



**PATIENT**

Thelma Lou Kivircik

**PRESENTING CLINICAL SIGNS**

History: intermittent vomiting, decreased energy, currently on Keppra and Phenobarbital.

**SPECIES**

Feline

**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 distended with anechoic urine. 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.

**BREED**

DSH

**SEX**

Spayed Female

The left kidney is normal size (3.68 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.

**AGE**

10 years, 9 mos

The right kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

9.12 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.80 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.

**IMAGING PERFORMED BY**

Dr. Katie Buss

**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.

**HOSPITAL NAME**

Kings VH

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.

**REFERRING VET**

Dr. Rita Kivircik

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme and soft, shadowing material, without overt evidence of dilation. 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. There is no evidence of an obstructive pattern.

**INVOICE**

10612

**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.

**DATE**

3/28/22



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### Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. At least 2 prominent lymph nodes are observed in the right cranial quadrant, the larger measuring 1.81 cm in length. The node is mildly hypoechoic, and slightly rounded in shape.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The lymphadenopathy in the right cranial quadrant could be consistent with lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia (i.e., lymphoma).
- The shadowing material in the small intestine may represent ingesta, and/or foreign material (i.e., hair).

### Secondary Findings

- Minor bilateral age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- A 6-week limited antigen diet trial to assess for food allergies
- Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
- If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.





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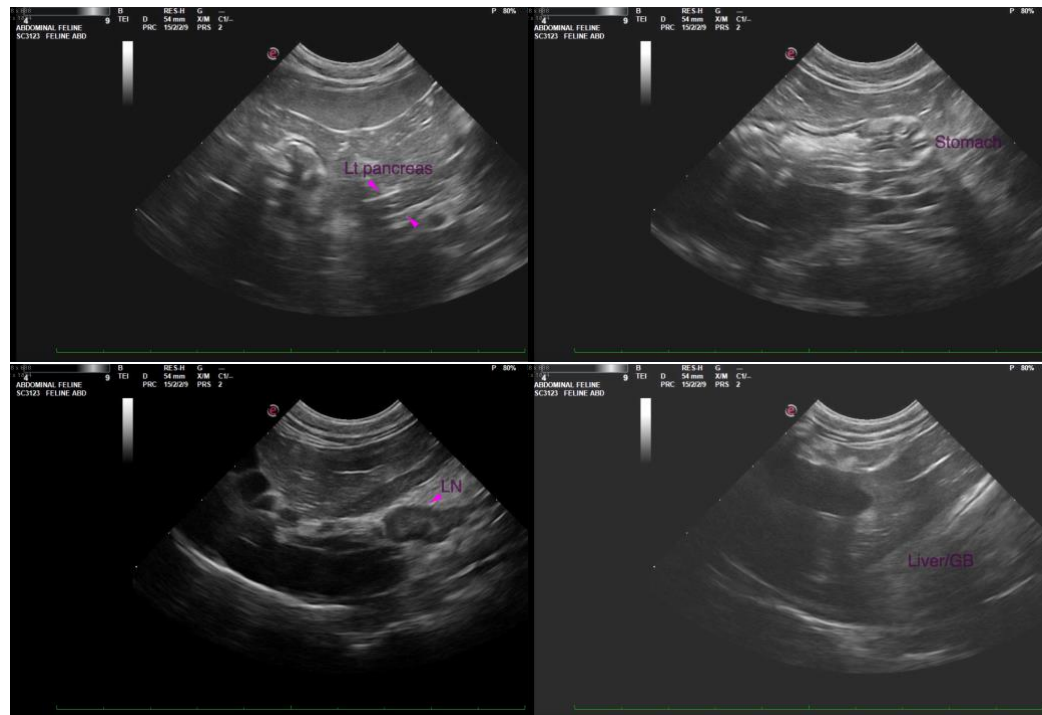
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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