



PATIENT

PRESENTING CLINICAL SIGNS

Toddy Herterich

August 2022, patient was lethargic, vomiting and not eating very well. Bloodwork at that time showed globulins at 5.9. Questionable thrombocytopenia. Most recent history is largely unknown. The patient has lost approximately 2 to 3 lbs since August. Patient sounded congested during examination.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder is 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.

SEX

Spayed Female

The left kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11 years

The right kidney is normal size (4.04 cm in length) with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

WEIGHT

5 lbs

Adrenal Glands

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is upper limits of normal size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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.

IMAGING PERFORMED BY

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

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.

HOSPITAL NAME

Cats Only AH

The gall bladder 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/not seen.

REFERRING VET

Dr. Ben Fuller

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

INVOICE

11942

DATE

12.2.22



PATIENT

Toddy Herterich

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.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

Other

A brief echocardiogram reveals no evidence of pericardial effusion or right atrial/auricular masses.

SEX

Spayed Female

Primary Findings

- Bilateral chronic age-related renal changes with suspected right cortical infarct
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

5 lbs

- Repeat baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended.
- If the patient's globulin level is persistently elevated, consider a serum protein electrophoresis.
- Other diagnostic considerations include the following:
 1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
 2. Fecal evaluation for ova and Giardia
 3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Consider further work-up for the congestion (i.e., referral for head CT scan +/- rhinoscopy), depending on the patient's clinical history.
- Other diagnostic/therapeutics should be based on the patient's current clinical signs and lab results.

