



PATIENT

Stinky Drechsler

PRESENTING CLINICAL SIGNS

History: Chronic vomiting, hx of hyperthyroidism treated with radioactive iodine, normal exam.

SPECIES

Feline

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 lumen is moderately 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.

BREED

Domestic shorthair

The left kidney is normal size (3.90 cm in length) with a normal shape and smooth peripheral contours. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal size (4.19 cm in length) with a normal shape and smooth peripheral contours. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 Yrs. 9 months

Adrenal Glands

The left adrenal gland is small in size (0.20 cm width) with a slightly irregular shape. The parenchyma is of normal echogenicity and echotexture with normal glandular detail. Surrounding vasculature appears normal.

WEIGHT

11 lbs.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
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Spleen

The spleen is normal in size (0.77 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.

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Shari Reffi CVT

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 portal vein: caudal vena cava ratio is approximately 1:1. 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.

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REFERRING VET

Dr. Hargadon

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. One several cm segment exhibits mild hyperperistalsis. The small intestinal wall is diffusely 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, with a 1:1 ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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The base and right limb are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

SPECIES

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Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.53 cm in length.

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Primary Findings:

- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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Secondary Findings:

- Suspected age-related pancreatic remodeling.
- Bilateral chronic age-related renal changes.
- The small left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism). Correlation with the patient's bloodwork is recommended.

WEIGHT

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies.
4. Consider further testing for hypoadrenocorticism (ACTH stimulation test) if the patient's baseline lab work is supportive of this disease.
5. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:
Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
(+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)
6. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of



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chronic vomiting in cats.

Stinky Drechsler

7. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

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8. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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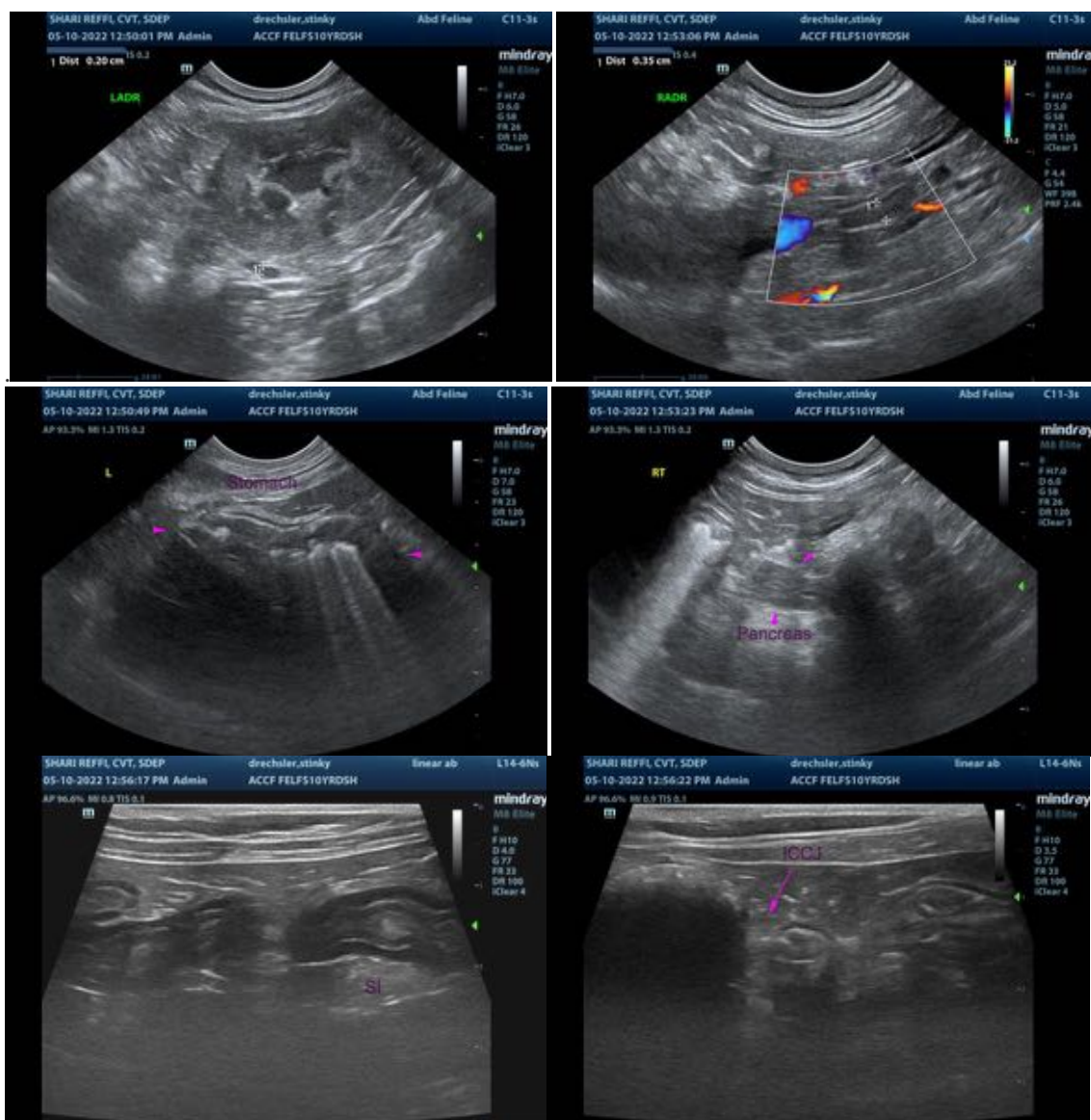
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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