

**PATIENT**

Miss Sambuca Wright

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Spayed Female

**AGE**

5 Years 9 Months

**WEIGHT**

5.7 Kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Banfield Leesburg  
Village

**REFERRING VET**

Dr. Jarrett

**INVOICE**

10012

**DATE**

10/6/20

**PRESENTING CLINICAL SIGNS**

History: Lethargy and reduced appetite. Ate this morning, but less than usual. Cranial lung lobes appear to have increased opacity. Lots of gas in stomach and intestines. Some gastric contents present in stomach on radiographs.

Abnormal PE/Chem/CBC/UA Results: Cehm- BUN 15, Glob 5.4, rest WNL CBC WBC 20, lymph 1.3, Neu 17.53, rest WNL TT4 1.3 (wnl)

**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 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.

The left kidney is normal size (3.96 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.24 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.71 cm length; 0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.03 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

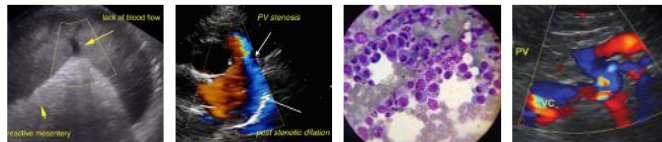
**Spleen**

The spleen is subjectively prominent in size (1.48 cm in width at the level of the hilus) with an undulating medial contour. The parenchyma is homogenous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**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 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.

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.



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**Gastrointestinal**

The gastric lumen is distended with gas, ingesta and a small amount of fluid. 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 segmentally gas distended. The small intestinal wall is normal in thickness with normal layering pattern and appropriate mural details. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The pancreas is diffusely visible and normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.93 x 0.24 cm epigastric lymph node is visualized. In addition, a 1.02 x 0.35 cm jejunal lymph node is seen.

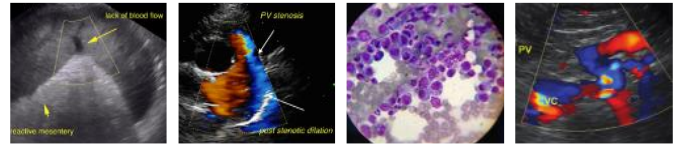
**ULTRASONOGRAPHIC FINDINGS**

- The mild splenomegaly may represent a normal variant for this large-breed cat. Alternatively, lymphoid hyperplasia or extra medullary hematopoiesis may be present. Infiltrative neoplasia is possible but considered less likely.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes may also be a normal variant for this patient. Alternatively, low-grade chronic pancreatitis may be present.

\*An obvious cause for the patient's clinical signs is not identified in the abdominal study.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a radiologist's review of the thoracic radiographs to determine if significant pulmonary disease may be contributing to the patient's clinical signs.
- Other diagnostic considerations include the following:
  1. Serum protein electrophoresis
  2. Fecal evaluation for ova and Giardia
  3. GI Panel, including serum cobalamin and Folate TLI and PLI



