

PATIENT

Jerry White Paws
Woodroof

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5/04/2017

WEIGHT

7.72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr Carroll

INVOICE

11876

DATE

12.19.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: vomiting and not eating

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 is moderately distended. A small to moderate 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 (3.82 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.46 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.60 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.

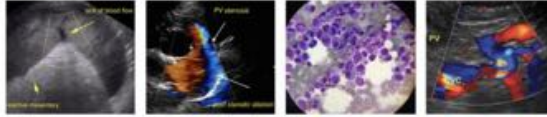
Liver

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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/not seen.

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. Hyperechoic material is observed within the lumen. The pyloric outflow tract appears patent. The first few centimeters of the proximal duodenum are mildly to moderately distended with fluid, chyme, +/- shadowing material. The wall in this region is thickened (up to 0.49 cm) with apparent retention of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the lumen is empty, and the wall is normal in thickness with a normal layering pattern. The ileoceocolic junction and colonic wall are normal.



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Pancreas

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.

Free Abdomen

There is no obvious evidence of free fluid.

A few prominent lymph nodes are observed in the right cranial quadrant (the largest measuring 0.71 cm in length). The nodes are normal in shape and echogenicity.

Other

A 1.11 cm irregular hyperechoic (fat opacity) nodule is observed just dorsal to the cystourethral junction.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

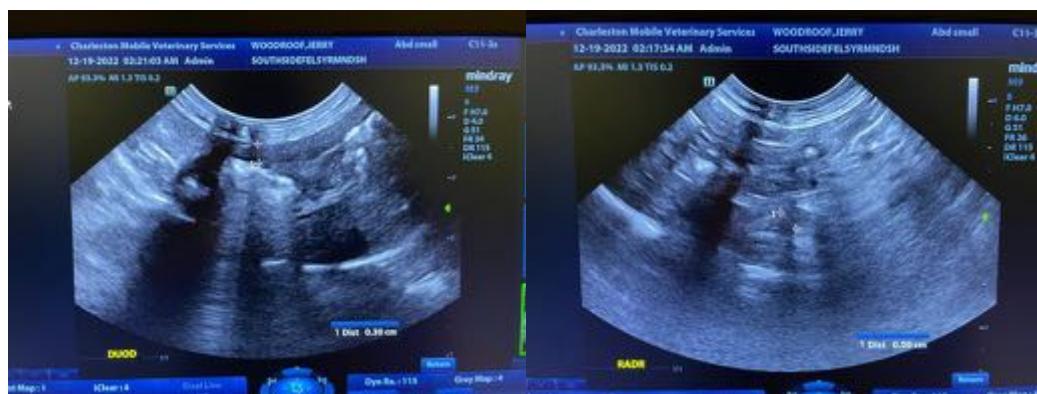
- The proximal duodenal changes could be consistent with a partial obstruction/foreign body, inflammation (i.e., secondary to enteritis) or emerging neoplasia (i.e., lymphoma). Adjacent peritonitis is present.
- The regional lymphadenopathy is most consistent with reactive change with a lower possibility of infiltrative neoplasia.

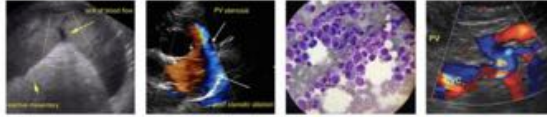
Secondary Findings

- The hyperechoic nodule dorsal to the cystourethral junction is suspected to be an intrabdominal lipoma or less likely, liposarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider an abdominal exploratory with assessment of the proximal duodenum for a foreign body/obstruction. If none is seen, biopsies of this region should be performed.
- If a more conservative approach is desired, consider aggressive supportive care for gastroenteritis with a repeat ultrasound in 24-48 hours to reassess the bowel for progression.