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

Cats Only AH

REFERRING VET

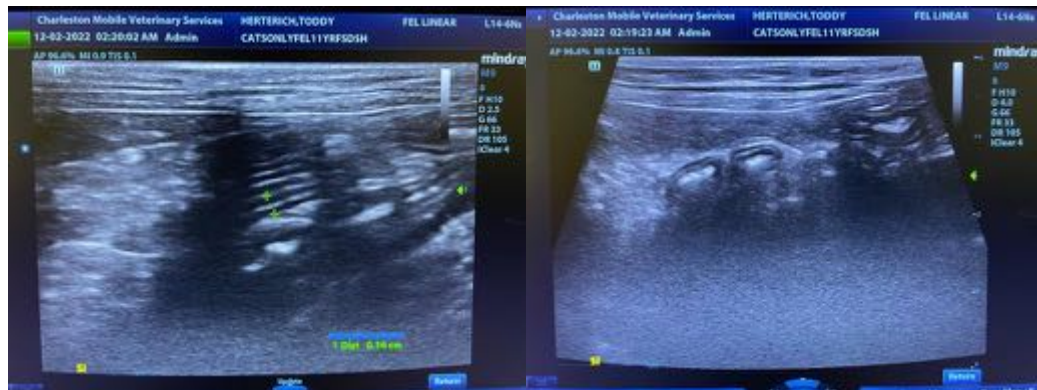
Dr. Ben Fuller

INVOICE

11942

DATE

12.2.22





PATIENT

Toddy Herterich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years

WEIGHT

5 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

Cats Only AH

REFERRING VET

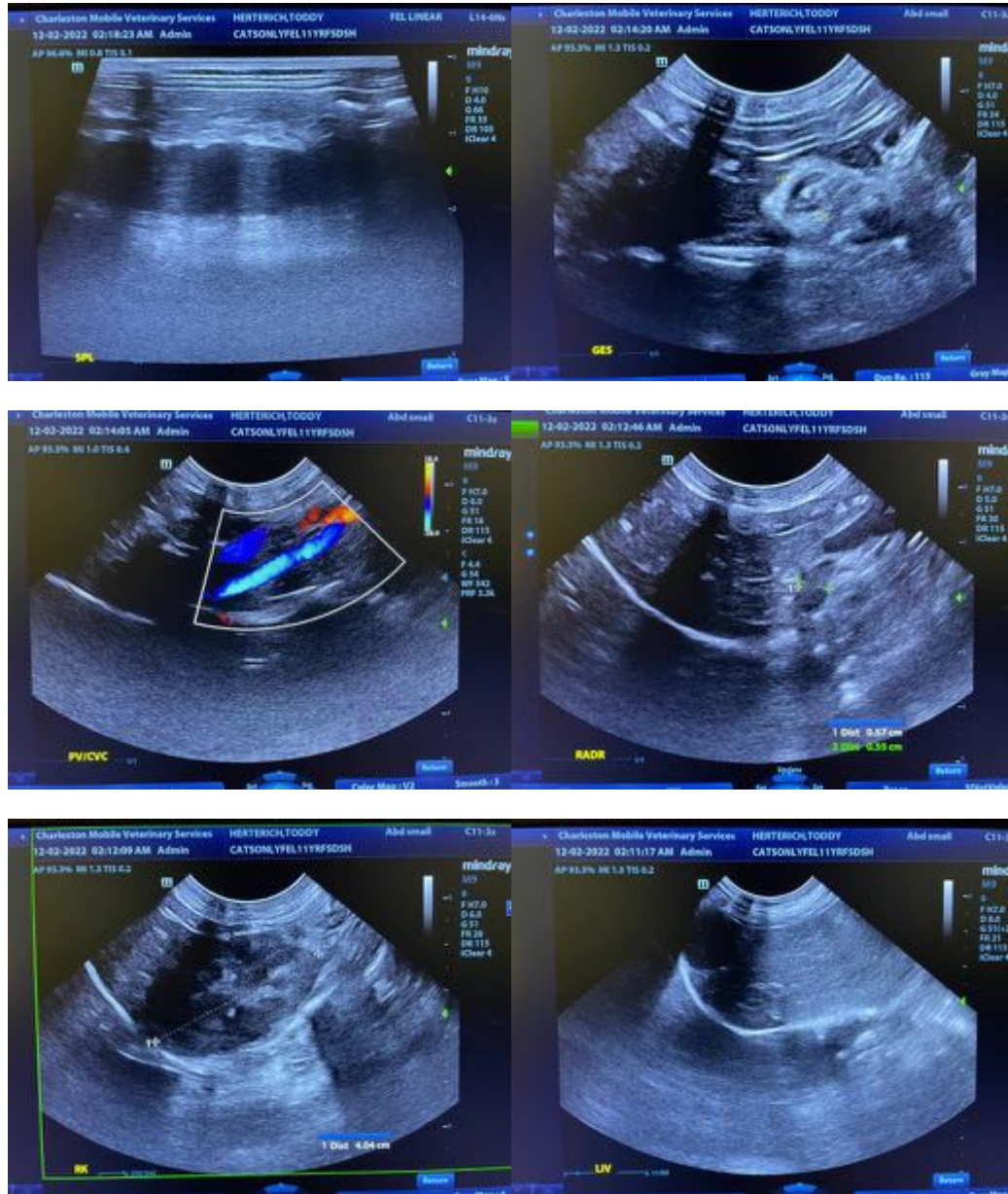
Dr. Ben Fuller

INVOICE

11942

DATE

12.2.22





PATIENT

Toddy Herterich

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years

WEIGHT

5 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

Cats Only AH

REFERRING VET

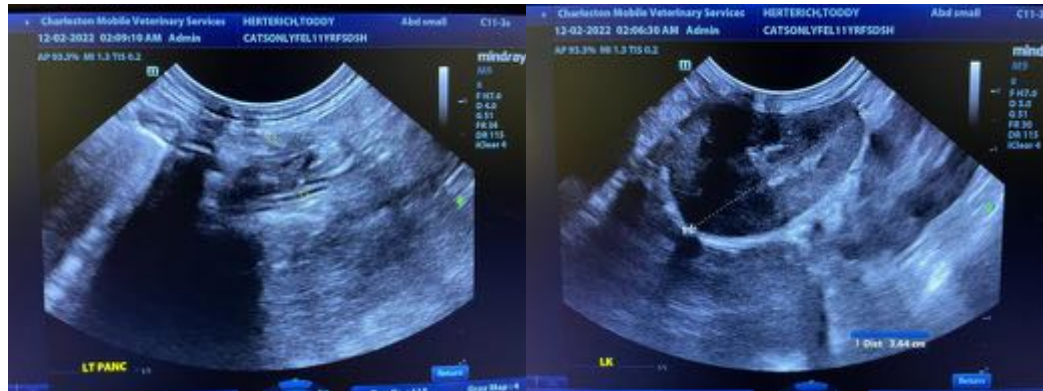
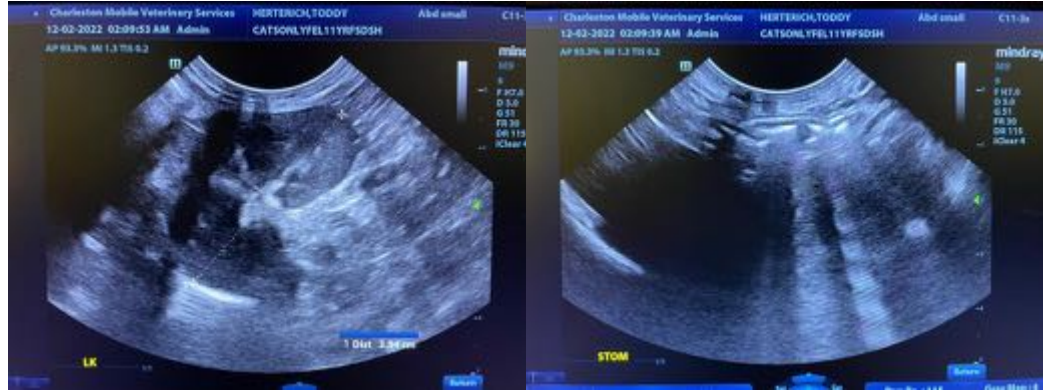
Dr. Ben Fuller

INVOICE

11942

DATE

12.2.22



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