



PATIENT

Luna Letchworth

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 years

WEIGHT

7.5lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

12387

DATE

3.9.23

PRESENTING CLINICAL SIGNS

History: About a year ago occasional vomiting (every 7-14 days) was noted. They started pet on hydrolyzed protein diet and the vomiting pretty much resolved until recently. She is now vomiting once every 3 days again. No diarrhea, normal appetite. She has lost about 1 lb in the last 2 years. Abnormal PE/Chem/CBC/UA Results: Bloodwork/T4/UA pending.

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 is moderately distended. A small 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 1-2 cm, are normal.

The left kidney is normal in size (3.51 cm in length) with a normal shape, architecture and 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. Renal vasculature is normal.

The right kidney is normal in size (3.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal to mild loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.26 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 (0.87 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. 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.



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Free Abdomen

There is no evidence of free fluid. A few mesenteric lymph nodes are visualized (the largest measuring 0.58 cm in length). The mesentery surrounding thickened nodes is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Minor bilateral age-related renal changes

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include inflammatory bowel disease, food allergy/intolerance, infectious/parasitic disease, underlying metabolic issue, mild pancreatitis, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider switching to a new limited antigen or hydrolyzed protein diet in case the patient has developed an allergy to the current diet.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, should also be considered, along with a fecal evaluation for ova and Giardia.
- Consider heartworm testing (i.e., antibiotic/antigenic stimulation) as heartworm disease can cause chronic vomiting in cats.
- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- If biopsies are not to be pursued, consider empirical treatment for *Helicobacter pilori* with a 14-21-day course of Metronidazole, amoxicillin, clarithromycin, +/- famotidine or omeprazole.
- Initiation of a probiotic may also prove beneficial.

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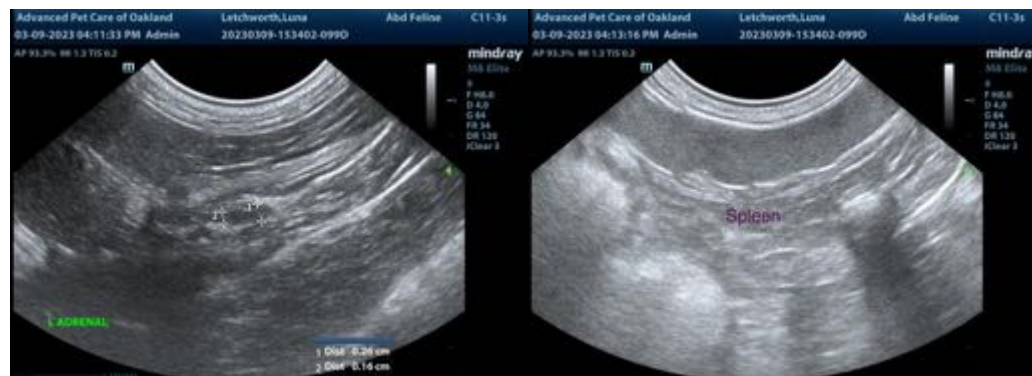
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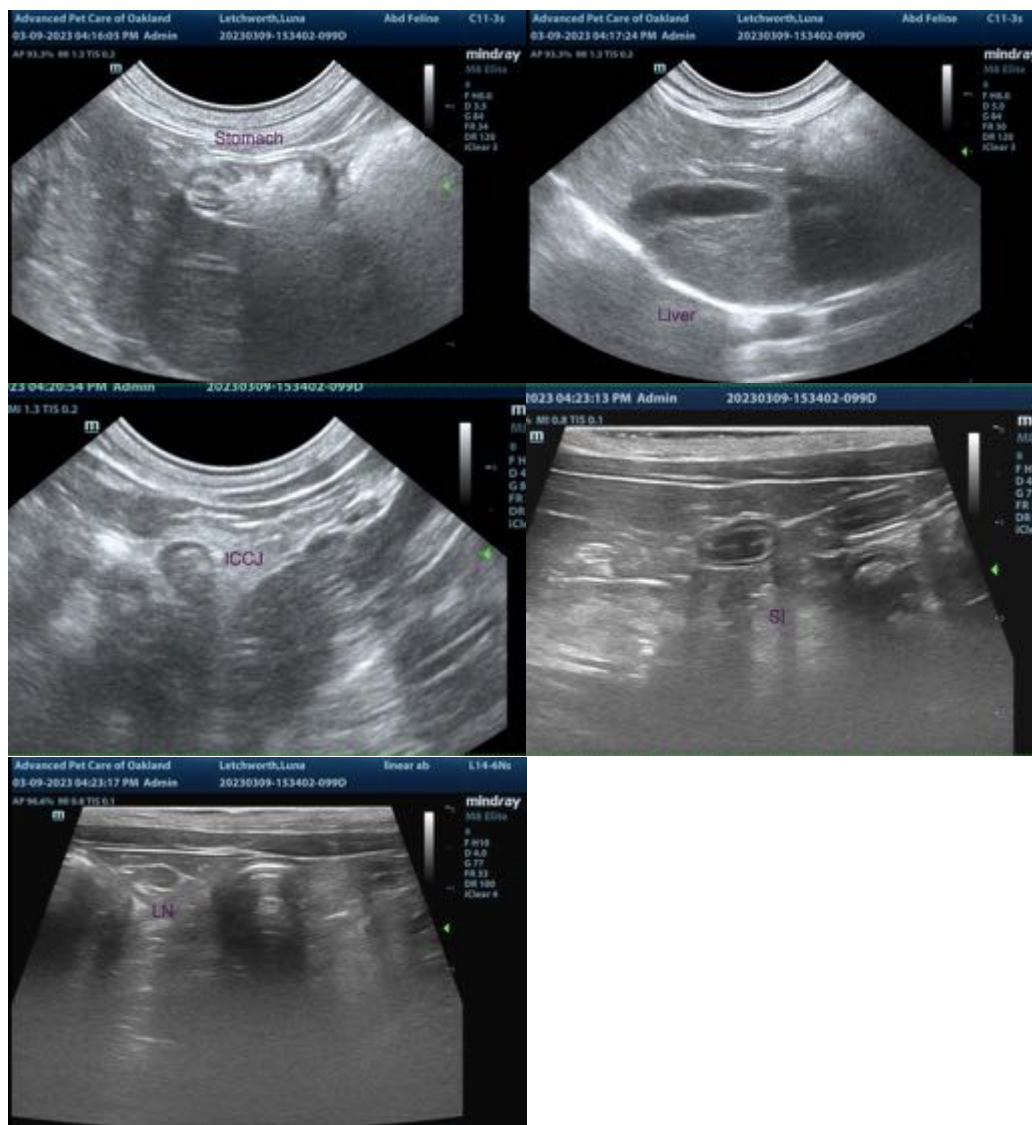
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com