

PATIENT	PRESENTING CLINICAL SIGNS
Sandy Dexter	History: Hx chronic (a few months?) intermittent vomiting brown liquid, recently increasing in frequency to around once daily. Pt previously had a history of occasionally vomiting undigested kibble after eating which owners attributed to eating too quickly. NSF on physical exam apart from weight loss of approximately 1lb in the past year
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Not performed today. January 2023 ALT 78 (0-48), otherwise NSF Current Medications amlodipine 2.5mg tablet, 1/2 tablet SID Radiographic Findings not performed today
BREED	
DSH	
SEX	
Female Spayed	
AGE	
11 years	
WEIGHT	
15.5 lbs	
INTERPRETED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
IMAGING PERFORMED BY	
Sara Hansen	
HOSPITAL NAME	
The Ark VC	
REFERRING VET	
Dr Mercer	
INVOICE	
12683	
DATE	
4.5.23	

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 and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.59 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 (4.54 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.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

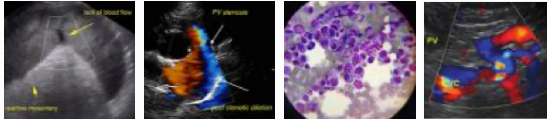
The spleen is normal in size (0.73 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small hyperechoic nodules are observed throughout the organ (the largest measuring 0.40 cm in diameter). Splenic vasculature is normal.

Liver

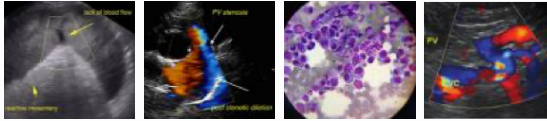
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



PATIENT	The gastric lumen is mildly to moderately distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.
Sandy Dexter	
SPECIES	Pancreas
Feline	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.
BREED	Free Abdomen
DSH	There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.85 cm in length). Surrounding mesentery is mildly hyperechoic.
SEX	ULTRASONOGRAPHIC FINDINGS
Female Spayed	Primary Findings
	<ul style="list-style-type: none">If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
AGE	Secondary Findings
11 years	<ul style="list-style-type: none">The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging neoplasia (i.e., mast cell disease).Minor bilateral chronic age-related renal changes
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
15.5 lbs	<ul style="list-style-type: none">The following diagnostic/treatment recommendations can be considered:<ol style="list-style-type: none">Serum cobalamin, folate, PLI and TLIA fecal evaluation for ova/GiardiaA 6-week limited antigen diet trial to assess for food allergiesAlso consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.Three-view thoracic radiographs are recommended to assess for occult esophageal disease.If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
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Sandy Dexter

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

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WEIGHT

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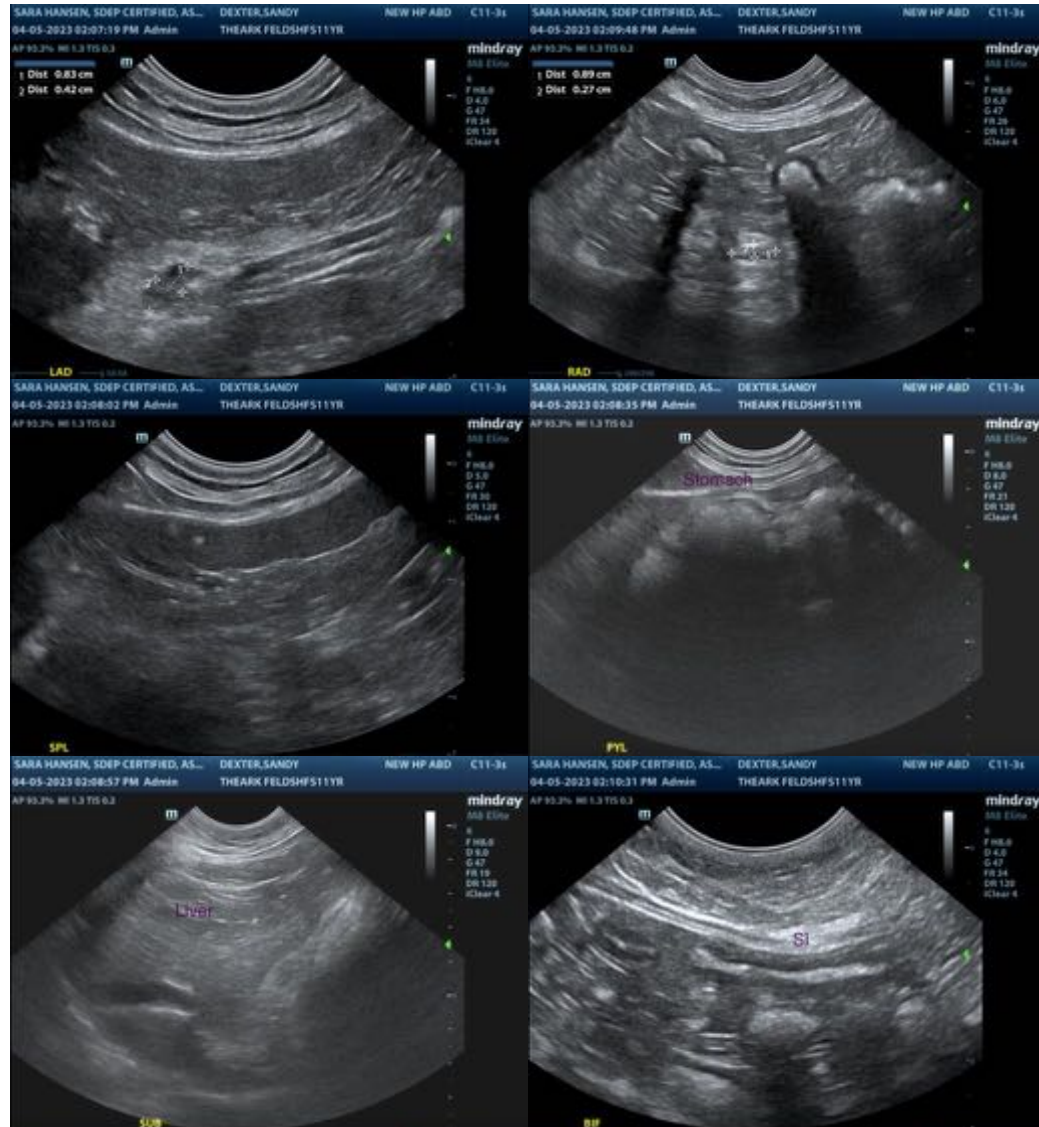
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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