

PATIENT PRESENTING CLINICAL SIGNS

PATIENT BooBoo Best
SPECIES Feline
BREED Norwegian Forest Cat Mix
SEX Neutered Male
AGE 9 Years
WEIGHT 11.2 Pounds

History: Species: Feline Gender(altered?) N Age: 9Y Weight in #: 11.2lbs Breed: Norwegian Forest Cat Mix
History: 2 month history of constant vomiting of both bile and food. Patient is losing significant weight. Patient has no history of foreign body ingestion but eats rodents. Patient is not on medications. Did not respond to Cerenia or fluid therapy
Physical exam findings: Slightly emaciated. Remainder of PE Unremarkable
Abnormal CBC values: Normal
Abnormal Chemistry Values: Normal
Abnormal UA Values: Normal
Reason for Ultrasound: Evaluate for mass effect/neoplasia vs IBD

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 lumen is moderately distended. A small to moderate amount of suspended 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.

The left kidney is normal size (4.56 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 (4.86 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. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.73 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.

Gastrointestinal

The gastric lumen is not distended. Except for a small portion in the region of the fundus, the gastric wall is severely thickened (up to 1.22 cm) and hypoechoic with a loss of the normal layering pattern. This mass effect extends to the level of the pylorus. The mesentery effacing the serosal surface in this region

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Sjoloin

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is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.22 cm in diameter).

BREED

Norwegian Forest Cat Mix

Free Abdomen

Trace free fluid is observed. Several enlarged rounded mildly hypoechoic lymph nodes are observed in the cranial abdomen, the largest measuring 1.63 cm in length.

SEX

Neutered Male

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.2 Pounds

Primary Findings:

- A gastric wall mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma) is suspected. However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded. Mild regional peritonitis is present. The adjacent abdominal lymphadenopathy could be secondary to infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.

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Secondary Findings:

- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling +/- fibrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the thickened gastric wall is recommended, if clotting status is appropriate. If cytology results are inconclusive, gastric wall biopsies (i.e., endoscopic or surgical) may be warranted. Surgical biopsies would be ideal in that they are more likely to provide a definitive diagnosis and the cranial abdominal lymph nodes can also be sampled at the time of surgery.

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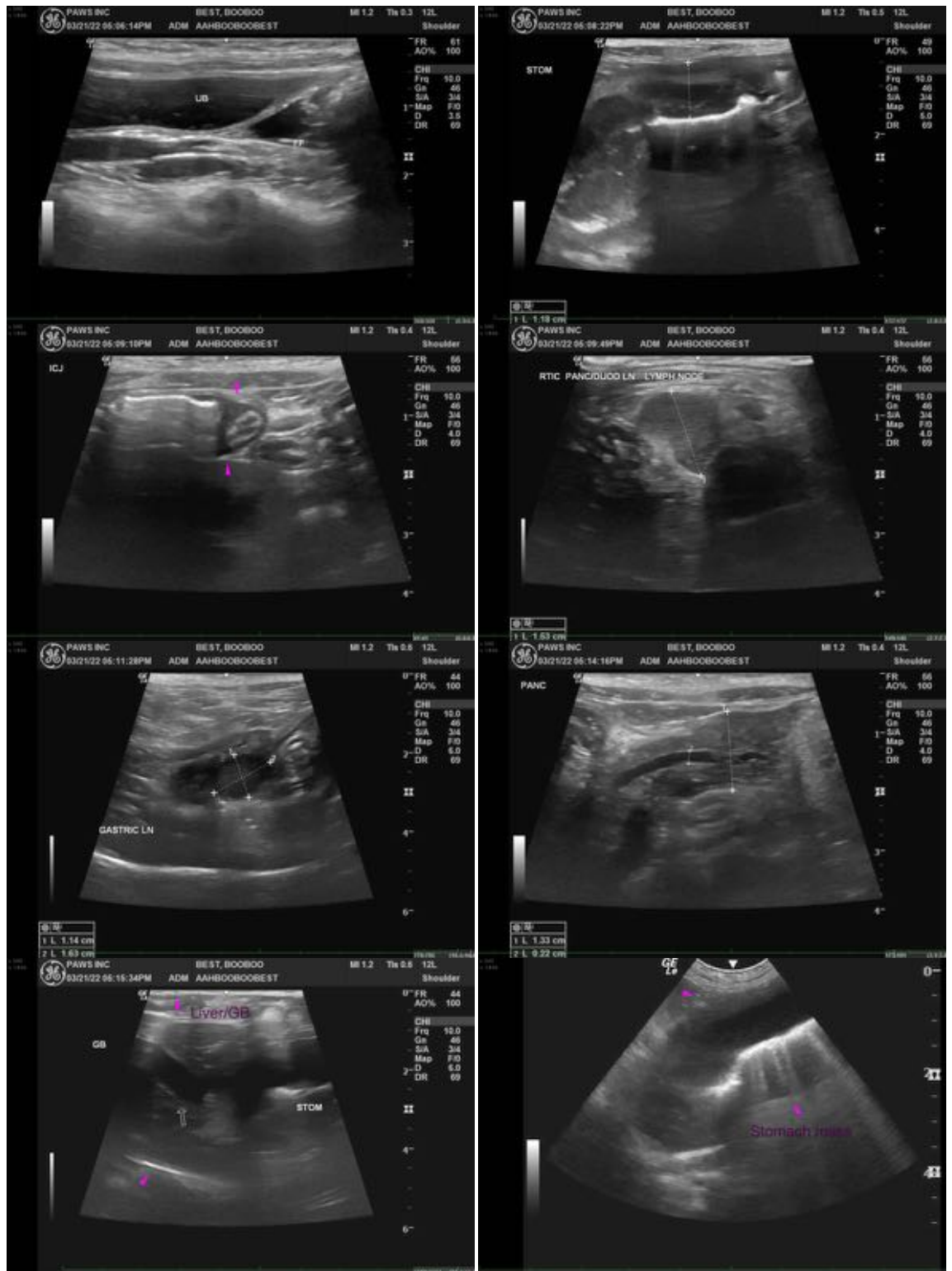
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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