



**PATIENT PRESENTING CLINICAL SIGNS**

Alley Sanders  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Neutered Male

Clinical Exam Findings: Level of pain (0-4): 0  
 GEN: QAR, 5-7% dehydration, BCS 5/9  
 INTEG: No areas of alopecia, no primary skin lesions, normal coat.  
 EENT: Eyes clear OU, no ocular discharge OU. Ears clean AU. No nasal discharge.  
 OP: MM pink/tacky, CRT <2 sec.  
 LN: Mandibular, prescapular, and popliteal lymph nodes WNL.  
 RESP: Normal rate and effort, eupneic. Lung sounds clear bilaterally, no crackles or wheezes.  
 CV: No heart murmur, normal heart rate and rhythm, pulses strong and synchronous.  
 ABD: Soft, non-painful abdomen. No obvious masses or organomegaly. No apparent fluid wave.  
 GU: No discharge or irritation.  
 MS: Ambulatory x 4. No apparent lameness. Normal musculature.  
 NEURO: Appropriate mentation. No obvious CP deficits or ataxia.

Abnormal Lab Work Values: 3/6: AXR: gastric emptying appreciated  
 ATL/Tbili: 818, 0.3

**AGE** 2/26/10  
**WEIGHT** 4.2 kg

3/5: AFAST: no free fluid or other major abnormalities noted. Gall bladder appears normal size/shape wise  
 PCV/TS/BG/BL: 36%, 8.1, 162, 1.6  
 PT/aPTT: 18, >300  
 UA: no signs of infection. see diagnostic notes for other parameters  
 TXR/AXR: Thorax: -Normal thorax without evidence of pulmonary disease or thoracic lymphadenopathy.  
 Abdomen: -Postprandial content versus less likely gastric foreign material given the reported lack of vomiting. If the patient has not recently eaten, gastric content may include foreign material. Described gastric mineral foreign material is incidental given its small size. Differentials for the reported clinical signs include gastritis, gastroenteritis or radiolucent foreign material.

**INTERPRETED BY**

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

-Consider fasted repeat three-view abdominal radiographs to reevaluate gastric content and gastric emptying in 12-16 hours.  
 -Otherwise, conservative therapy is recommended (i.e. fasting, gastroprotectants, SC/IV fluids, supportive care) with repeat fasted three-view abdominal radiographs or abdominal ultrasound as indicated for re-evaluation of the gastrointestinal tract.

**IMAGING PERFORMED BY**

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**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 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.

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The left kidney is normal size (4.14 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.

**REFERRING VET**

Dr. McFadden

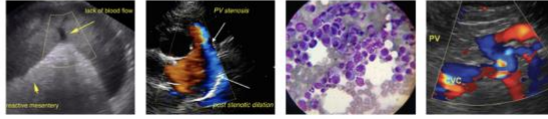
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14206

**DATE**

3/7/22

The right kidney is normal size (4.08 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A 1.74 cm cystic structure, containing echogenic debris is observed at the caudal pole. The lesion causes



**PATIENT** some disruption of the normal renal medullary architecture. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Alley Sanders

**SPECIES** *Adrenal Glands*

Feline

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**BREED**

DSH

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**SEX**

Neutered Male

*Spleen*

The spleen is normal in size (0.74 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.

**AGE**

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*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.

**WEIGHT**

4.2 kg

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The gall bladder is moderately distended. The wall is normal in thickness. A small amount of aggregated, echogenic, mostly gravity dependent debris is observed within the lumen. The cystic and common bile ducts are tortuous and dilated, up to 0.34 cm. In the distal common bile duct lumen, 1-2 choledocoliths are visualized, the largest measuring 0.36 cm in diameter. The duodenal papilla is thickened at 0.57 cm in width.

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*Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. A small amount of ingesta is observed within the lumen. 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 with a normal layering pattern and appropriate mural detail. 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.

