



**PATIENT PRESENTING CLINICAL SIGNS**

Jasmine Lyons History: gastroenteritis, vomiting

**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 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 (3.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 (3.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

12 years

**WEIGHT**

**Adrenal Glands**

12.2 lbs

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**Spleen**

**INTERPRETED BY**

The spleen is normal in size (0.62 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.

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**Liver**

**IMAGING PERFORMED BY**

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.

Jenn

**HOSPITAL NAME**

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.

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

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 proximal duodenal lumen is mildly fluid distended and hypomotile. In one additional midabdominal bowel segment, the lumen is also mildly fluid distended. Overall, the small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. have a mildly dilated lumen. In the remaining segments, the lumen is empty. The small intestinal wall is normal to mildly thickened (up to 0.31 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In the mildly dilated mid-abdominal bowel segment, the wall is thickened (up to 0.31 cm), with questionable retention of the normal layering pattern. The colonic wall is normal. There is no evidence of an obstructive pattern.

Dr. Marniar

**INVOICE**

10376

**DATE**

2/16/22



**PATIENT**

Jasmine Lyons

**SPECIES**

Feline

**BREED**

DSH

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Spayed Female

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12 years

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12.2 lbs

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**Pancreas**

The right limb is prominent to slightly enlarged with subtly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic. The left limb is grossly normal.

**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

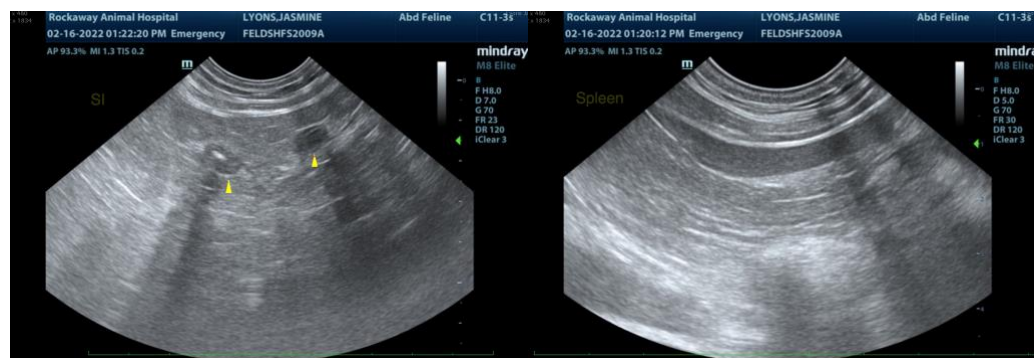
- The pancreatic changes are consistent with acute or acute-on-chronic pancreatitis with regional peritonitis.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. The more thickened bowel segment could be consistent with emerging neoplasia or an inflammatory process. Serial sonographic monitoring is recommended.

**Secondary Findings**

- Bilateral age-relate renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for acute pancreatitis/gastroenteritis is recommended along with baseline lab work (i.e., CBC chemistry panel, urinalysis and T4), to assess overall metabolic function.
- Given the patient's age-relate renal changes and conditions, consider three-view thoracic radiographs to assess cardiopulmonary status.
- A repeat abdominal ultrasound is recommended in 7-10 days to reassess the thickened bowel segment in the midabdominal region.





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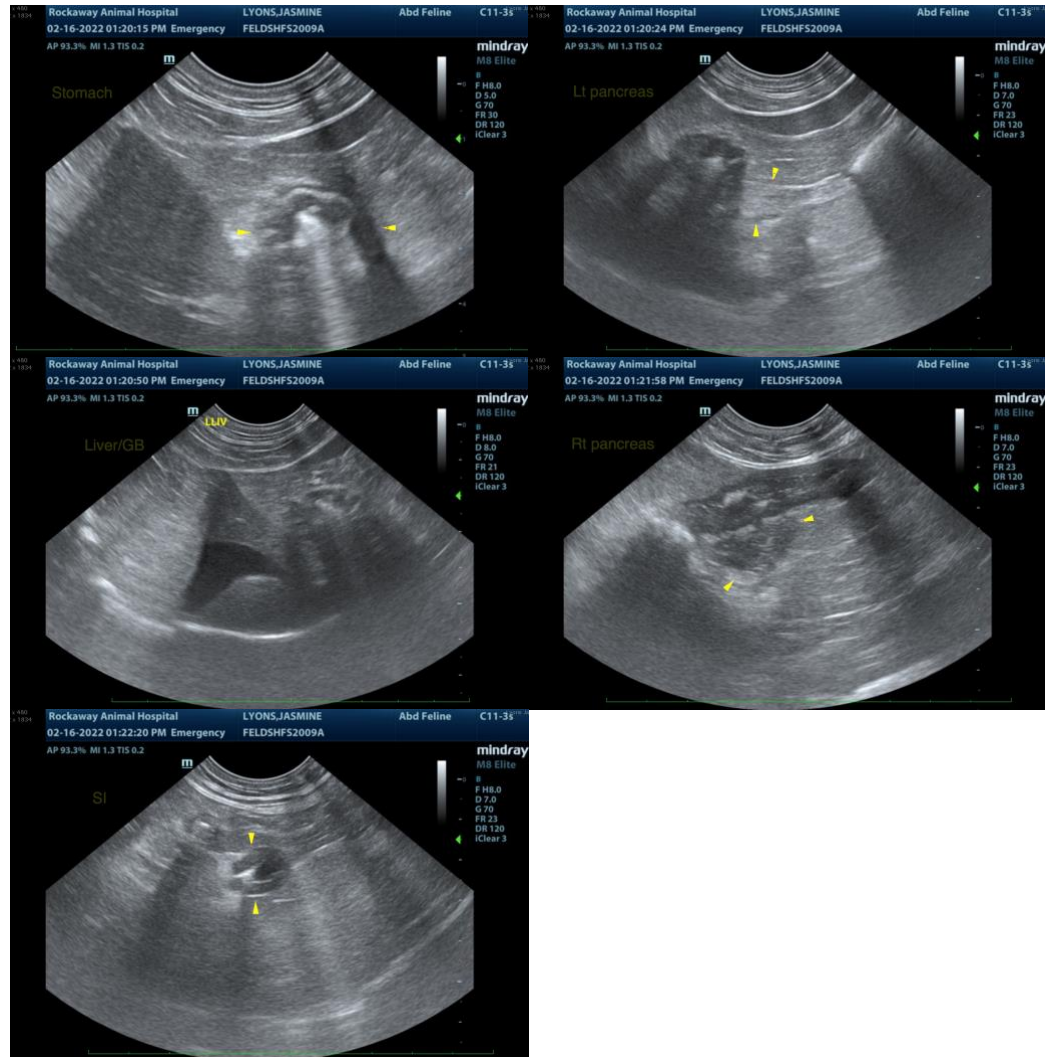
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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