



PATIENT PRESENTING CLINICAL SIGNS

Waffles Dancer History: Vomiting, lethargy, weakness x 3 days Tense abdomen Mild bradycardia with arrhythmia
Cerenia injection 1 mg/kg SC - 11 am Feb 17

SPECIES Abnormal PE/Chem/CBC/UA Results: SDMA 19 ug/dL GGT 8 U/L TT4 50 nmol/L

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

SEX

Spayed Female

The left kidney is normal size (4.00 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 hydroureter. Renal vasculature is normal.

AGE

11 Years

The right kidney is normal size (3.83 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 hydroureter. Renal vasculature is normal.

WEIGHT

4.8 kg

INTERPRETED BY *Adrenal Glands*

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

The left adrenal gland is normal size (0.28 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.

IMAGING *Spleen*

PERFORMED BY

Crystal Hill

The spleen is normal in size (0.95 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.

HOSPITAL NAME

Niagra Vet EC

Liver

REFERRING VET

Dr. Price

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.

INVOICE

13990

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.

Gastrointestinal

DATE

2/18/22



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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. A segment of small intestine in the left cranial to mid abdomen is mildly fluid distended with a thickened wall (up to 0.50 cm). There is suspected loss of the normal layering pattern within this segment. The mesentery effacing the serosal surface is hyperechoic. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The focally thickened bowel segment in the left cranial to mid abdomen is concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be excluded. Focal peritonitis is present in this region.

Secondary Findings

- Age-related pancreatic remodeling/fibrosis +/- concurrent low-grade pancreatitis
- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Additional sonographic images of the thickened bowel segment may be useful in further defining the pathology. If accessible, a fine needle aspirate of this segment can be considered, (if clotting status is appropriate). Otherwise, surgical biopsies may be necessary to get a definitive diagnosis.
- A GI panel (send to Texas A & M) is also recommended.
- Given the history of an arrhythmia, an echocardiogram, ECK and baseline blood pressure measurement are also recommended.



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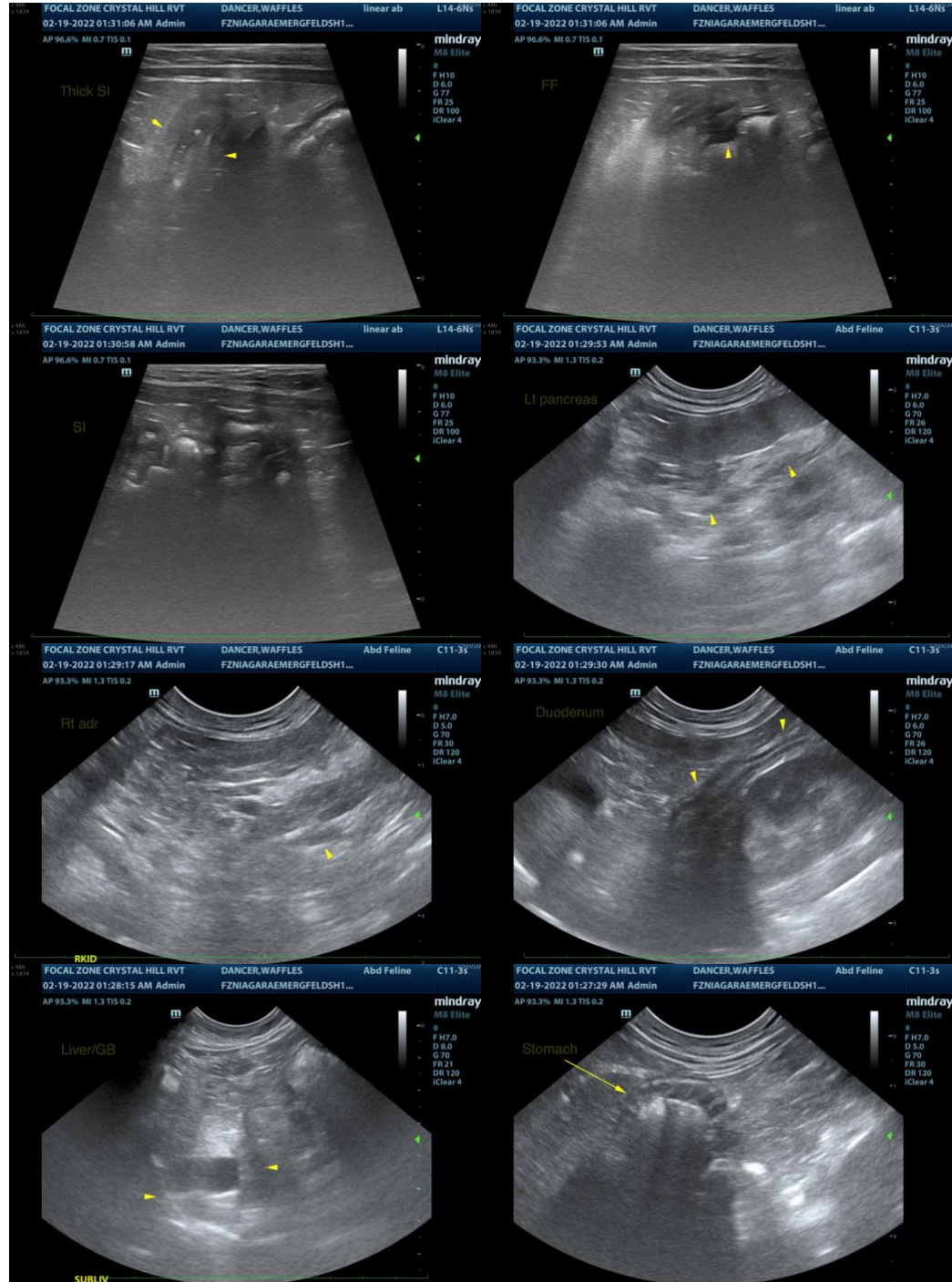
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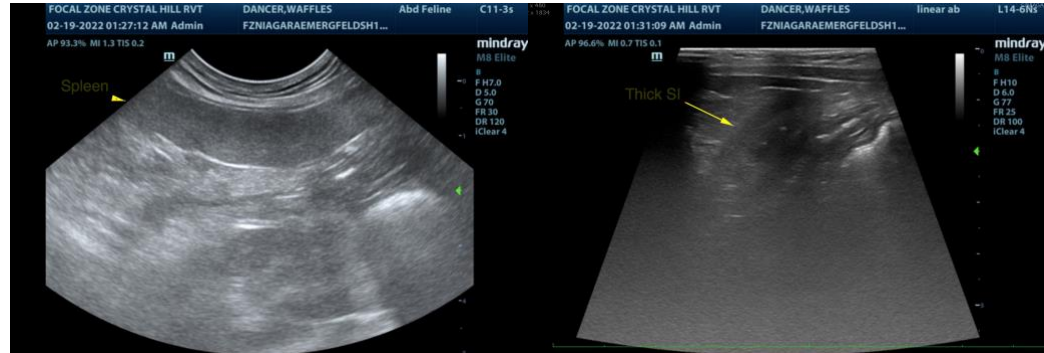
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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