



**PATIENT**

Penny Wilkenson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Smithville AH

**REFERRING VET**

Dr. Hagar

**INVOICE**

10519

**DATE**

3/9/22

**PRESENTING CLINICAL SIGNS**

History: Chronic inappetance, vomiting, chronic pancreatitis? Cerenia  
Abnormal PE/Chem/CBC/UA Results: Dec 2021 - increased HMCH, decreased Neuts, high albumin, Hspfl elevated. U/A sp grav 1.042, normal UA

**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. A scant 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 normal size (3.77 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. A 0.51 cm cortical cyst is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.81 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. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.36 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.

**Spleen**

The spleen is normal in size (0.68 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. A 0.46 cm anechoic cyst is observed on the left side. 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**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 normal to mildly thickened (up to 0.34 cm), with a normal layering pattern and



## PATIENT

Penny Wilkenson

appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. Shadowing fecal material is observed within the descending colonic lumen. There is no evidence of an obstructive pattern.

## SPECIES

Feline

### **Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic effusion.

## BREED

DSH

### **Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- The bowel changes are most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

## AGE

13 years

## WEIGHT

5.9 kg

### **Secondary Findings**

- Small left hepatic cyst – incidental
- Minor age-related renal changes

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. GI panel (serum cobalamin, folate, PLI and TLI) to further assess for maldigestion/malabsorption and pancreatitis.
2. A fecal evaluation for ova/Giardia, if not already performed.
3. A 6-week limited antigen diet trial to assess for food allergies
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Chest X-rays (three-view), are recommended prior to anesthesia to assess cardiopulmonary status.

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

Smithville AH

## REFERRING VET

Dr. Hagar

## INVOICE

10519

## DATE

3/9/22



**PATIENT**

Penny Wilkenson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Smithville AH

**REFERRING VET**

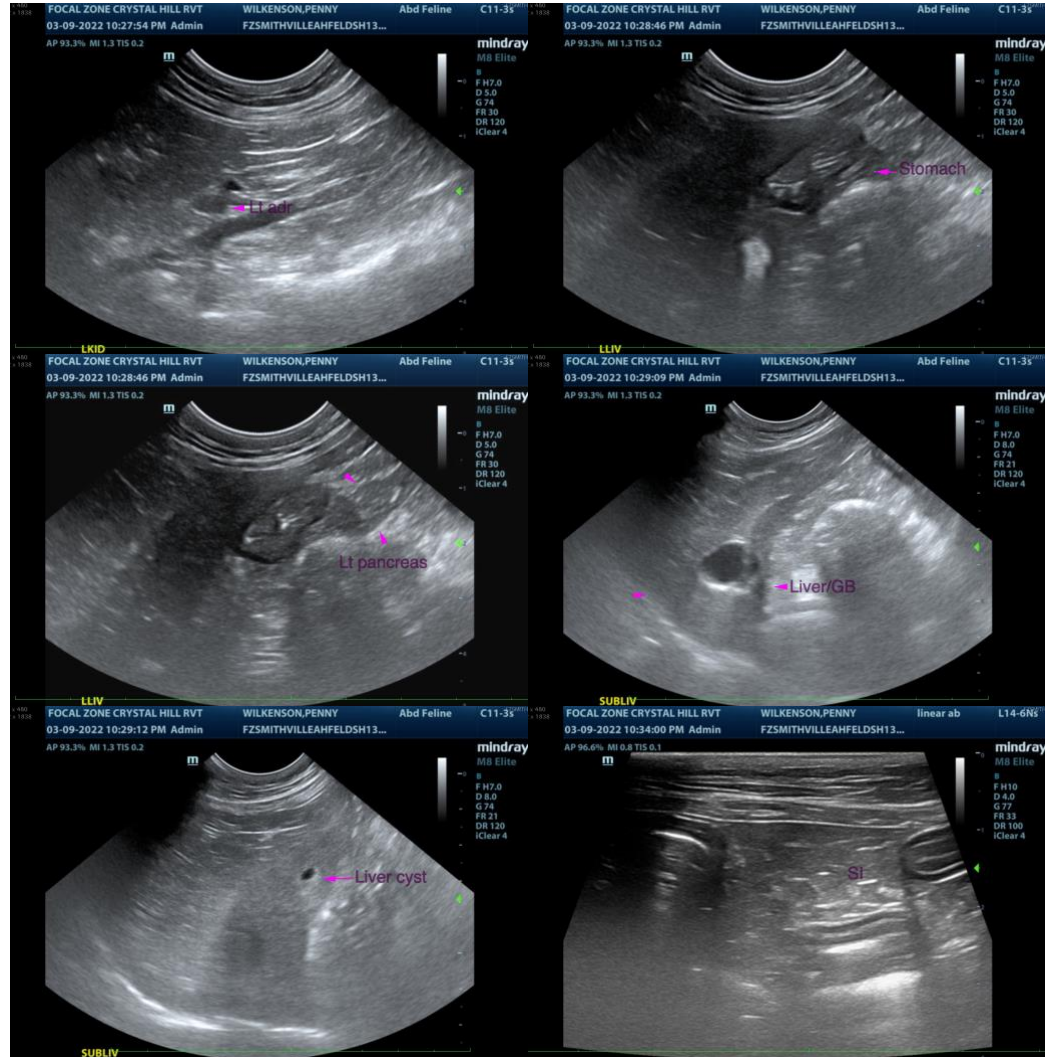
Dr. Hagar

**INVOICE**

10519

**DATE**

3/9/22



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