

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Minnie Wollny
PRESENTING CLINICAL SIGNS History: Always small stature kitty, waxing/waning appetite, occ. vomiting, recent dental cleaning (wnl). No current meds. Suspected mineralization seen in GI tract on rads. Abnormal PE/Chem/CBC/UA Results: wnl 8/2021

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

DSH

SEX

The left kidney is normal size (3.71 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.

Spayed Female

AGE

The right kidney is normal size (3.92 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.

9 Years

WEIGHT

Adrenal Glands

The left adrenal gland is normal size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

7 Lbs.

INTERPRETED BY

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Diplomate DACVIM
(Small Animal
Internal Medicine)

Spleen

The spleen is normal in size (0.92 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is visualized throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

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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.

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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.

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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 is normal to borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

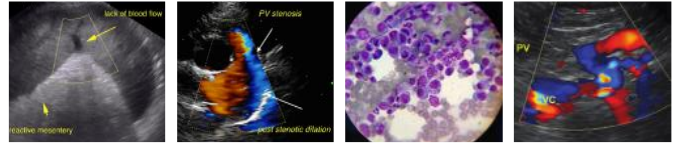
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DATE

12/22/21



PATIENT

Pancreas

Minnie Wollny

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.

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Free Abdomen

Feline

There is no evidence of free fluid. A few prominent lymph nodes are observed in the mid and caudal abdomen, the largest measuring 2.09 cm in length.

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma

SEX

Spayed Female

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

AGE

Secondary Findings

9 Years

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

7 Lbs.

- Repeat baseline bloodwork, including a CBC chemistry Panel, urinalysis and T4, is recommended to assess overall metabolic function.

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- The following diagnostic/treatment recommendations can be considered:

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1. Serum cobalamin, folate, PLI and TLI

2. A fecal evaluation for ova/Giardia

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3. A 6-week limited antigen diet trial to assess for food allergies

4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

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5. Three-view thoracic radiographs are recommended to assess for esophageal disease

