



**PATIENT**

Mustache Ramsey

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

8.5 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Neuhaus

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Neuhaus

**INVOICE**

12238

**DATE**

2.17.23

**PRESENTING CLINICAL SIGNS**

History: Pt has been having D+ since 2/10/2023. Leaking D+ on O every once and a while. Still e/d.D+ for 7-9 days. Last fed at 6PM tonight. Given all meds. E/d. All housemates on revolution plus, indoor only.

Abnormal PE/Chem/CBC/UA Results: UA: USG 1.067, pro 2+, wbc 2-3, rods and cocci 26-50 - Urine culture - enterococcus sp. - T4 normal, FeLV/FIV negative, HW pending +/- EPOC: hct 47%, glu 260, pH 7.240, po2 61, BE -7.6, sO2 86.3%

**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 is moderately distended. A small amount of echogenic to mineralized debris is observed within the lumen (some of which is suspended and some of which is gravity dependent). 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 in size (3.81 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (4.36 cm in length) with a normal shape, architecture and 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.

**Adrenal Glands**

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is normal in size (0.74 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.

**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.

**Gastrointestinal**

The lumen is minimally distended with fluid and chyme. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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### **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.

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### **Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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DSH

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

Unremarkable abdomen. An obvious cause for the patient's diarrhea is not definitively identified in this study. Considerations include primary gastrointestinal disease (i.e., infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue (i.e., exocrine pancreatic insufficiency), low-grade pancreatitis, other.

## SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia (if not already performed). Also consider testing for Tritrichomonas.
- Consider prophylactic deworming with Fenbendazole.
- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- Initiation of a probiotic as well as a fiber supplement may be beneficial.
- Depending on the results of the above diagnostics/therapeutics, a more comprehensive work-up (i.e., hypoallergenic diet trial, GI biopsies) may be warranted.

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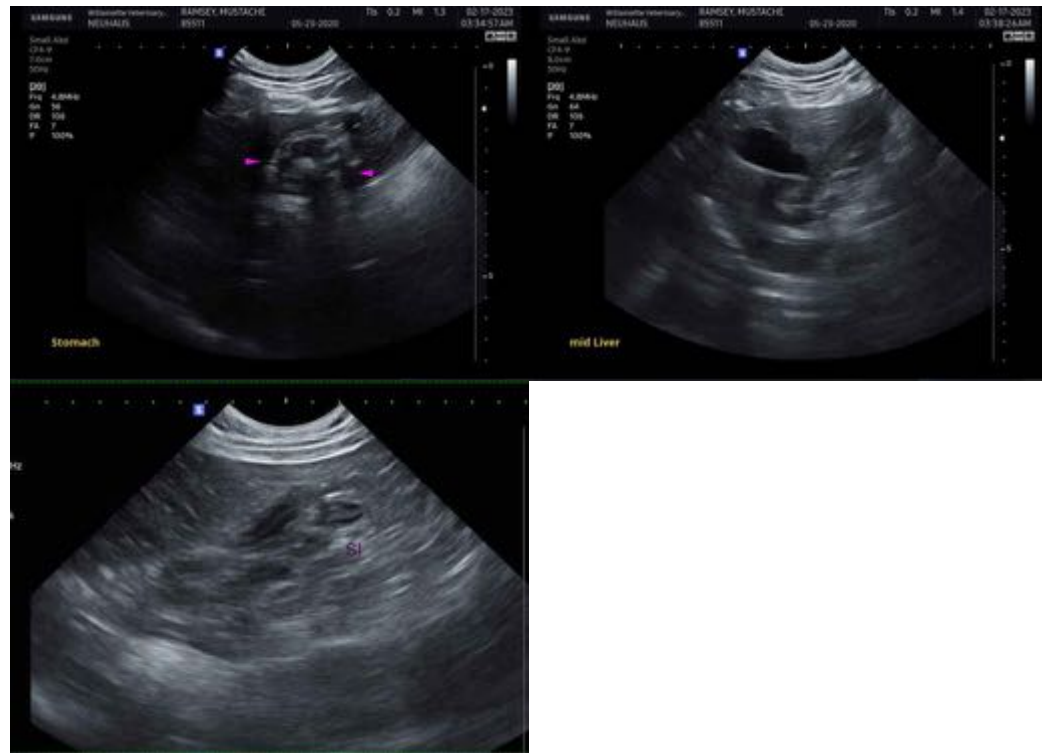
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com