



PATIENT PRESENTING CLINICAL SIGNS

Cleopatra Smith History: 2 months ago saw another DVM for ADR, BW showed inflammatory leukogram, administered antibiotics and temporarily improved. Now back to ADR. Still eating, not febrile. Repeat BW shows persistent severe neutrophilia. currently on Convenia (2 days ago).

SPECIES

Feline

BREED

Devon Rex

Abnormal PE/Chem/CBC/UA Results: Lean BCS, otherwise unremarkable PE 3vw chest rads performed today unremarkable BG WNL (7.8mmol/L) HCT 34% WBC 39.62 x10⁹/L H (2.87-17.02) Neutrophils 31.43 H Monocytes 0.84 H Eosinophils 1.82 H Basophils 0.73 H Creatinine 43 low (71 - 212 μmol/L) Urea (BUN) 4.5 low (5.7 - 12.9 mmol/L) ALT <10 L All other values WNL - full BW attached UA unremarkable - see attached . USG >1.050. T4 normal.

SEX

Female Spayed

AGE

14

WEIGHT

3.2 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (3.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. Linear striations are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. Linear striations are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.53 cm width) with rounded peripheral contours. The parenchyma is hypoechoic. Surrounding mesentery appears normal.

The right adrenal gland is mildly enlarged (0.51 cm width) with rounded peripheral contours. The parenchyma is hypoechoic. Surrounding mesentery appears normal.

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 peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. A few intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.14 cm in width).

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr Nicklassen

INVOICE

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3-21-26



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.75 x 0.24 cm). Surrounding mesentery is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- Intrahepatic biliary stones, likely a benign incidental finding

*An obvious cause for the patient's elevated white blood cell count is not definitively identified in this study. Broad considerations include infectious, inflammatory, immune-mediated or neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A feline infectious disease panel (including feline leukemia, FIV, FIP, and Toxoplasmosis) should be considered. Also consider vector-borne disease, particularly if the patient spends time outdoors.
- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- A urine culture and sensitivity would also be beneficial, preferably on a pre-antibiotic sample.
- Orthopedic and neurologic examinations are also recommended.
- Depending on the results of the above diagnostics further work-up may be indicated.



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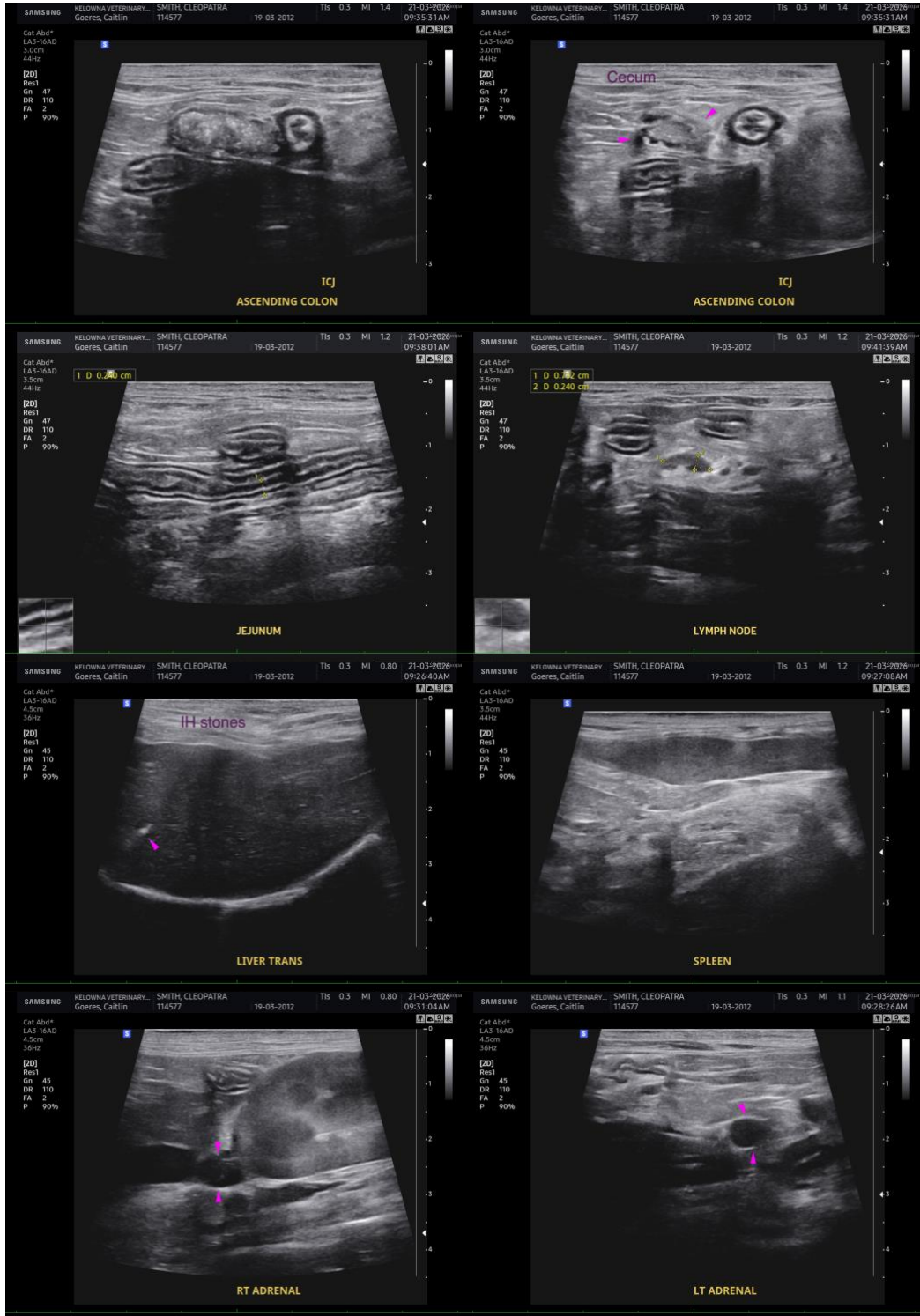
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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