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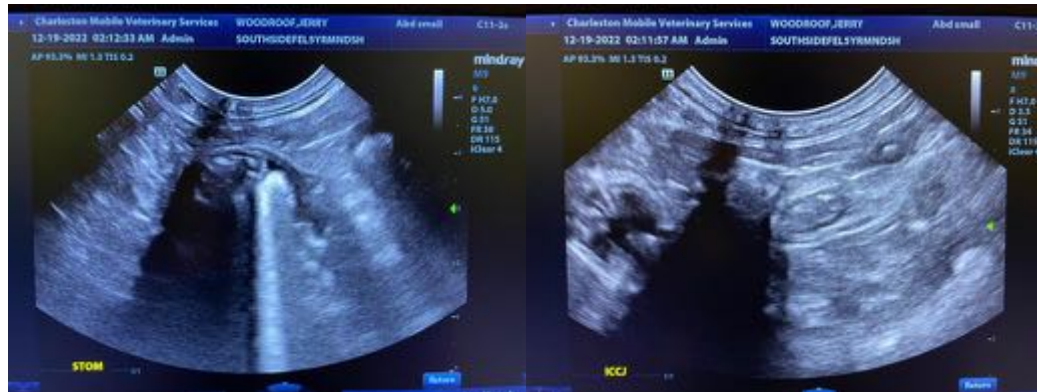
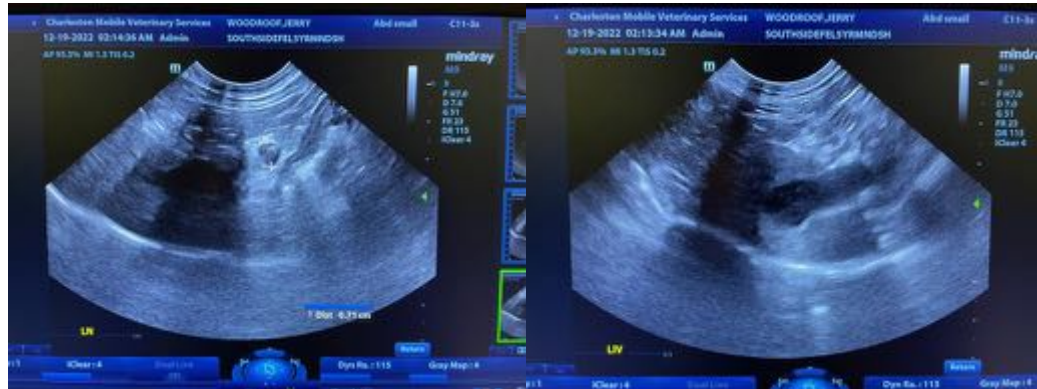
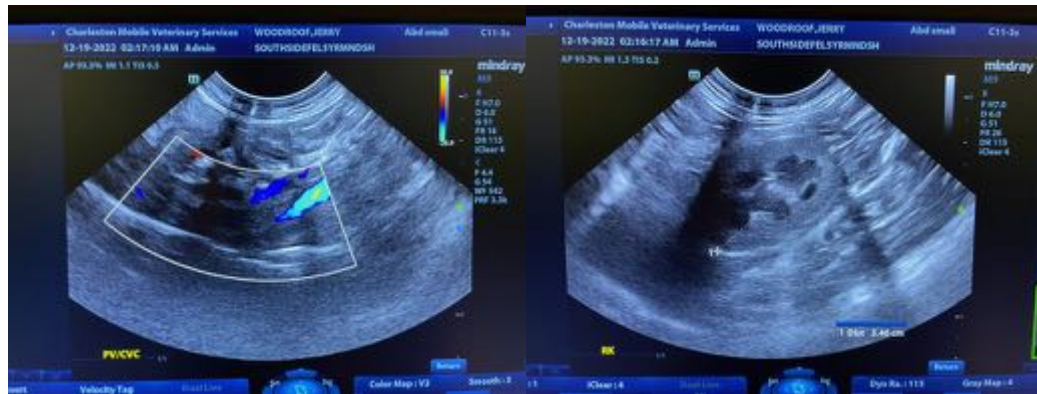
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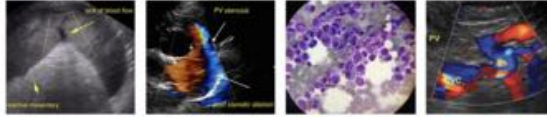
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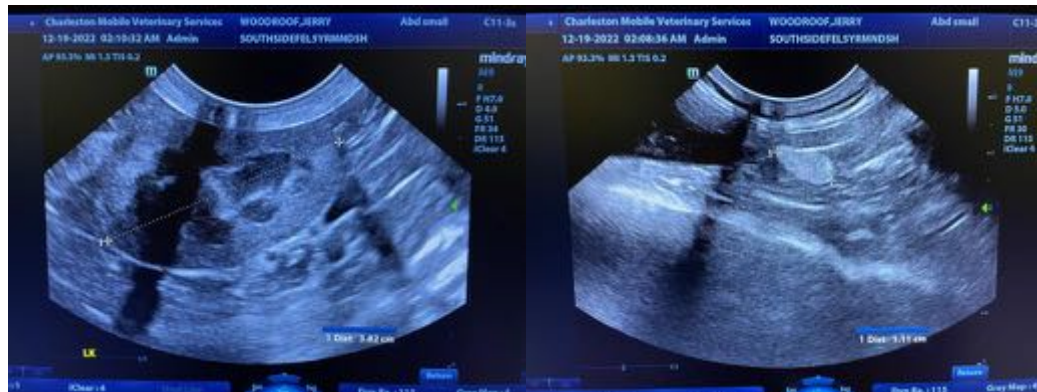
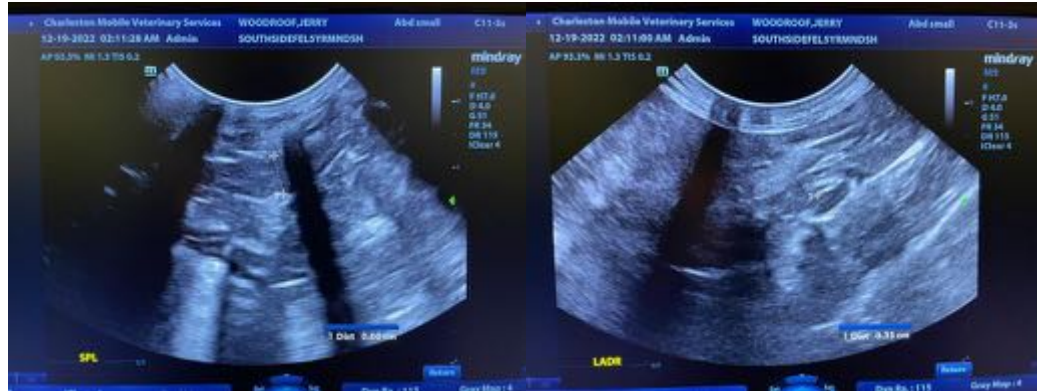
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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