



PATIENT PRESENTING CLINICAL SIGNS

Robin Ferro History: chronic vomiting

SPECIES Abnormal PE/Chem/CBC/UA Results: Ca 12.8, Phos 5.6, Na/K 27 CBC, T4 WNL ionized ca 1.41 elevated

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Snowshoe The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

SEX

Female The left kidney is small in size (2.90 cm in length); with an irregular shape. The cortex is variably thickened. There is mild to moderate loss of corticomedullary distinction. There is a suspected infarct at the cranio-lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter.

AGE

8 years The right kidney is normal size (3.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

13 lbs

Adrenal Glands

The region of the adrenal gland is evaluated. No obvious pathology is observed.

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
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Spleen

The spleen is normal in size (0.88 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 and is isoechoic relative to the spleen. 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.

IMAGING PERFORMED BY

Dr. Scott

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

HOSPITAL NAME

Ho Ho Kus VH

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 0.31 cm) 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.

REFERRING VET

Dr. G

INVOICE

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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.

DATE

4/4/22



PATIENT

Free Abdomen

Robin Ferro

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are consistent with inflammatory bowel disease. Emerging lymphoma is also a possibility but considered less likely at this time.

BREED

Snowshoe

- Bilateral age-related renal changes with a suspected left cortical infarct

SEX

Female

**An obvious cause for the patient's hypercalcemia is not identified in this study. Considerations include occult neoplasia, primary hyperparathyroidism, idiopathic hypercalcemia, other.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hypercalcemia, three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.

WEIGHT

13 lbs

- Also consider a PTH/PTHrP/ionized calcium
- Regarding the chronic vomiting, consider the following:

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1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
2. Fecal evaluation for ova and Giardia
3. Hypoallergenic diet trial
4. +/- endoscopic or surgical gastrointestinal biopsies

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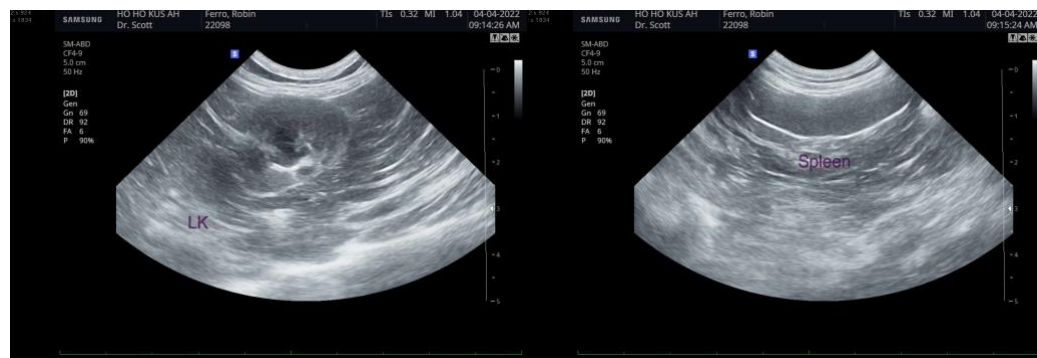
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PATIENT

Robin Ferro

SPECIES

Feline

BREED

Snowshoe

SEX

Female

AGE

8 years

WEIGHT

13 lbs

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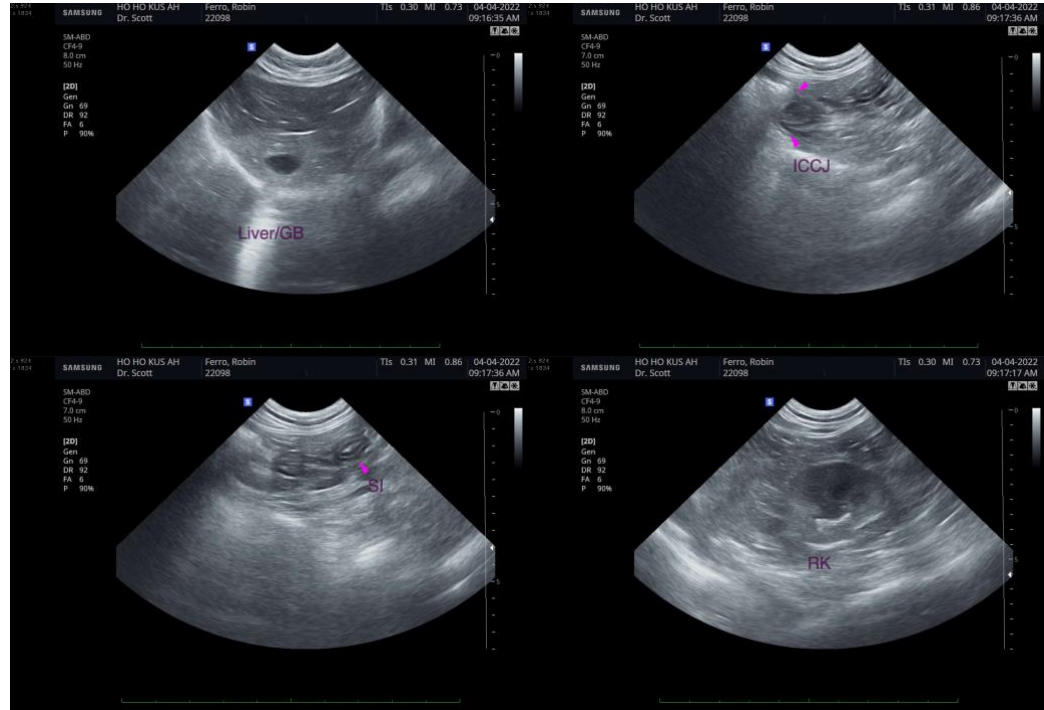
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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