

**PATIENT PRESENTING CLINICAL SIGNS**

Luna Faltz History: 1 year duration, intermittent vomiting, possible L/D, Pepcid, Possible weight loss, good appetite Hills L/D, PEPICID

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE**

Feline **Urinary System**

**BREED** The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of stranding echogenic debris is observed within the lumen. 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** 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE** The right kidney is normal size (3.40 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.

**WEIGHT Adrenal Glands**

7.4 Pounds The left adrenal gland is normal size (0.17 cm at the cranial pole, 0.20 cm at the caudal pole, 0.48 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY** The region of the right adrenal gland is evaluated. No obvious pathology is observed.

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**Spleen**

The spleen is normal in size (0.83 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**

Rebekah Jakum, CVT  
ARDMS/RVT

**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.

**HOSPITAL NAME**

White Haven VH

**REFERRING VET**

Dr. Dengler

**Gastrointestinal**

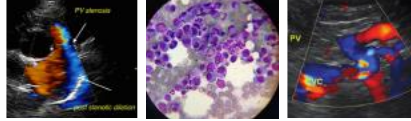
The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In a few small intestinal segments, soft shadowing material is observed within the lumen. The remaining segments are not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There

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is slight disruption in the normal 1:3 muscularis to mucosa ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

**Pancreas**

**SPECIES**

Feline

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.

**BREED**

DSH

**Free Abdomen**

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecolic junction, the largest measuring 1.19 cm in length. Surrounding mesentery is hyperechoic.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Small intestinal pattern most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is unlikely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The shadowing material within the small intestinal lumen likely represent transient foreign material (i.e., hair). It does not appear obstructive at this time.

**AGE**

2016

**WEIGHT**

7.4 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- The following diagnostic/treatment recommendations can be considered:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  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.
  5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
  6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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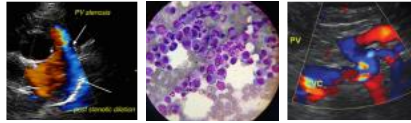
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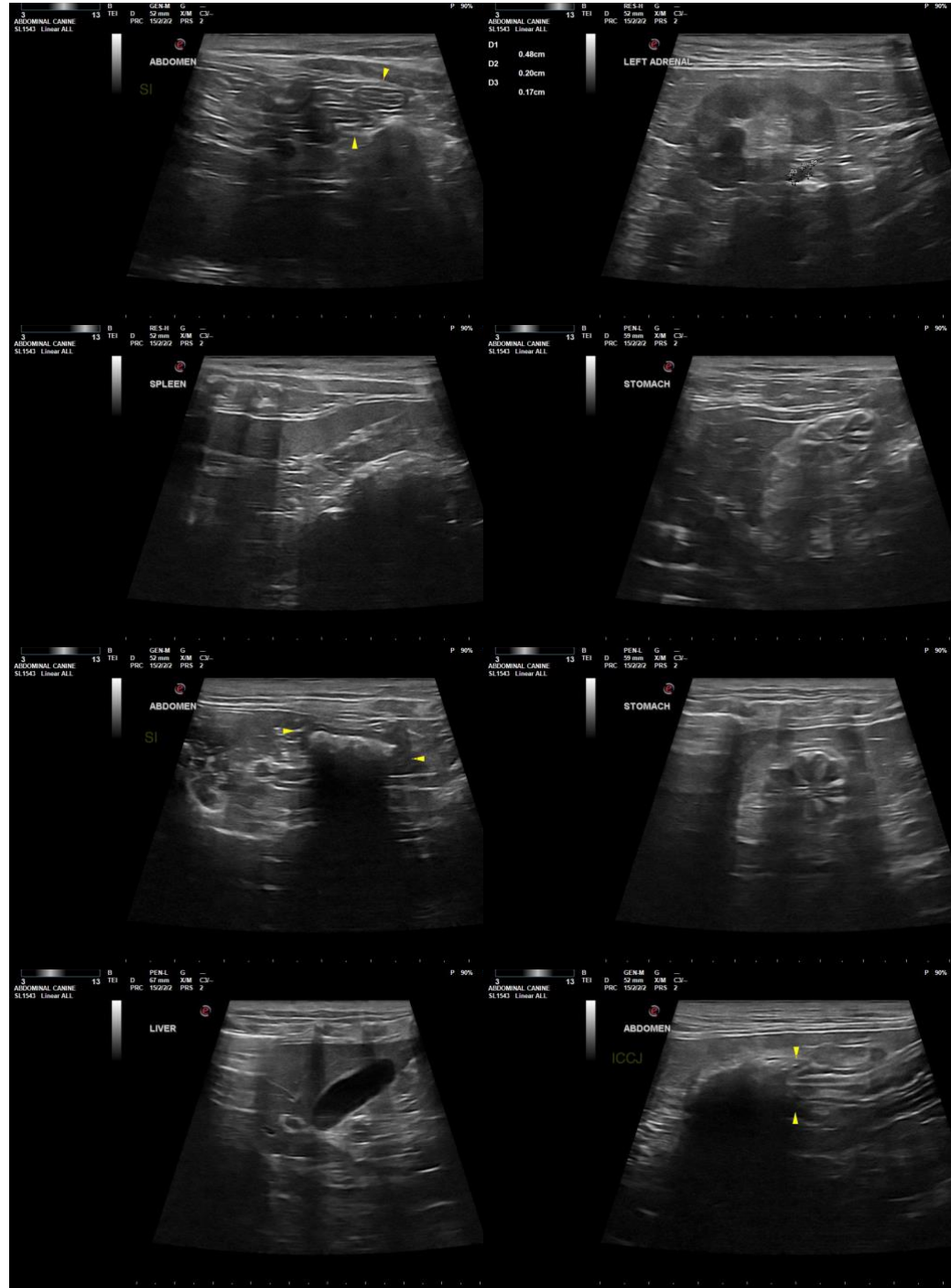
Dr. Dengler

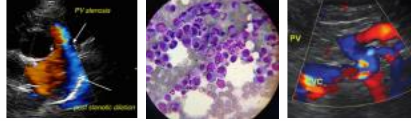
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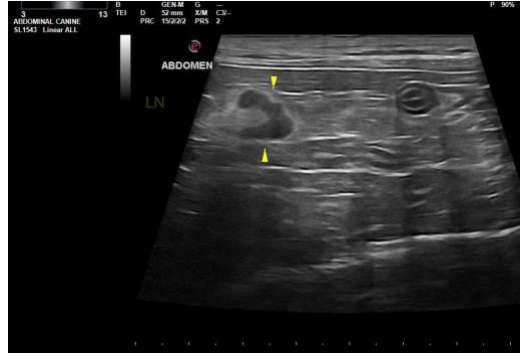
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**SPECIES**

Feline

**BREED**

DSH



**SEX**

Spayed Female

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.

**AGE**

2016

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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7.4 Pounds

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