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*Pancreas*

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

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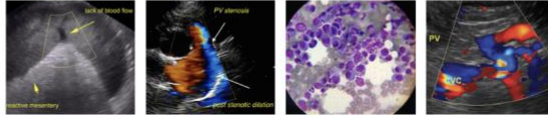
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*Free Abdomen*

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.25 cm lymph node is observed in the right cranial quadrant.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Choledocholith (s) in the distal common bile duct with suspected partial obstruction
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (unlikely) should be considered.
- Small intestinal wall pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The pancreatic changes are suggestive of chronic pancreatitis
- The prominent lymph node in the right cranial quadrant is likely reactive with a lower possibility of emerging neoplasia.

**Secondary Findings**

- Bilateral age-related renal changes. The cystic structure in the right kidney may represent a benign cortical cyst, renal abscess is less likely, emerging tumor.
- \*Given the patients clinical history, "triaditis" is a consideration in this patient.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for cholangiohepatitis/cholangitis is recommended, including fluid therapy (as needed), broad spectrum antibiotics, hepatic antioxidants and GI protectants. Serial monitoring of the patient's total bilirubin is strongly recommended to assess for progression of the bile duct obstruction. If the total bilirubin increases, bile duct flushing +/- a rerouting procedure may be warranted. A repeat ultrasound is recommended in 5-7 days to reassess the choledocholiths (or sooner if the total bilirubin is increasing).
- Other diagnostics/therapeutic considerations include the following:
  1. Gi panel (send to Texas A & M)
  2. 6-week limited antigen diet trial
  3. +/- endoscopic or surgical gastrointestinal biopsies



