



**PATIENT**

Sadie Johnson

**PRESENTING CLINICAL SIGNS**

History: ADR, diarrhea at times, on and off vomiting- blood at times

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE: difficult to examine- muzzle, atrophy, thin bloodwork: 12/6 1/22 2/8 CBC: WBC: 37.1 26.7 55.9 Neuts: 33761 24030 49192 lymph: 1113 1335 2755 EOS: 1855 534 2795 Mono: 1118 CHEM: Nsf UA: unable to obtain

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed Female

**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.

**AGE**

5/22/12

The left kidney is normal size (3.55 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

7 lbs

The right kidney is normal size (3.58 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Ahsley Fatzer

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Andover AH

**Spleen**

The spleen is normal in size (0.79 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.

**REFERRING VET**

Dr. Lind

**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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2/15/22



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**Gastrointestinal**

The gastric lumen is mildly fluid distended. A focal area of gastric wall in the region of the fundus is thickened (up to 0.58 cm), with a disproportionate thickening of the muscularis layer (up to 0.43 cm). The remaining wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

**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.

**Free Abdomen**

There is no evidence of free fluid. A 0.54 cm epigastric lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, the largest measuring 0.51 cm in length. Surrounding mesentery is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The focal gastric wall changes could be consistent with inflammation, hypertrophy or emerging neoplasia.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**Secondary Findings**

- Minor age-relate renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the severe leukocytosis, three-view thoracic radiographs are recommended to assess for occult disease in the chest (i.e., aspiration pneumonia).
- Regarding the GI signs, biopsies (endoscopic or surgical), would likely be necessary to get a definitive diagnosis. Surgical biopsies would be ideal, in order to access all parts of the bowel, including the thickened muscularis layer of the stomach.
- Other diagnostic considerations include a GI Panel (send to Texas A&M), as well as a fecal evaluation for ova and Giardia. Feline leukemia and FIV testing are also recommended, if not already performed.

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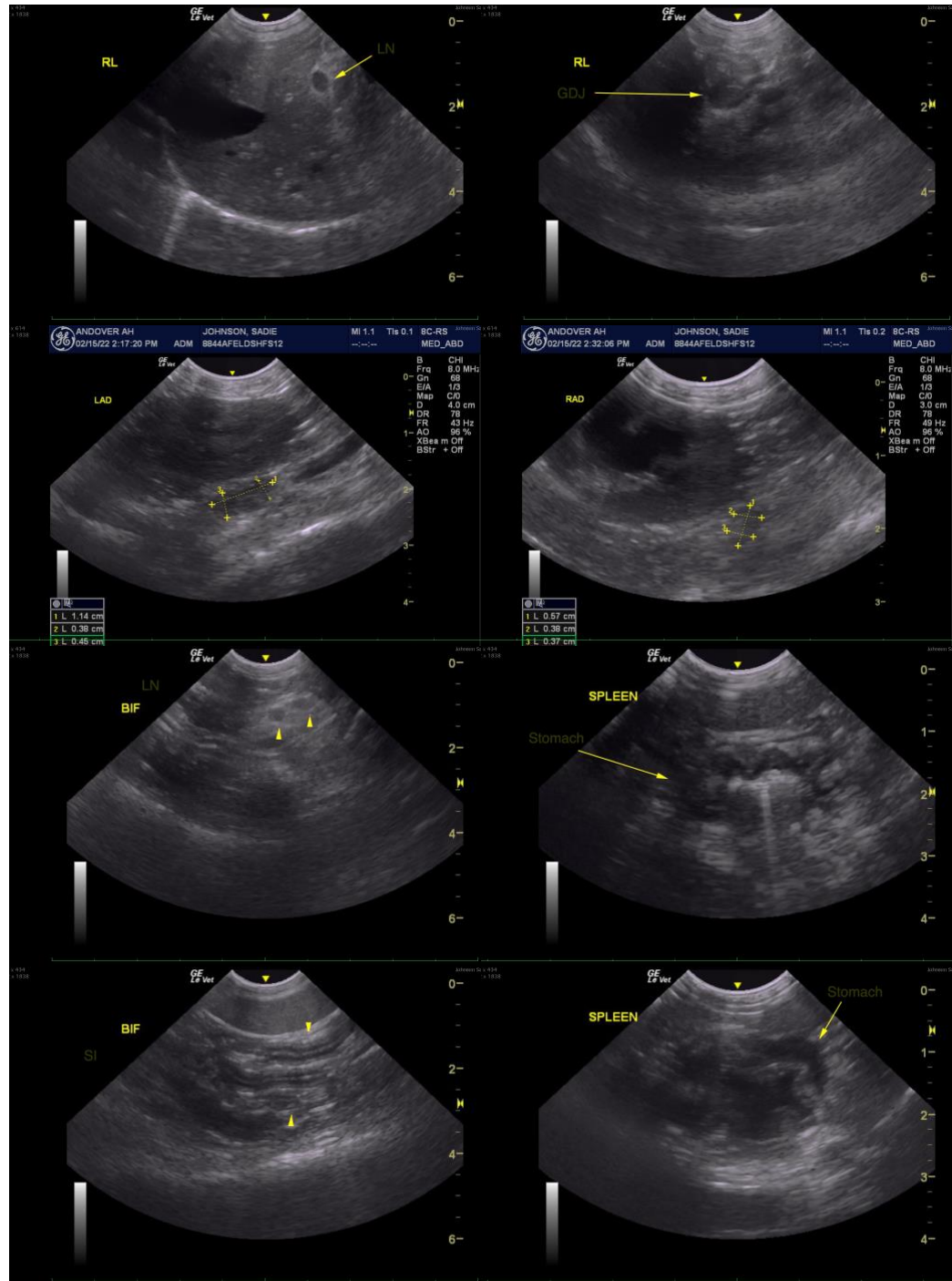
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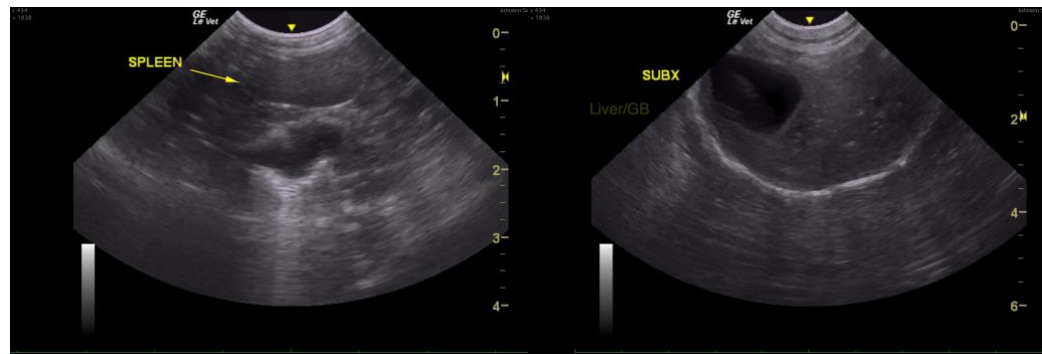
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com