



PATIENT PRESENTING CLINICAL SIGNS

Iris Mark History: intermittent anorexia meds: cerenia, mirtazapine, IVF
Abnormal PE/Chem/CBC/UA Results: ALT 268 (<130), hypoglycemia (normal today)

SPECIES **Some abdominal pathology may be obscured by the distended gastrointestinal tract.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Siamese

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal

SEX

Spayed Female

The left kidney is normal size (3.36 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.

AGE

11 years

The right kidney is normal size (3.03 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.

WEIGHT

5 lbs

Adrenal Glands

The left adrenal gland is normal size (0.35 cm length; 0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.47 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is normal in size (0.54 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

AH of Stoney Creek

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.

REFERRING VET

Dr. Egbers

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.

INVOICE

10440

Gastrointestinal

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

DATE

2/23/22



PATIENT

Iris Mark

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

SPECIES

Feline

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

BREED

Siamese

Primary Findings

- The presence of ingesta in the gastric lumen, despite fasting, is suggestive of delayed gastric emptying.
- Bilateral non-specific age-related renal changes

SEX

Spayed Female

**An obvious cause for the patient's inappetence is not identified in this study. Considerations include underlying metabolic issue (i.e., hepatic, primary gastrointestinal disease, low-grade pancreatitis), other.

AGE

11 years

**An obvious cause for the elevated ALT is not identified in this study. Considerations include early hepatic lipidosis, reactive hepatopathy, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (unlikely), other hepatopathy.

WEIGHT

5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Regarding the elevated ALT, consider pre-and postprandial serum bile acids +/- hepatic tissue sampling (i.e., fine-needle aspirate or biopsy). If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained.
- Other diagnostic considerations include:
 1. Repeat abdominal ultrasound when the GI tract is empty, to better assess for underlying abdominal pathology.
 2. GI Panel (send to Texas A&M)
 3. Fecal evaluation for ova and Giardia
 4. +/- endoscopic or surgical biopsies (depending on the above test results)

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Dr. Egbers

INVOICE

10440

DATE

2/23/22



PATIENT

Iris Mark

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

11 years

WEIGHT

5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

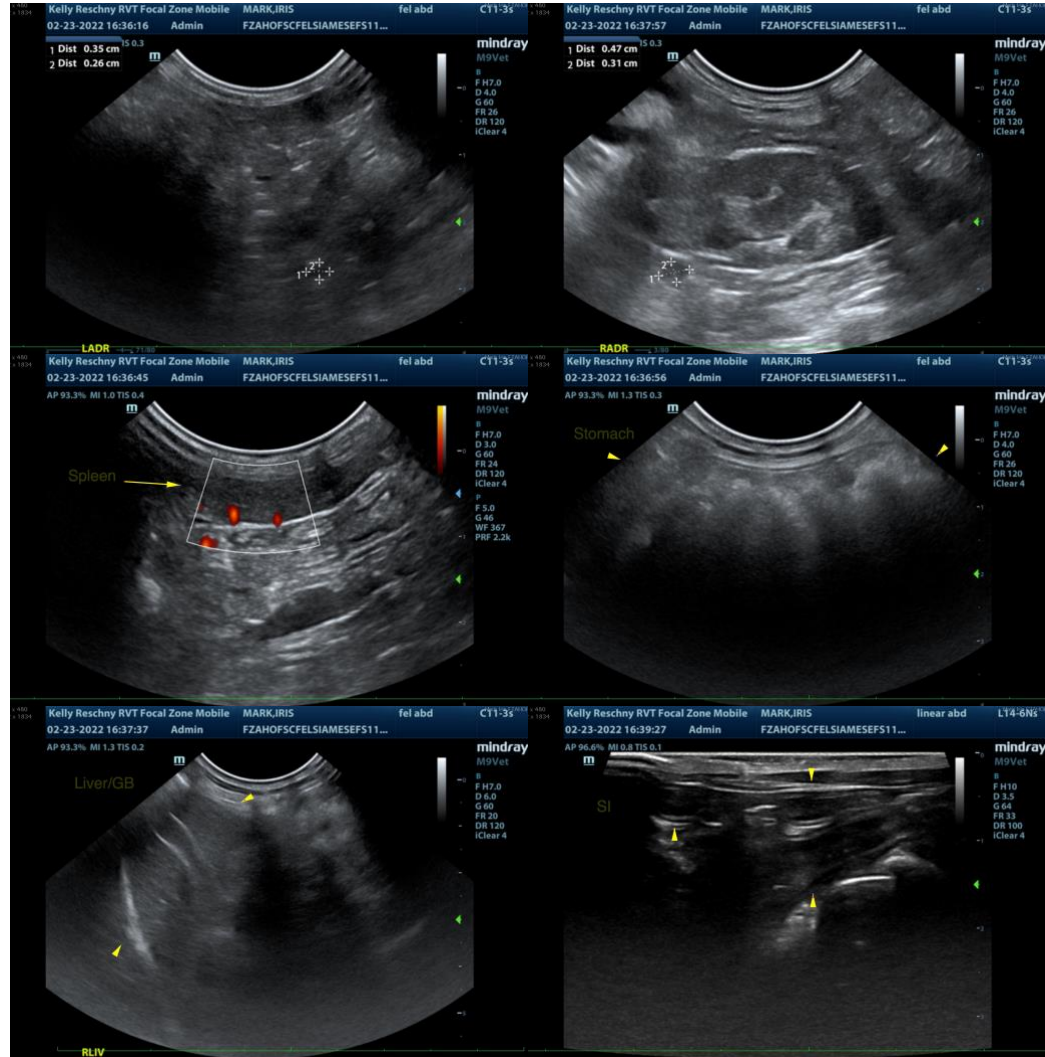
Dr. Egbers

INVOICE

10440

DATE

2/23/22



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