

**PATIENT PRESENTING CLINICAL SIGNS**

Pisha Peterson

History: She started throwing up again. She seemed better last week until Thursday. Starting throwing up bile regularly. Just eating canned food, she has been keeping it down and likes it. Has not eaten kibble this past week. Sounds like Mrs has not offered it.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Please see attached rads and BW. Chemistry panel unremarkable. Fpl normal. Feline leukemia FIV negative. CBC unremarkable, except for low platelets, which may be artifactual.

**BREED**

Sphynx

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed Female

**Urinary System**

The bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of aggregated, echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

**AGE**

4 years

The left kidney presented normal size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

8.9 lbs

The right kidney presented normal size (3.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.46 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.57 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. Using the high-frequency probe, the parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Norwich Vet Svcs

**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.

**REFERRING VET**

Dr. Saturno

**INVOICE**

10706

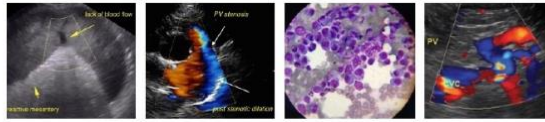
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**DATE**

4/7/22

**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



**PATIENT**

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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 colonic wall is normal. No obstructive or overt infiltrative disease is noted.

**SPECIES**

Feline

**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.

**BREED**

Sphynx

**Free Abdomen**

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

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

4 years

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**WEIGHT**

8.9 lbs

\*\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, intestinal dysbiosis), mild pancreatitis, underlying metabolic issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider three-view thoracic radiographs to assess for occult esophageal disease (i.e., foreign body, hernia). Other diagnostic/therapeutic considerations include the following:
  - Malabsorption panel, including serum cobalamin and folate, TLI and PLÍ
  - 6-week hypoallergenic diet trial
  - Fecal evaluation for ova and Giardia
  - Heartworm testing (i.e., antigen antibody), as heartworm disease can cause chronic vomiting in cats.
  - A fine needle aspirate of the spleen to rule out infiltrative neoplasia can be considered.
  - Depending on the results of the above diagnostic/therapeutics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

**INTERPRETED BY**

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Diplomate ACVIM  
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**HOSPITAL NAME**

Norwich Vet Svcs

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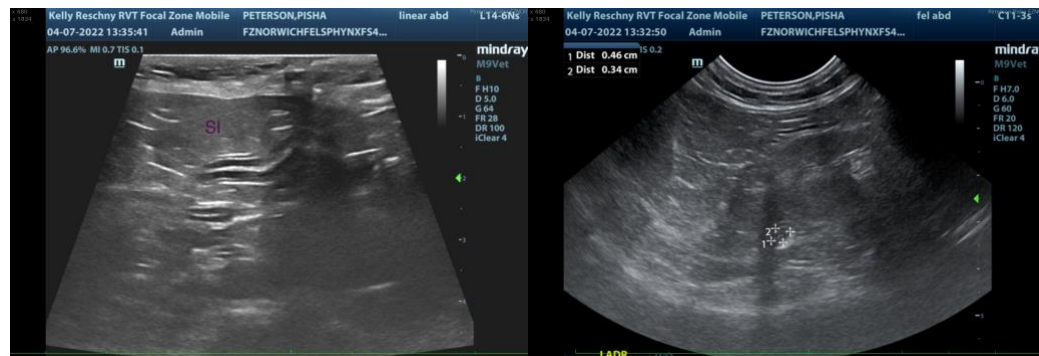
Dr. Saturno

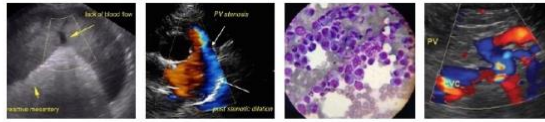
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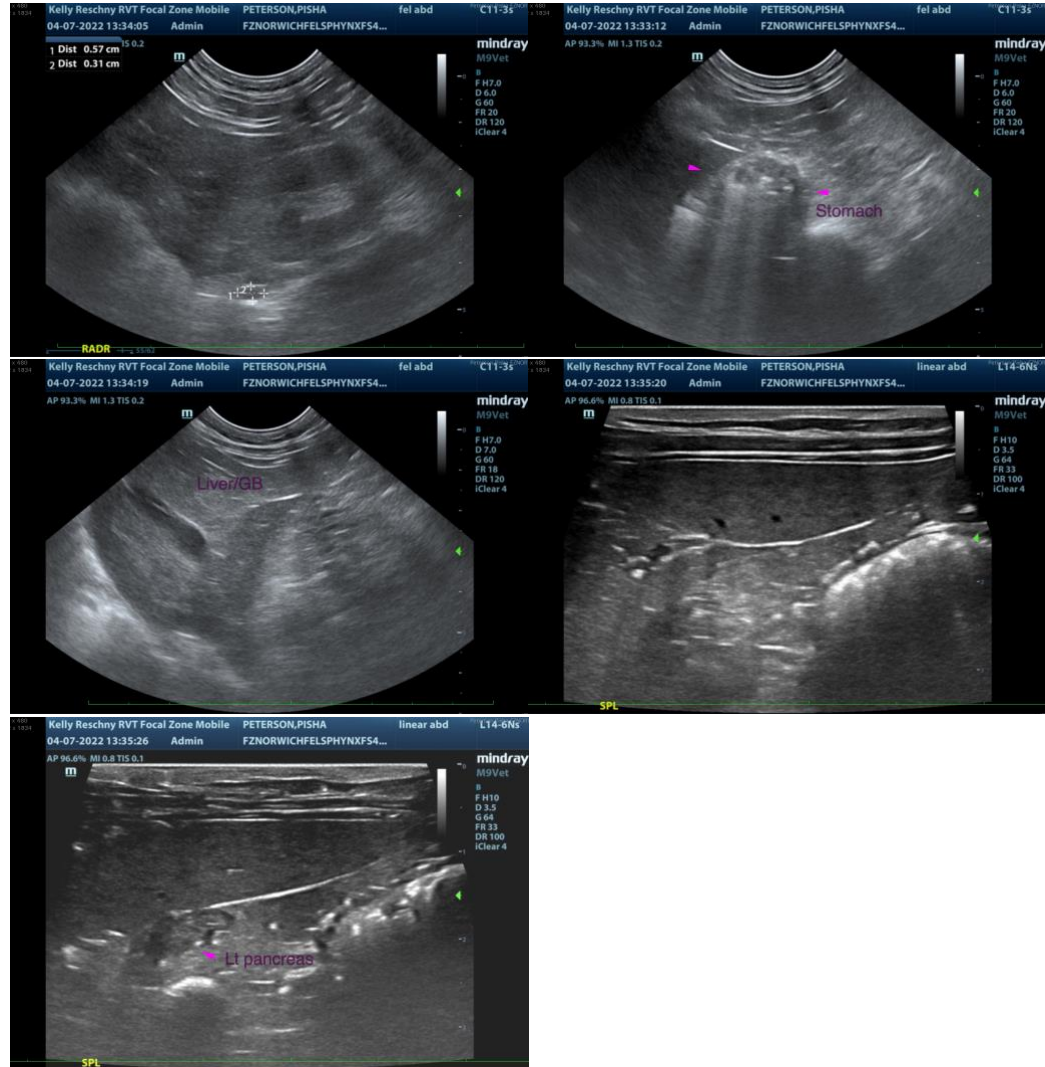
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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