



**PATIENT**

Irwin Froelich

**SPECIES**

Feline

**BREED**

Siamese mix

**SEX**

Male, neutered

**AGE**

1.5 Yrs.

**WEIGHT**

5.1 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Lee Gregory

**HOSPITAL NAME**

Casco Bay VH

**REFERRING VET**

Dr. Lee Gregory

**INVOICE**

12706

**DATE**

12/14/21

**PRESENTING CLINICAL SIGNS**

History: Vomiting undigested food x 4d. No vomiting if eats small amounts at a time. Drinking OK. LB production unknown (multi-cat household). Tx empirically yesterday with cerenia PO. Ate canned food without vomiting, then vomited after ate dry food. Patient sedated today for diagnostics (Dexmedetomidine/Butorphanol/Midazolam).

Abnormal PE/Chem/CBC/UA Results: CBC/chem 17/lytes: mild Hypercholesterolemia, otherwise WNL fPL SNAP: normal 2 view AXR: Stomach appears to have a small amount of ingesta in the pyloric antrum. The SI appears uniform. Moderate stool in descending colon. Manual deobstipation of distal colon/rectum reveals small hard stool with human hair.

**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 mildly 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 (3.80 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 (4.02 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 not visualized in the available images.

**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 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.

**Gastrointestinal**



**PATIENT**

Irwin Froelich

**SPECIES**

Feline

**BREED**

Siamese mix

**SEX**

Male, neutered

**AGE**

1.5 Yrs.

**WEIGHT**

5.1 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lee Gregory

**HOSPITAL NAME**

Casco Bay VH

**REFERRING VET**

Dr. Lee Gregory

**INVOICE**

12706

**DATE**

12/14/21

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains hard shadowing fecal material. No obstructive disease is noted.

**Pancreas**

The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic effusion.

**Free Abdomen**

There is no evidence of free fluid. A 0.88 cm lymph node is observed in the right cranial quadrant. In addition, 2 prominent lymph nodes are observed in the caudal abdomen, the largest measuring 0.59 cm. At least one prominent colic lymph node is also visualized (1.52 cm in length).

**ULTRASONOGRAPHIC FINDINGS**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- There is no obvious evidence of foreign body/obstruction. However, a partial obstruction cannot be completely excluded.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider an fPLI +/- full GI panel (send to Texas A&M) to further assess for pancreatitis and/or small intestinal disease.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Fecal evaluation for ova/Giardia.
- Supportive care for acute gastroenteritis is recommended. If clinical signs do not improve within 24-72 hours of supportive care, a more advanced GI workup may be warranted.