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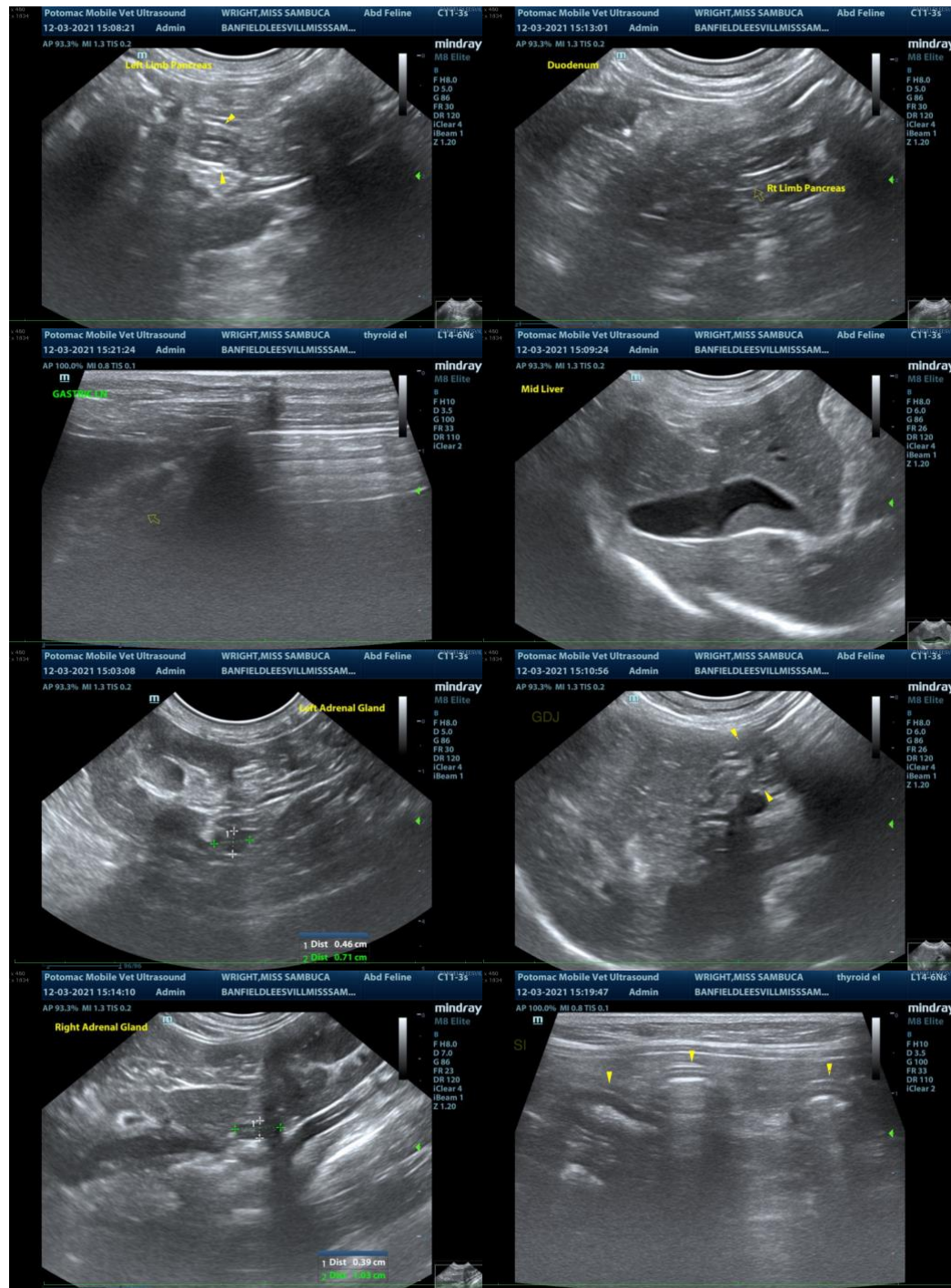
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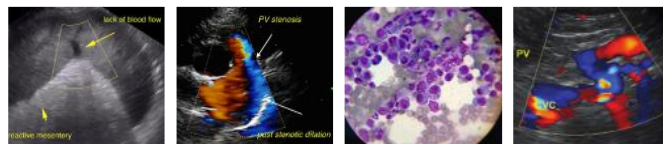
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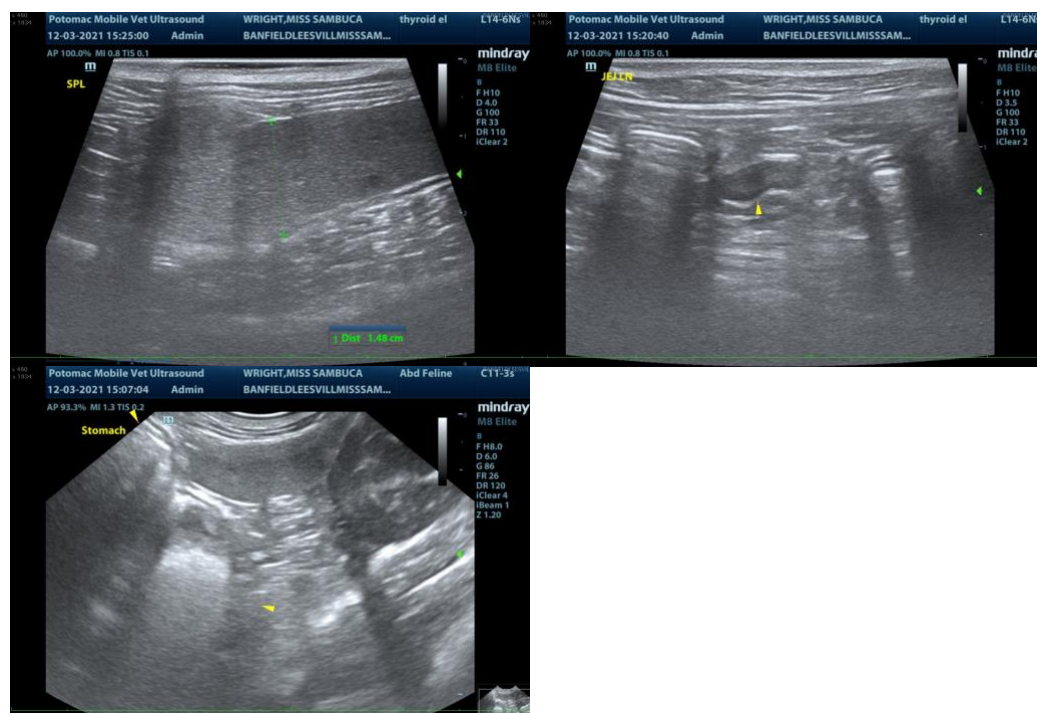
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

andrea\_nicastro2@hotmail.com