



PATIENT

Maya Hudson

SPECIES

Feline

BREED

Russian Blue

SEX

Spayed Female

AGE

2 years

WEIGHT

10.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Saum Hadi

HOSPITAL NAME

Bethany Family Pet Clin.

REFERRING VET

Saum Hadi

INVOICE

10619

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: P presented for hyporexia, vomiting, and diarrhea on 3/22. Rads were taken and read in house as normal. Lab work (Chem 27/CBC/T4) WNL. P treated supportively (cerenia/fluids) and sent home. Since, P continues to exhibit hyporexia and small amounts of diarrhea. Weight loss from 11.1 to 10.5 pounds in the last week. On exam, P is BAR. TPR WNL. CRT<2, mm pk/moist. Tense on abdominal palpation.

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 mildly to moderately distended. A small 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 subjectively normal size 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 (3.72 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 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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 is diffusely thickened (up to 0.31 cm), with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1: 1 ratio in several segments.



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Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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.

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Free Abdomen

There is no evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 0.83 cm in length. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bowel pattern is suggestive of inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Fecal evaluation for ova and Giardia
- GI biopsies (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis. Surgical biopsies would be ideal in that they are more likely to yield a definitive diagnosis. If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- hypoallergenic diet), can be considered as long as the client understands the risks of treatment without a definitive diagnosis.

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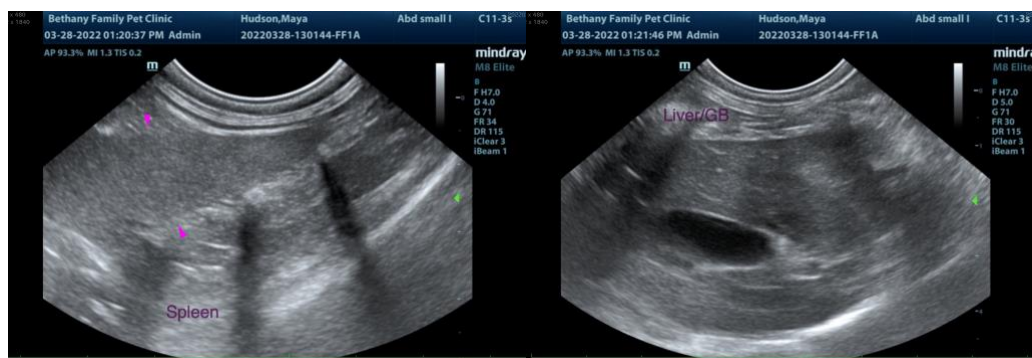
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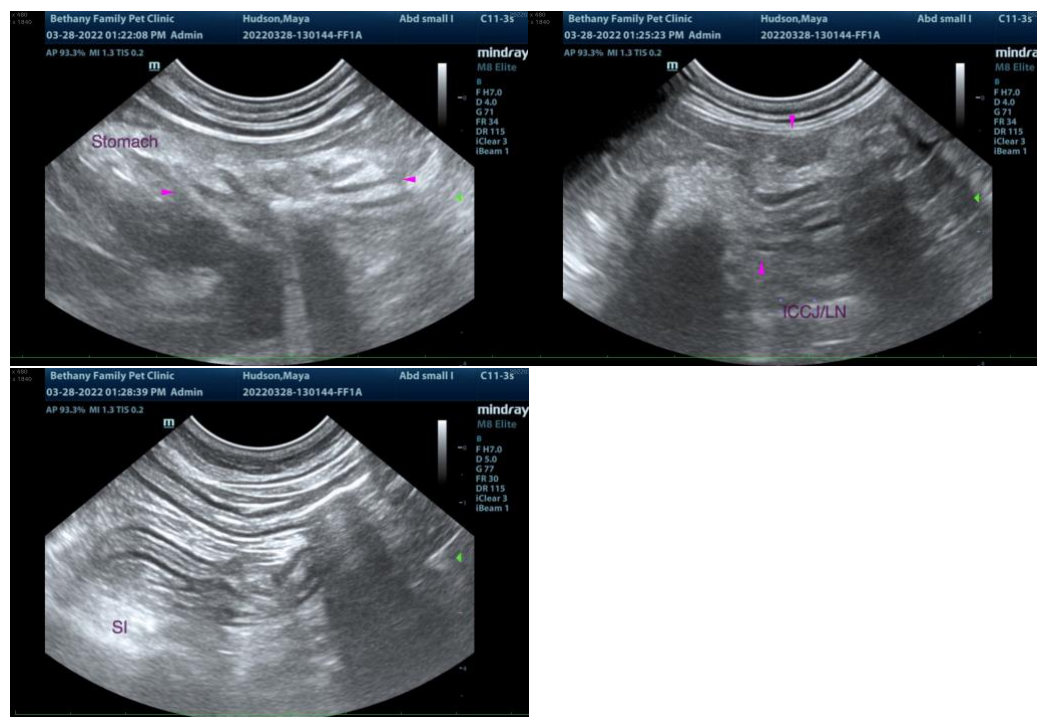
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com