



PATIENT

Tilly Wright

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

7.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Haudi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Haudi

INVOICE

10910

DATE

5/16/22

PRESENTING CLINICAL SIGNS

History: P presented for acute, profuse diarrhea. Started a few days ago. P having frequent (4x/day) diarrhea and hyporexia. P has history of mast cell disease. A small, solitary mast cell tumor was removed about six years ago. Last year (March 2021), P presented for a cough/lethargy. Ultrasound and spleen/aspirates were taken. Ultrasound revealed changes consistent with diffuse round cell neoplasia of the spleen and liver. FNA confirmed mast cell disease. P had a splenectomy in April 2021. Histopath confirmed mast cell disease (2 mitotic figures per 10 HPF with angiolymphatic invasion). P had been doing great the last year until this episode. Weight loss from 7.7 to 7.2 pounds in last year. Chest rads were taken as cough persisted, revealed a mild bronchiolar pattern with no evidence of metastatic neoplasia. P was started on 5 mg prednisolone SID which helped cough significantly.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Lytes pending.

The patient images are labeled "Marsha Wright" (owner).

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 is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra are normal.

The left kidney is normal size (3.56 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

Previously splenectomized

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 to caudal vena cava ratio is approximately 1: 1.



PATIENT

Tilly Wright

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

SPECIES

Feline

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is normal to mildly thickened (up to 0.69 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.29 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.

BREED

DSH

SEX

Spayed Female

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter).

AGE

12 years

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.89 cm in length. Surrounding mesentery is mildly hyperechoic

WEIGHT

7.2 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The trace ascites is likely secondary to bowel pathology.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Saum Haudi

HOSPITAL NAME

Bethany Family PC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Fecal evaluation for ova and Giardia.
2. Consider prophylactic deworming with fenbendazole
3. Consider a fecal PCR infectious disease panel
4. A T4/free T4 by equilibrium dialysis is recommended if not already performed.
5. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
6. If the patient's clinical signs do not resolve with supportive care, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If pursued, thoracic radiographs should be performed to assess cardiopulmonary status.

REFERRING VET

Dr. Saum Haudi

INVOICE

10910

DATE

5/16/22



PATIENT

Tilly Wright

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

7.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Saum Haudi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

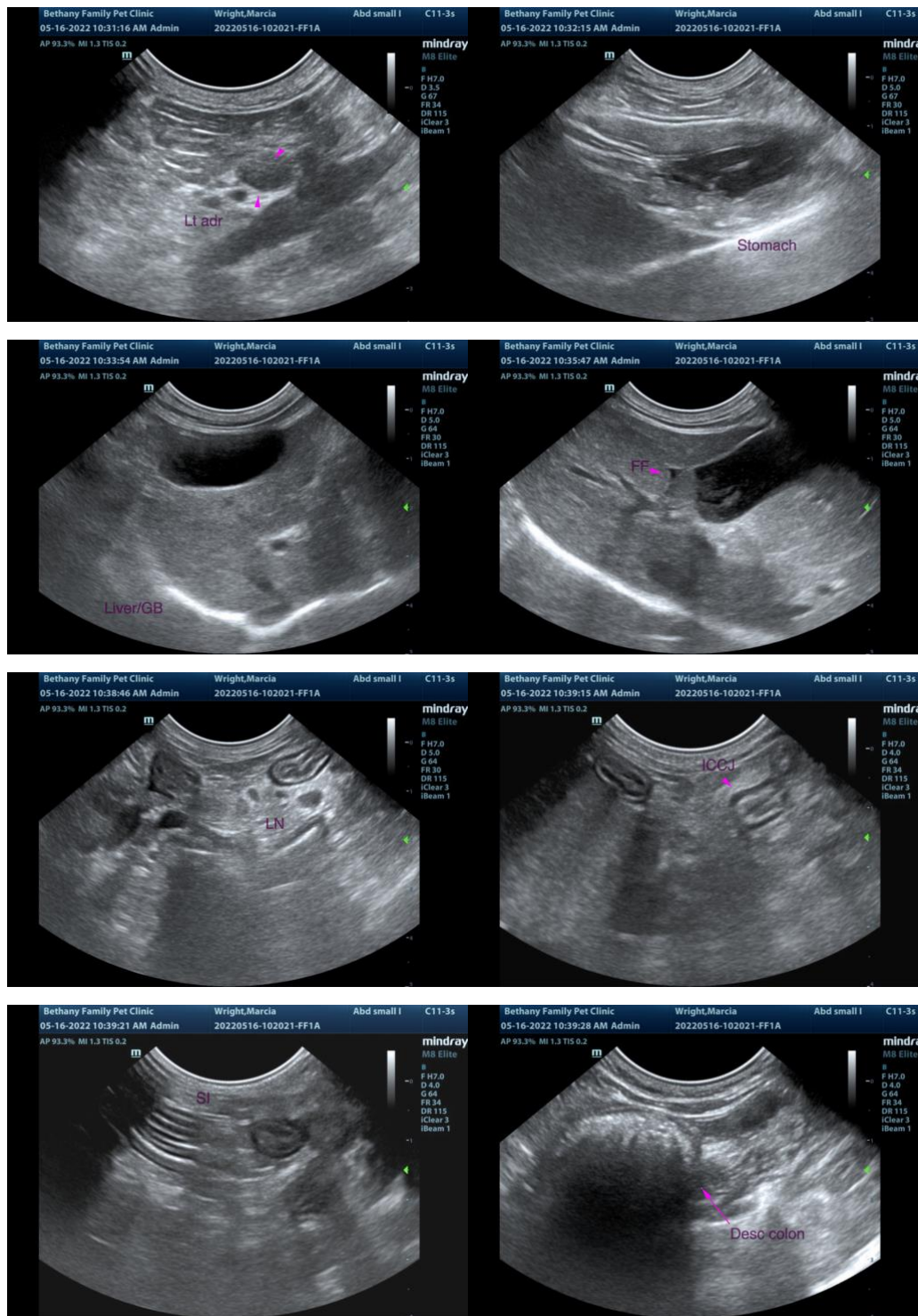
Dr. Saum Haudi

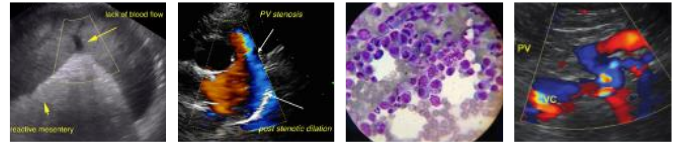
INVOICE

10910

DATE

5/16/22





PATIENT

Tilly Wright

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

7.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Haudi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

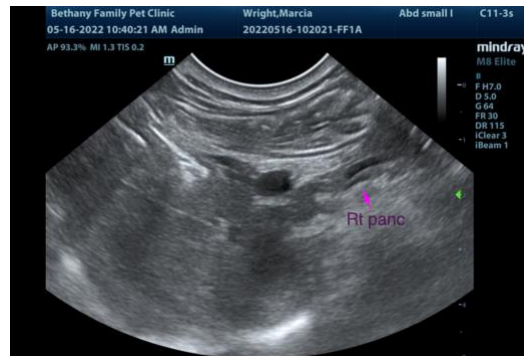
Dr. Saum Haudi

INVOICE

10910

DATE

5/16/22



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com