



PATIENT PRESENTING CLINICAL SIGNS

Callie Perkins History: Weight loss despite ravenous appetite. Recently had diarrhea that responded to symptomatic care. No constipation reported. Lab-work unremarkable.

SPECIES Abnormal PE/Chem/CBC/UA Results: See attached

Feline The gastric and bowel distention may be obscuring some abdominal pathology.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

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

SEX

Female Spayed The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

10 years The right kidney is normal in size (3.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT *Adrenal Glands*

7 lbs The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.61 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 appears normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

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 portal vein to caudal vena cava ratio is approximately 1: 1.

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh AH

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is 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 diffusely distended with chyme. 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.

REFERRING VET

Shana Silverstein

INVOICE *Pancreas*

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are seen.

12591

DATE

3.31.23

Free Abdomen

Trace free fluid is observed. There is no evidence of inflammation or effusion. Two mesenteric lymph nodes are visualized (the largest measuring 1.35 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

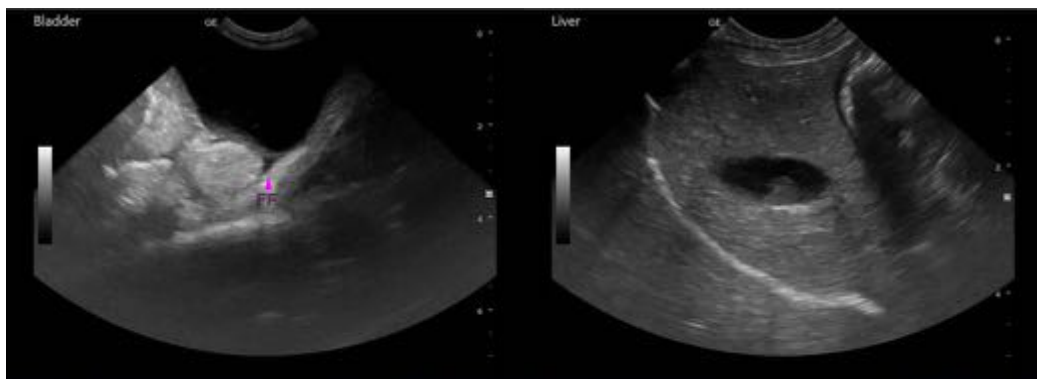
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia, or neoplastic infiltration.
- Trace ascites

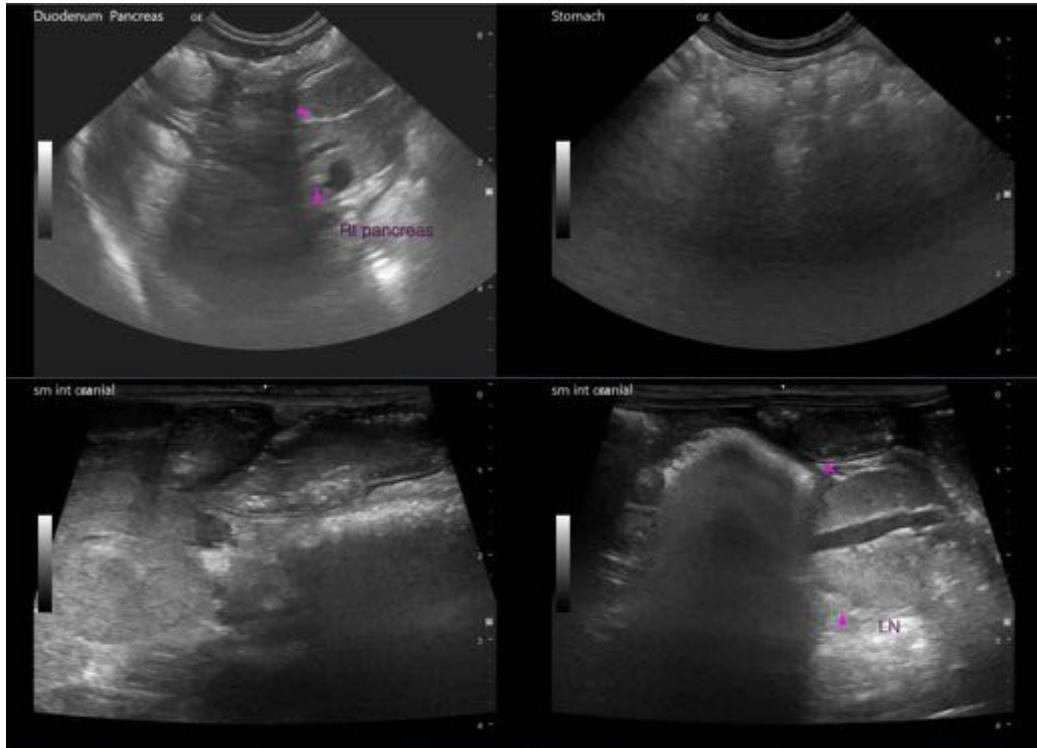
Secondary Findings

- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- GI panel including serum cobalamin and folate, TLI and PLI
- Consider initiation of a hydrolyzed protein or hypoallergenic diet
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





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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