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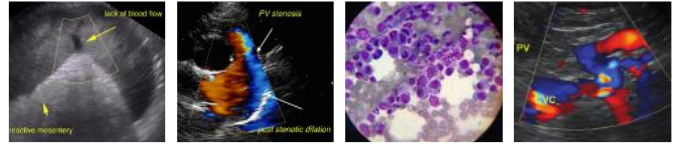
6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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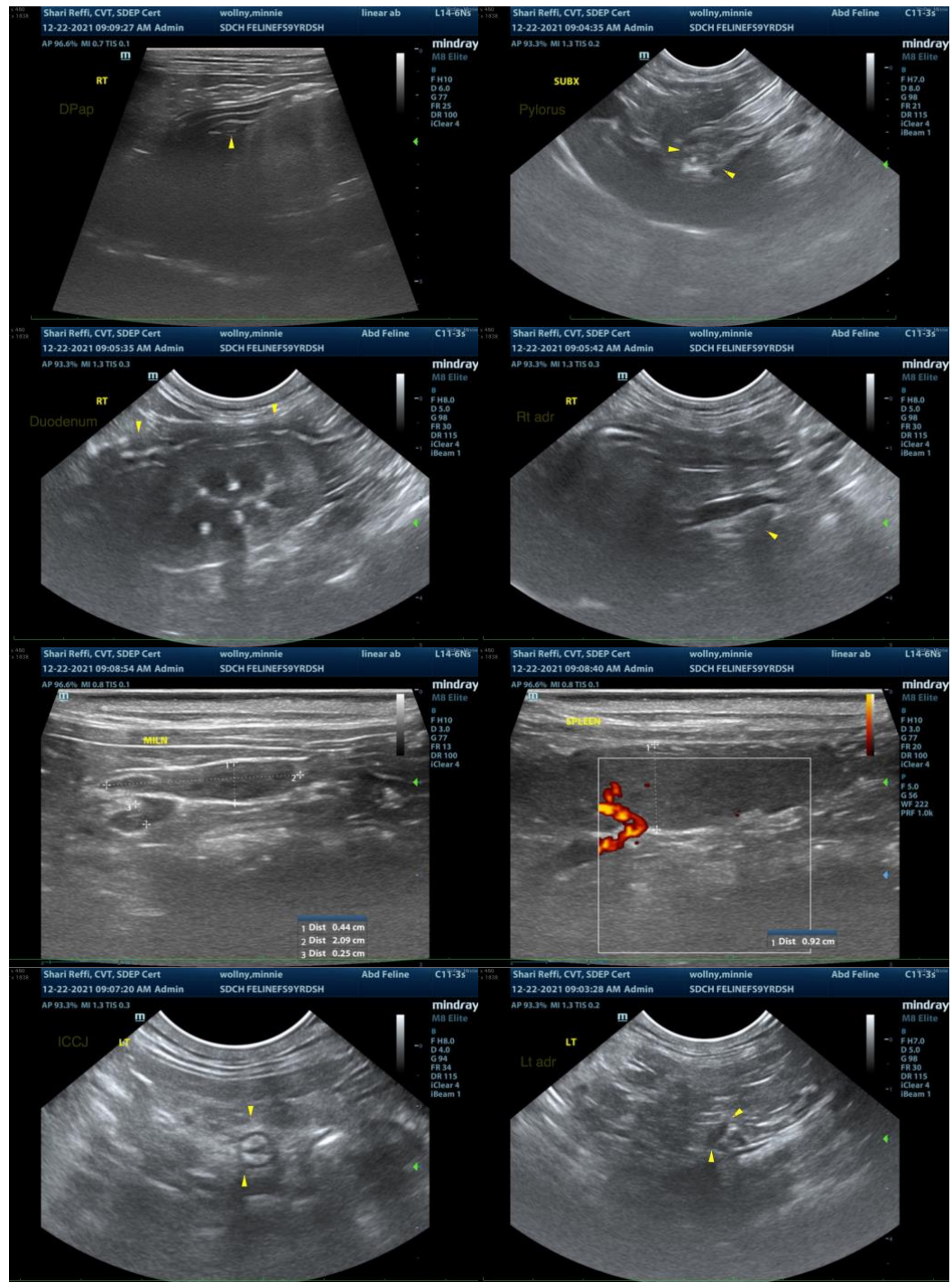
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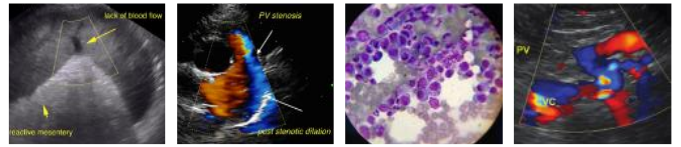
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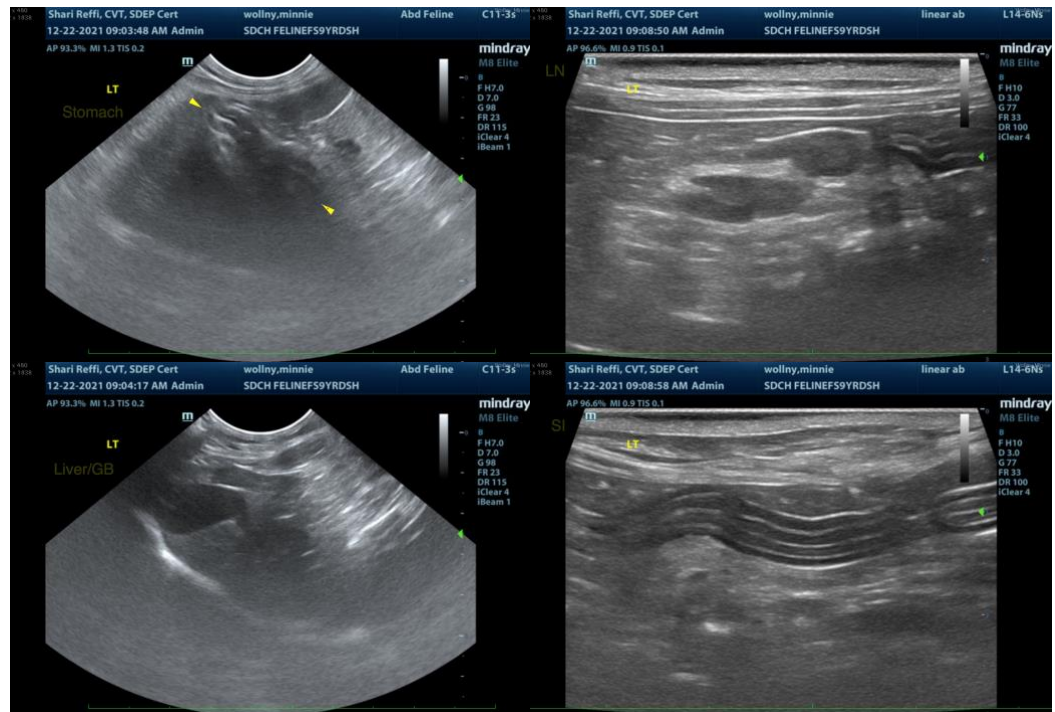
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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