**PATIENT**

Irwin Froelich

**SPECIES**

Feline

**BREED**

Siamese mix

**SEX**

Male, neutered

**AGE**

1.5 Yrs.

**WEIGHT**

5.1 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Lee Gregory

**HOSPITAL NAME**

Casco Bay VH

**REFERRING VET**

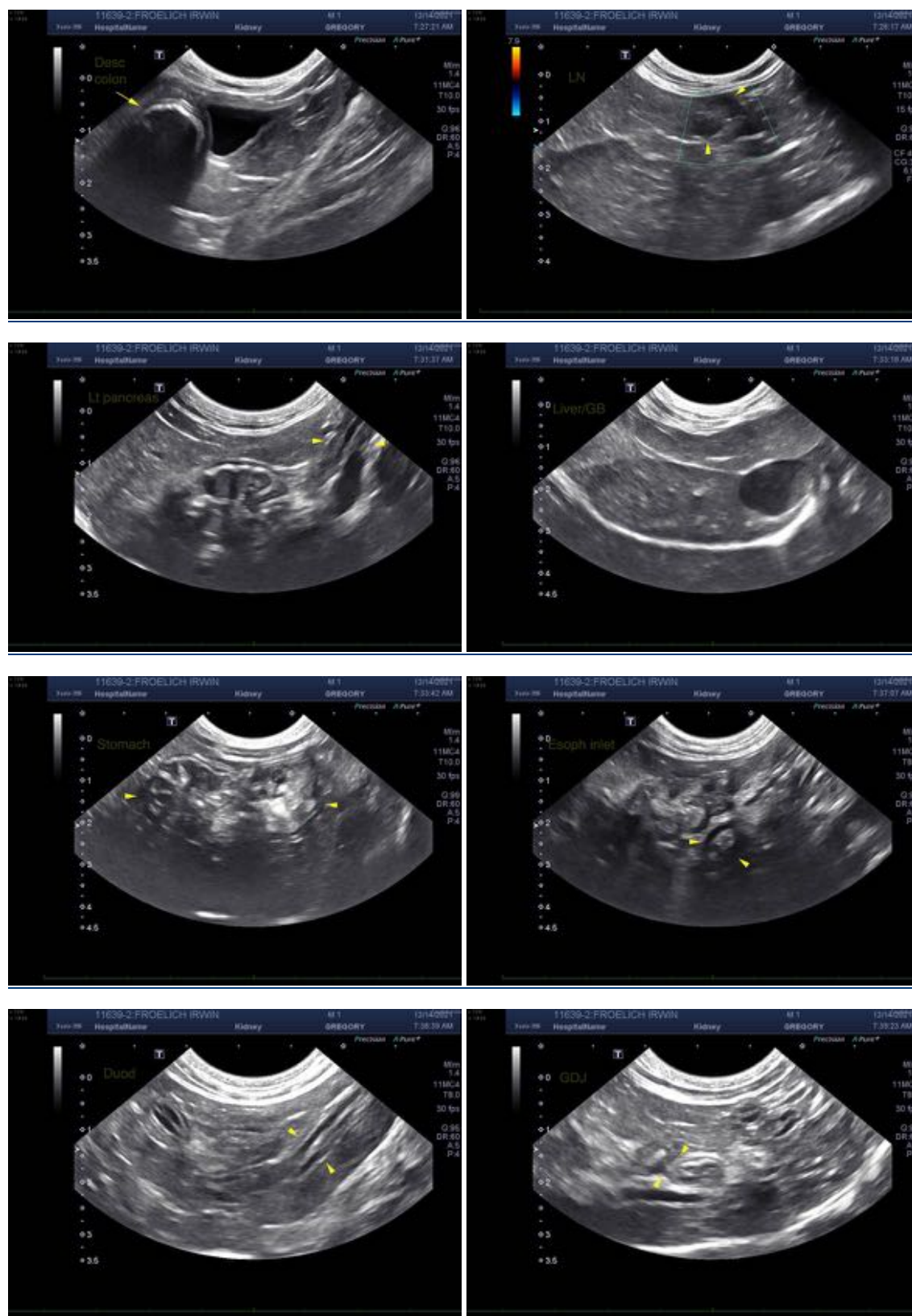
Dr. Lee Gregory

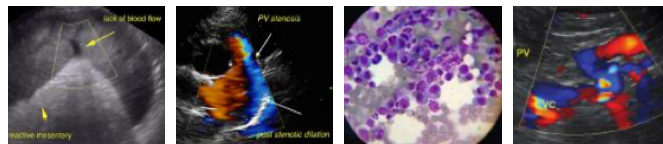
**INVOICE**

12706

**DATE**

12/14/21





**PATIENT**

Irwin Froelich

**SPECIES**

Feline

**BREED**

Siamese mix

**SEX**

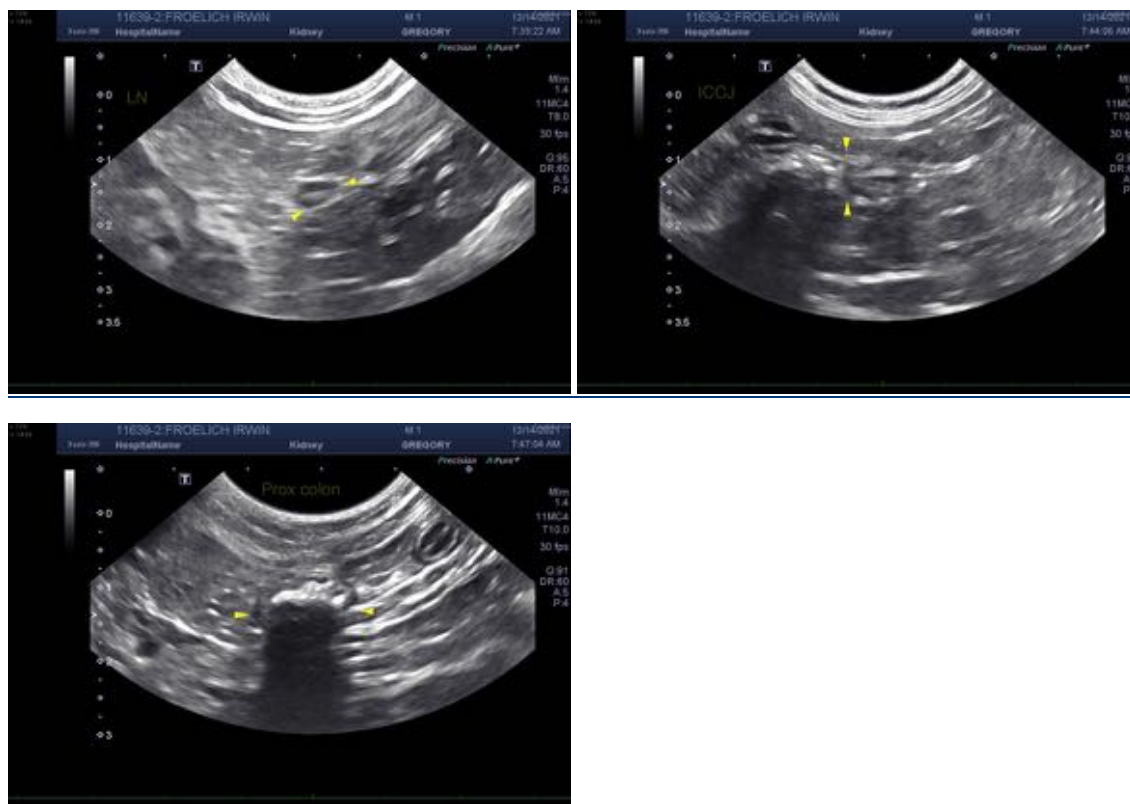
Male, neutered

**AGE**

1.5 Yrs.

**WEIGHT**

5.1 kg.



**INTERPRETED BY**

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

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

**IMAGING PERFORMED BY**

Dr. Lee Gregory

**HOSPITAL NAME**

Casco Bay VH

**REFERRING VET**

Dr. Lee Gregory

**INVOICE**

12706

**DATE**

12/14/21