



PATIENT

Nala Taefy-Cross

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9 Months

WEIGHT

7 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Saum Hadi

INVOICE

14658

DATE

2/28/23

PRESENTING CLINICAL SIGNS

History: P presented for a few days duration of lethargy and hyporexia. On exam, P was QAR and was mildly tense on abdominal palpation. P had a temperature of 105.2 F. HR, RR, rest of the PE was unremarkable. CBC, Chem 12, FeLV/FIV SNAP pending. P previously had a negative FeLV/FIV test when she was adopted in November.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem 12, FeLV, FIV testing pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.69 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.

The right kidney is normal size (3.46 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.

Adrenal Glands

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

Spleen

The spleen is mildly enlarged (1.16 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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 gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme (mild). 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. No obstructive disease is noted.

Pancreas



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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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- Mild splenomegaly. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or less likely, infiltrative neoplasia (i.e., lymphoma).

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*An obvious cause for the patient's fever and other clinical signs is not identified in this study. Considerations include infectious/inflammatory disease, autoimmune disease, neoplasia, other.

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ULTRASONOGRAPHIC FINDINGS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider a urinalysis with a culture and sensitivity.
- More comprehensive testing for feline infectious disease may also be warranted.
- If the above diagnostics as well as baseline labwork and FeLV/FIV testing are inconclusive, consider a fine needle aspirate of the spleen to evaluate for round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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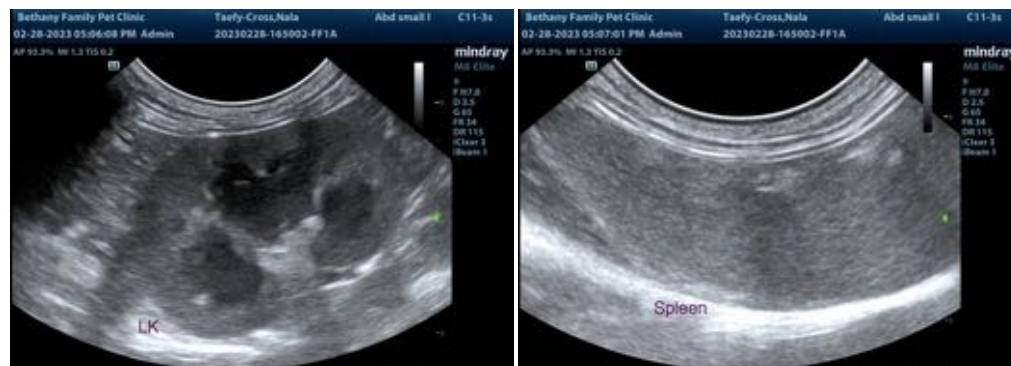
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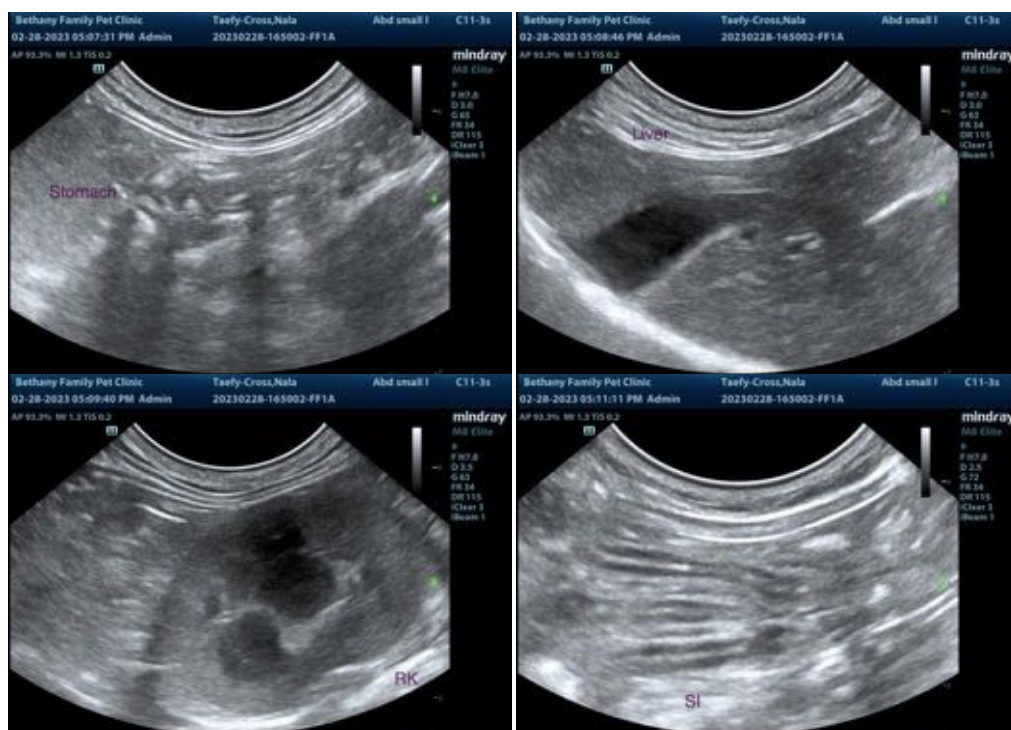
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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