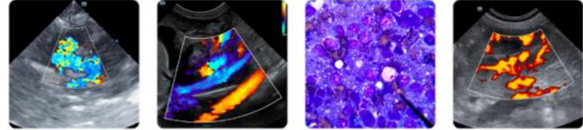
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408

PATIENT

85168A Rylie CAS

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

6/16/2025

WEIGHT

3.0

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Charleston
Animal Society

REFERRING VET

Dr Fuller

INVOICE

22243

DATE

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: BAR. History of chronic vomiting.
Abnormal lab-work values: 11.20.2025: In house bloodwork ran on 11.12
CBC: slightly monocytosis 1.22, eosinophilia 2.94, elevated platelets 892 with platelecrit elevated too.
Chem: elevated potassium 6.7, low total protein 4.0 and low albumin 1.6. elevated globulin at 2.4. elevated lipase at 628. May be a bout of pancreatitis with a protein losing enteropathy. Odd elevation in eosinophils so maybe make sure up to date on GI parasite control/treatment.

Serum
Free T4 by dialysis 1.85 ng/dL 1.20 - 4.00
T3 (Triiodothyronine) baseline 26.5 ng/dL (L) 30.0 - 80.0
T4 (Thyroxine) baseline, small animal 1.95 ug/dL 2.00 - 5.00
Thyroid Stimulating Hormone baseline <0.030 ng/mL 0.000 - 0.400

Low T3 could be falsely decreased.
T3 (Triiodothyronine) baseline
Animals on anti-inflammatories, antibiotics, or with chronic illness may have falsely decreased total T3.
Royal Canin Gastrointestinal Diet only

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (2.54 cm in length) with a normal shape, architecture and 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 in size (2.83 cm in length) with a normal shape, architecture and 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 left adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.50 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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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 normal. The duodenal papilla is normal-in-size (0.18 cm in width).

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 normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The left limb is visible, with normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and homogenous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
A few prominent mesenteric lymph nodes are visualized (one measuring 0.72 x 0.40 cm).

Free Abdomen
Trace free fluid is observed.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely. The remainder of the abdomen is unremarkable.

*An obvious cause for the patient's clinical signs and bloodwork abnormalities is not definitively identified in this study. A protein-losing enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease, other) is suspected. However, other causes of hypoalbuminemia (i.e., hepatic dysfunction, renal loss) cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider pre- and postprandial serum bile acids to assess hepatic function.
- Also consider a UPC if proteinuria is present on the urine dipstick.
- Other considerations include the following:

1. Fecal evaluation for ova and Giardia (if not already performed)
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Limited antigen or hydrolyzed protein diet trial
4. +/- endoscopic or surgical GI bxx

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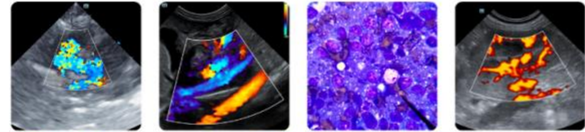

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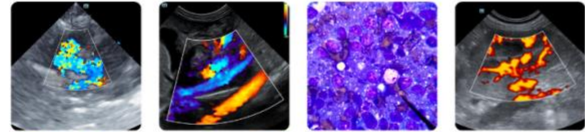

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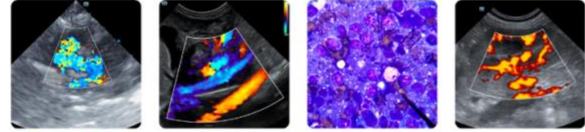

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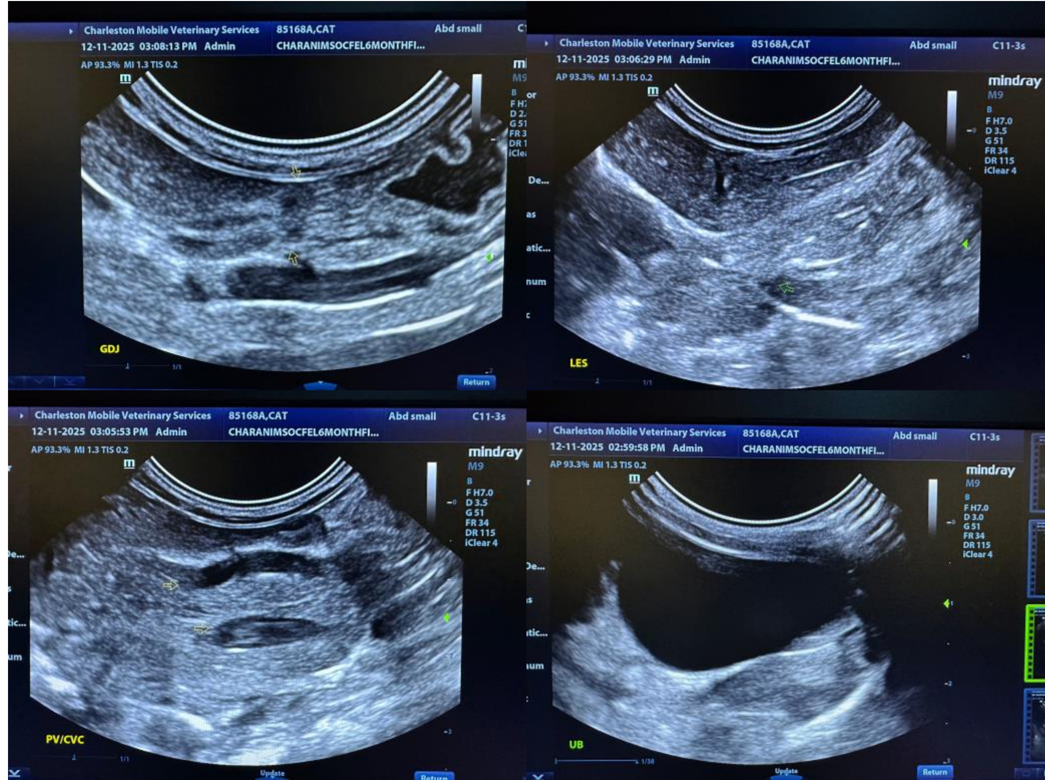

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com