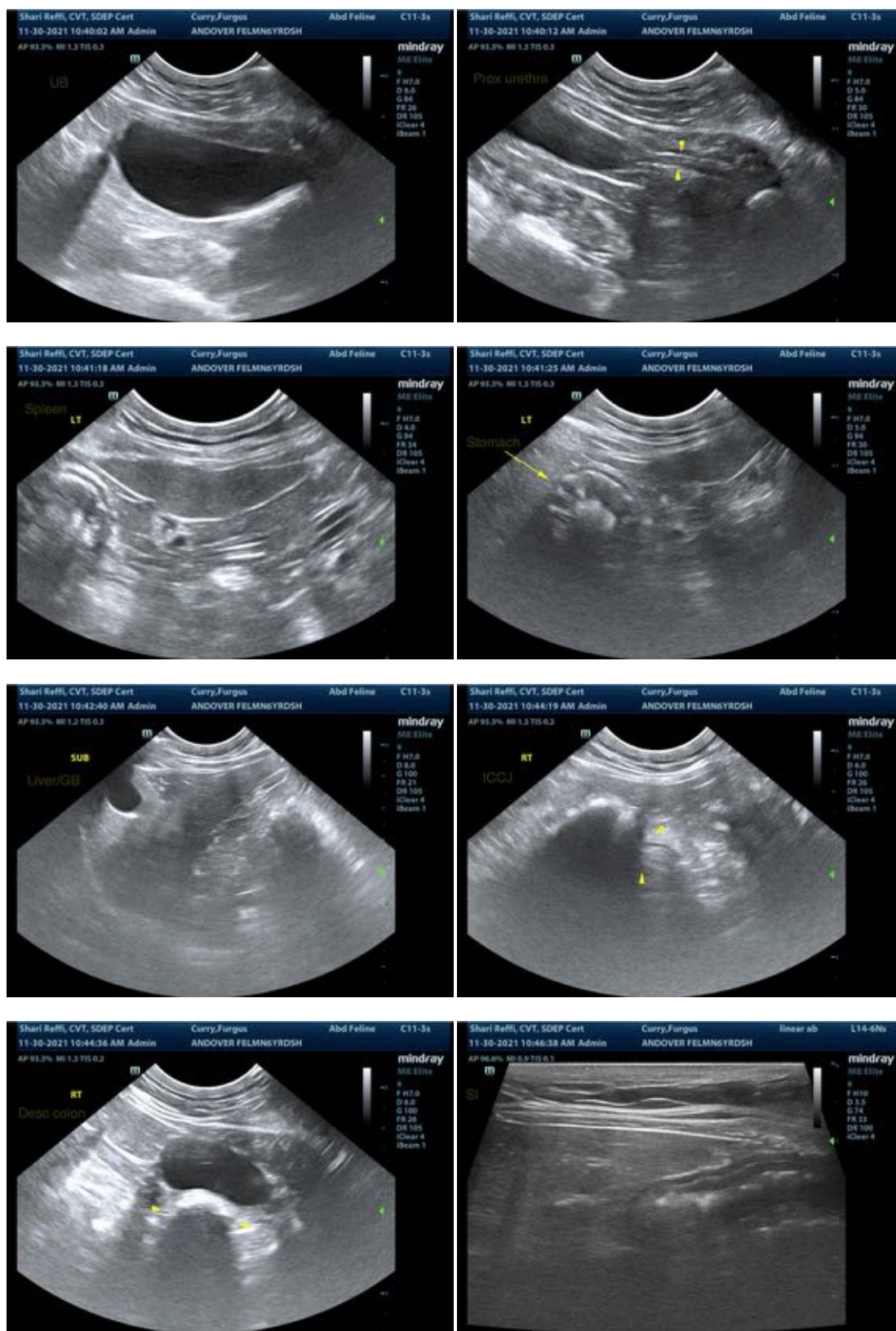
Dr. Vanderbogart

**INVOICE**

12615

**DATE**

11/30/21





**PATIENT**

Furgus Curry

**SPECIES**

Feline

**BREED**

Domestic shorthair



**SEX**

Male, neutered

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.

**AGE**

6.5 Yrs.

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**

12.9 lbs.

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

Andrea.nicastro@sonopath.com

**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**

12615

**DATE**

11/30/21