



**PATIENT**

Faithful Richards

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

4.1 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Belan

**HOSPITAL NAME**

Britannia Kingsland

**REFERRING VET**

Dr Hammel

**INVOICE**

12801

**DATE**

4.20.23

**PRESENTING CLINICAL SIGNS**

History: Intermittent vomiting lethargy and weight loss. Mass felt on palpation. Suspect FB vs Ab mass

Abnormal PE/Chem/CBC/UA Results: Neutrophilia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.81 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is a questionable cortical infarct at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal in size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is prominent in size (1.17 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenal and jejunal lumens are empty. Some soft, shadowing material is observed within the ileal lumen. The small intestinal wall is normal in thickness with a normal layering pattern. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.



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## Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The shadowing material within the ileum is concerning for a foreign material (i.e., hair, other). However, it appears transient/nonobstructive at the time of this study.

### Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Questionable left renal cortical infarct

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for acute gastroenteritis is recommended, including IV fluid therapy and other supportive measures.
- A repeat ultrasound is recommended in 12-24 hours to reassess the bowel for movement of the shadowing material into the colon.
- If the patient's clinical signs persist, a more comprehensive GI work-up (fecal evaluation for ova and Giardia, malabsorption panel, hypoallergenic diet trial +/- GI biopsies) may be warranted.
- Given the weight loss, also consider three-view thoracic radiographs to assess for occult disease in the chest.





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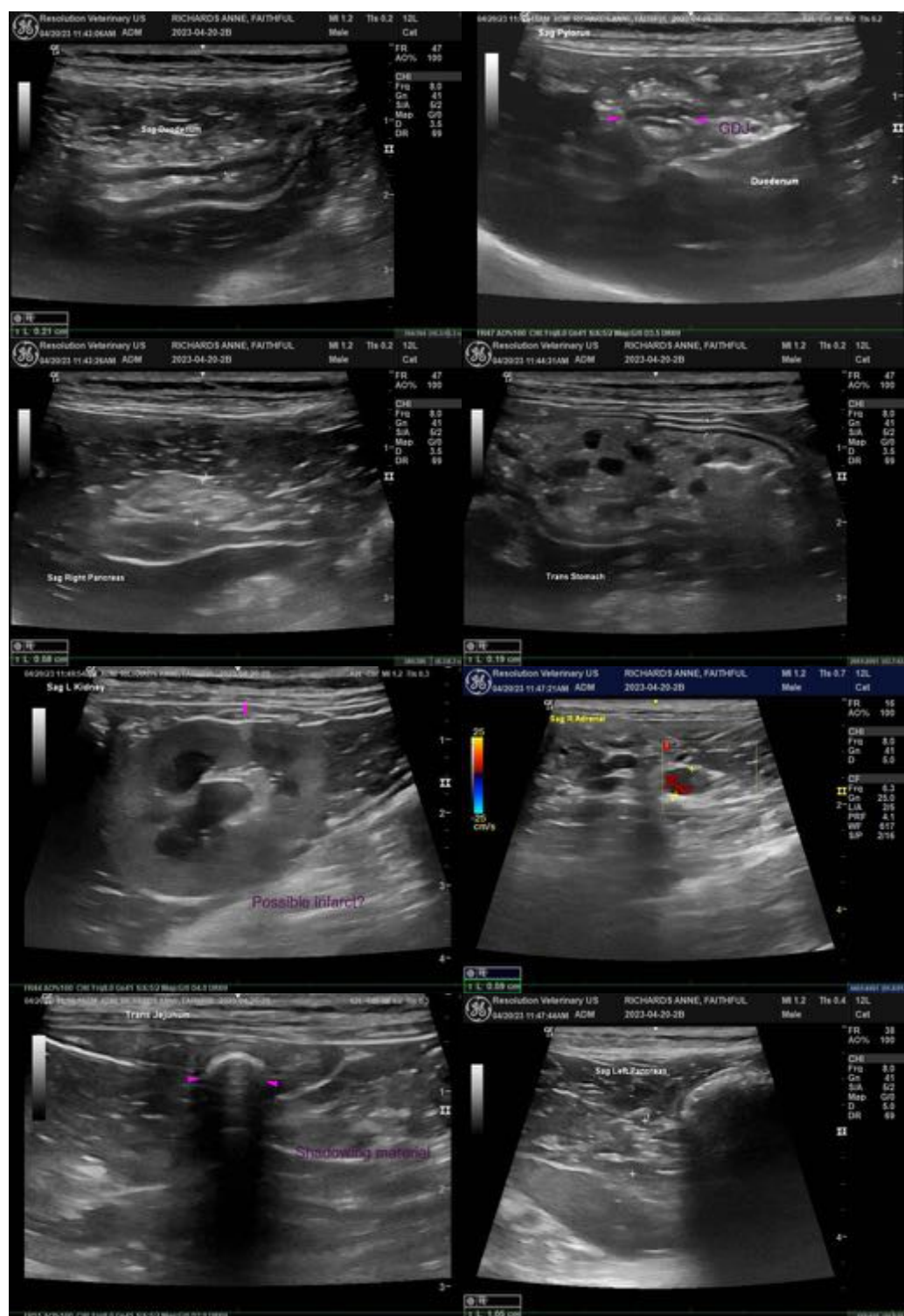
Dr Hammel

