

PATIENT PRESENTING CLINICAL SIGNS

Ella Schwartz
History: weight loss, chronic vomiting her whole life, recent elevations in liver enzymes
Abnormal PE/Chem/CBC/UA Results: ALT 125, Amylase 1415, BUN 39

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
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 the visible portion of the proximal urethra are normal.

BREED

Siberian

The left kidney is normal size (3.52 cm in length); normal shape and architecture with 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.

SEX

Female, spayed

The right kidney is normal size (3.66 cm in length); normal shape and architecture with 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.

AGE

16 Yrs.

Adrenal Glands

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

WEIGHT

12 lbs.

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.

INTERPRETED BY

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

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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/not seen.

IMAGING PERFORMED BY

Dr. Scott

Gastrointestinal

HOSPITAL NAME

Ho Ho Kus VH

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 0.30 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. Scott

Pancreas

INVOICE

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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

5/2/23



PATIENT

Free Abdomen

Ella Schwartz

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.22 cm in length. The nodes are normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Minor, bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the history of weight loss, consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Other diagnostic/therapeutic considerations include the following:
 1. A fecal evaluation for ova/Giardia
 2. Malabsorption panel including serum cobalamin, folate, TLI and PLI
 3. 2-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
 4. Initiation of a probiotic may prove beneficial.
 5. In light of the mildly elevated ALT, consider pre- and post-prandial serum bile acids to assess hepatic function.
 6. Ultimately, gastrointestinal +/- liver biopsies may be necessary to get a definitive diagnosis.



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AGE

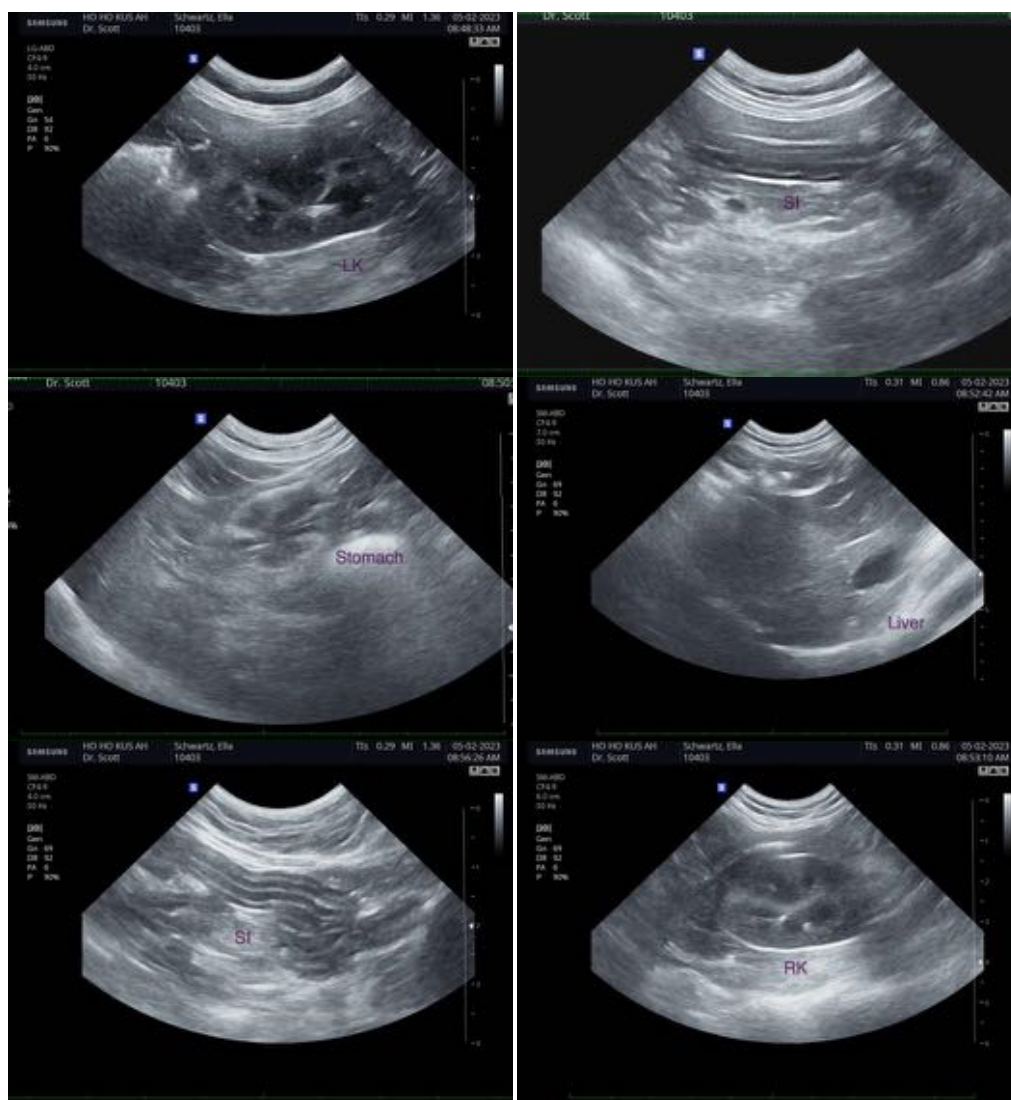
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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