



**PATIENT**

Dolly Russel

**PRESENTING CLINICAL SIGNS**

History: Presented multiple times for diarrhea, now liquid. Non-responsive to metronidazole. No vomiting. Has been eating, but more lethargic. IRIS stage 2.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Birman

The urinary bladder wall is 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. The region of the trigone is normal.

**SEX**

Female, spayed

The left kidney is small in size (2.58 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. A cortical infarct is observed at the caudal pole. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, or hydroureter.

**AGE**

13 yrs.

The right kidney is small in size (2.82 cm in length) with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

1.84 kg.

*Adrenal Glands*

The region of the adrenal glands 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 (0.59 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 slight rounding of the peripheral margins. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. 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.

**IMAGING PERFORMED BY**

Dr. Barthelemy

**HOSPITAL NAME**

Bridgeland VC

*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 with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**REFERRING VET**

Dr. Kelman

**INVOICE**

14710

*Pancreas*

**DATE**

3/7/23



**PATIENT**

Dolly Russel

The base and limbs of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic to isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SPECIES**

Feline

**Free Abdomen**

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.07 cm in length.

**BREED**

Birman

**SEX**

Female, spayed

**Primary Findings:**

- The bowel pattern could be consistent with inflammatory bowel disease or emerging lymphoma.
- The mesenteric lymphadenopathy could be consistent with lymphadenitis, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Trace ascites.

**AGE**

13 yrs.

**Secondary Findings:**

- Bilateral chronic renal changes with subtle dystrophic mineralization in a left cortical infarct.

**WEIGHT**

1.84 kg.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a fine needle aspirate of the prominent mesenteric lymph nodes, if accessible and if clotting status is appropriate. A 25-gauge needle should be used.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended along with a fecal evaluation for ova and Giardia.
- Ultimately, if the above diagnostics are inconclusive, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to anesthesia.
- In the meantime, consider initiation of a probiotic as well as a fiber supplement (i.e., Metamucil) as well as a bland, easily digestible diet.

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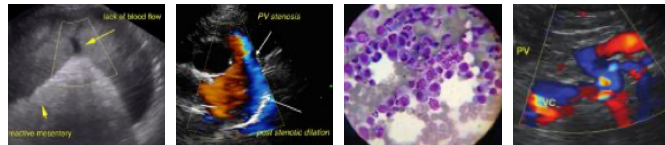
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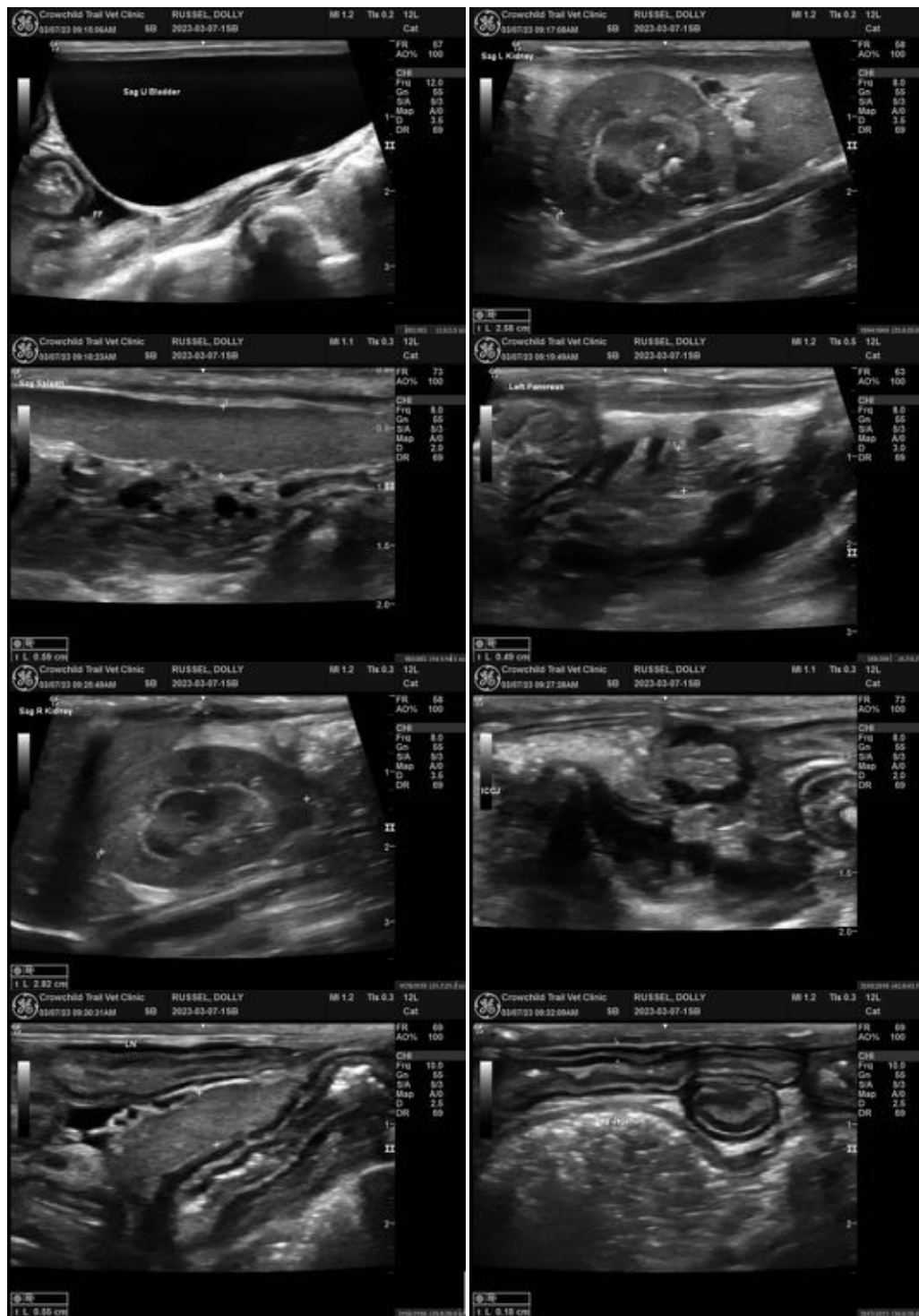
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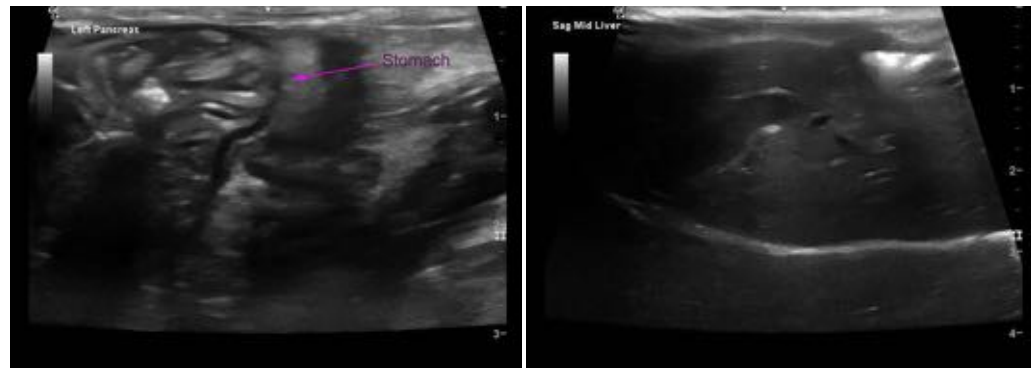
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)