



## PATIENT

Carlie Geiser

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 years, 9 mos

## WEIGHT

12.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
RVT LVT

## HOSPITAL NAME

MountainView AH

## REFERRING VET

Dr. Sarah Kalivoda

## INVOICE

10993

## DATE

5/26/22

## PRESENTING CLINICAL SIGNS

History: Chief Concern / Provisional Diagnosis: ~6 m follow up from prev. u/s Prev. u/s findings 11/2021 : ULTRASONOGRAPHIC FINDINGS Primary Findings • The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma). • The mild small intestinal wall thickening is suggestive of inflammatory bowel disease with minor potential for emerging lymphoma. Secondary Findings • Bilateral age-related renal pathology Relevant Medical History and Physical Exam findings: ~p. had vomiting, most appeared to resolve with i/d canned and dry diet. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: blood work to be run day of u/s~ retest thyroid, in the grey zone 10/2021 renal values/liver values well wnl

## 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. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

### Adrenal Glands

The left adrenal gland is normal size (0.65 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.93 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. 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.



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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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**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. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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**Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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**Free Abdomen**

There is no evidence of free fluid. A few, prominent mesentery lymph nodes are visualized, the largest measuring 2.64 cm in length. Surrounding mesentery is mildly hyperechoic.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The lymph node and renal changes are similar to the previous sonogram.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation, with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If gastrointestinal signs recur, further workup (i.e., malabsorption panel, fecal evaluation for ova and Giardia, limited antigen diet trial, +/- GI biopsies) may be warranted.

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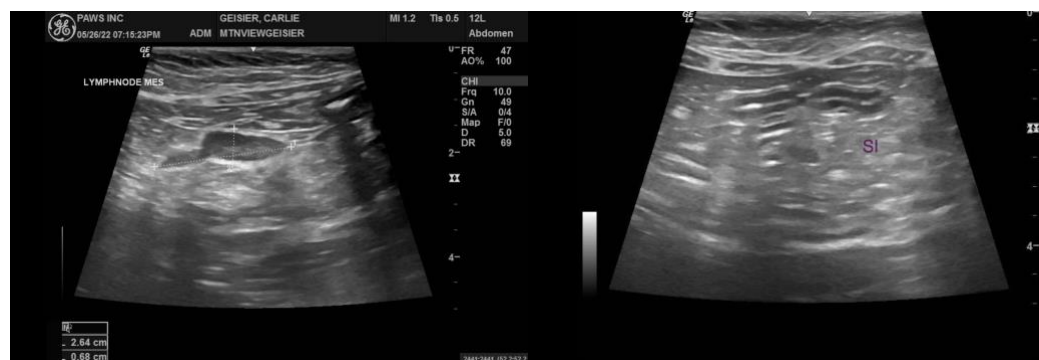
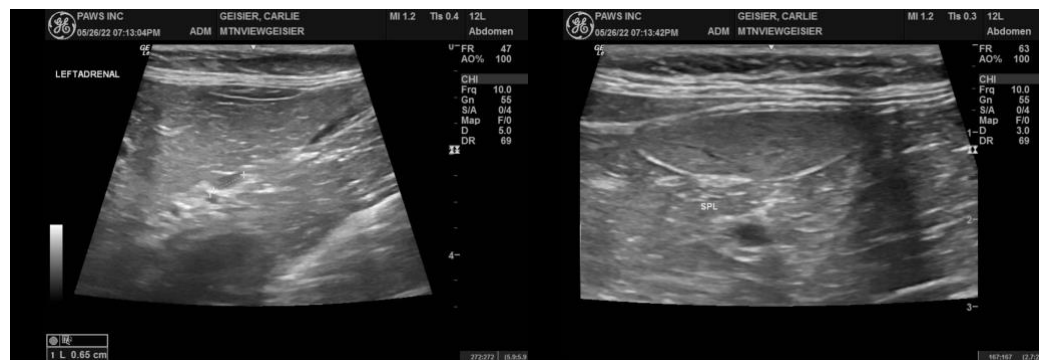
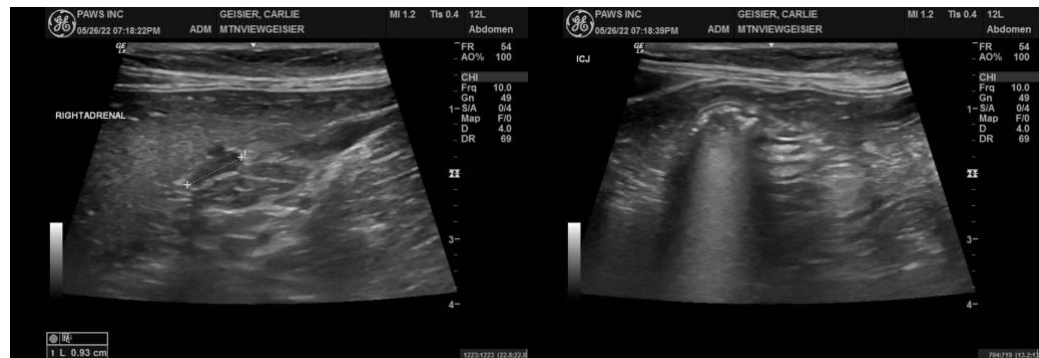
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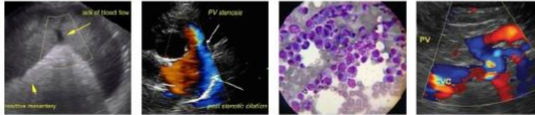
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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