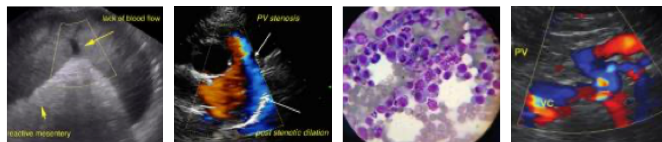
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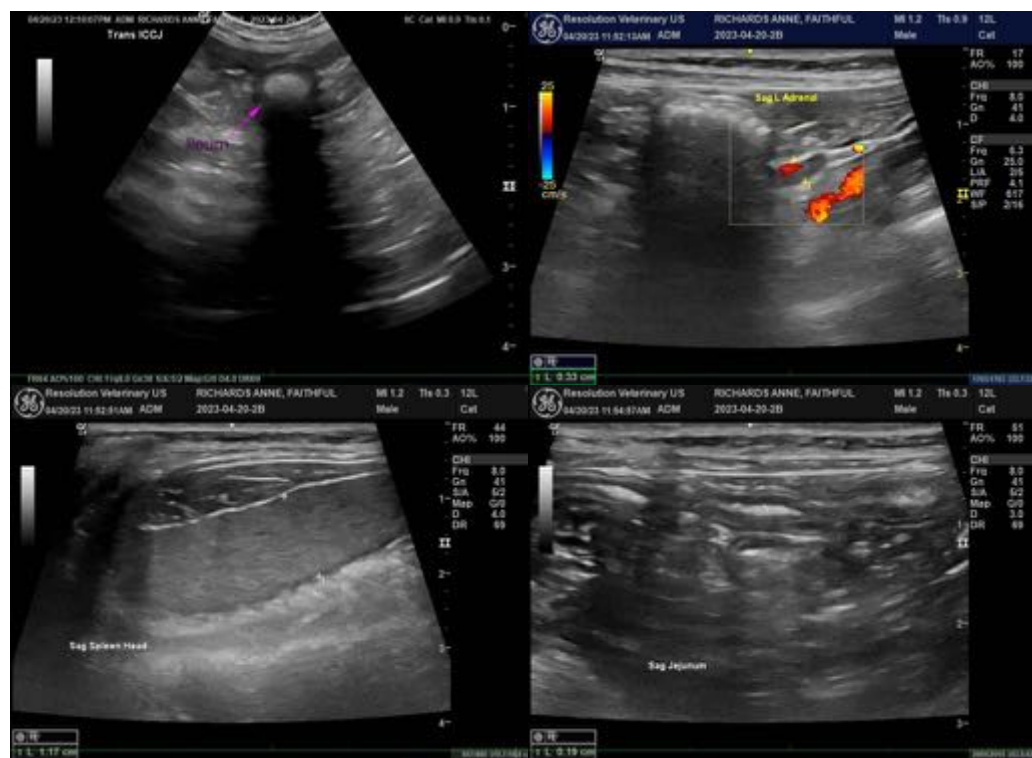
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)