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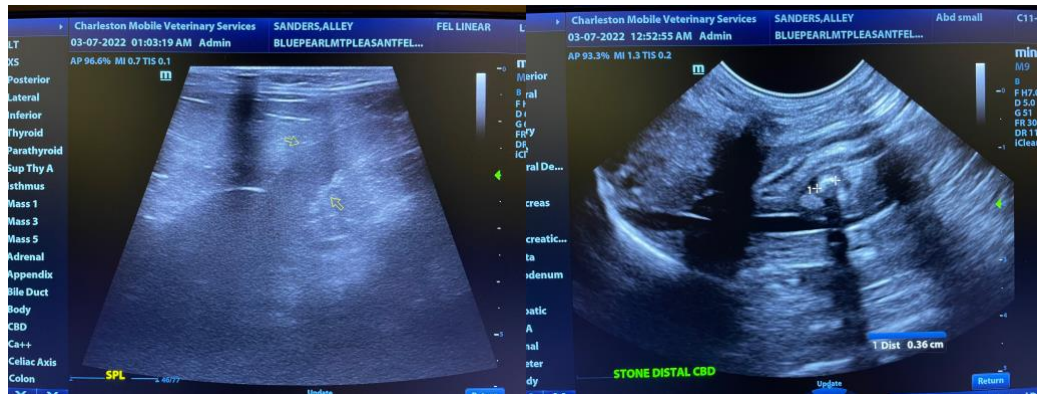
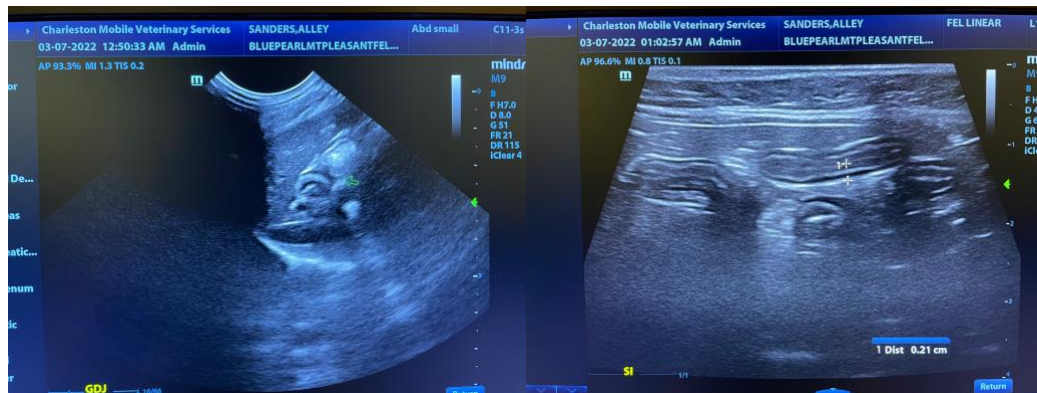
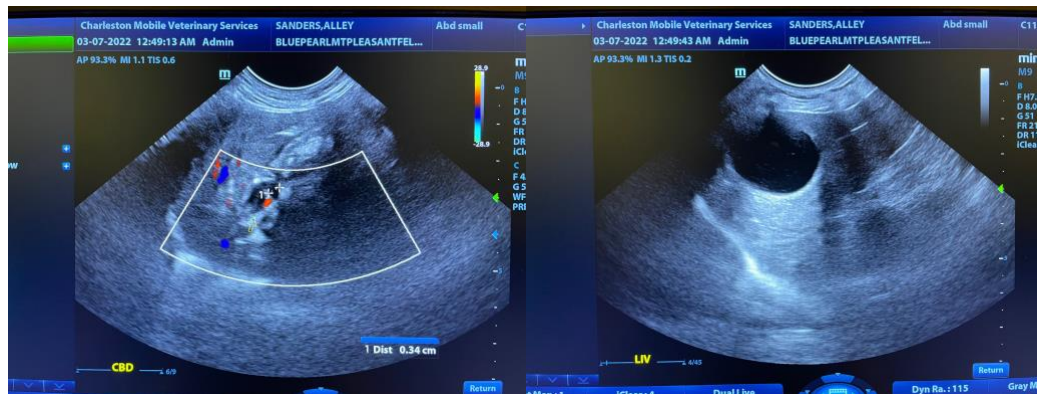
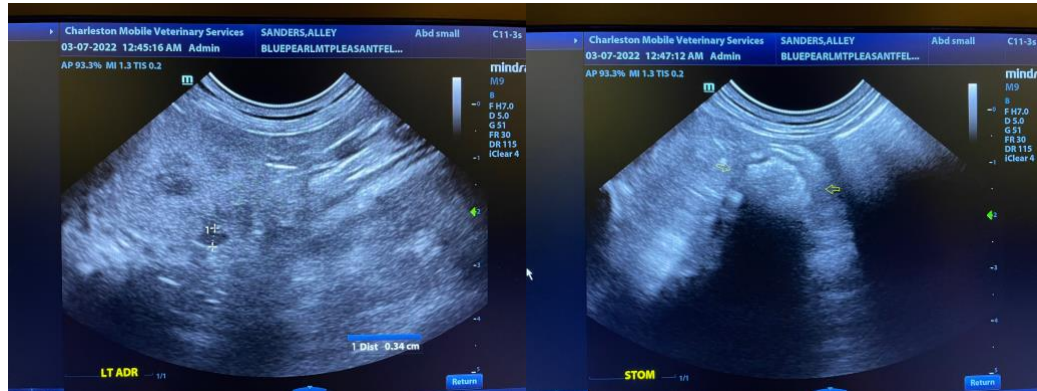
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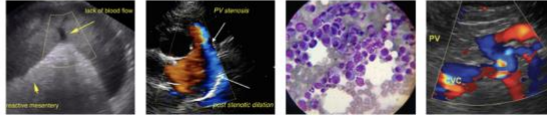
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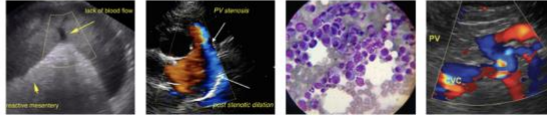
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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