



**PATIENT PRESENTING CLINICAL SIGNS**

Sammi Cameron History: weight loss, diarrhea, increased urgency, flatulence, good appetite always and no vomiting

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 normal except albumin 2.3  
TLI/Cobalamin/Folate all normal

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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. The region of the trigone and the visualized portion of the proximal urethra are normal.

**SEX**

Spayed Female The left kidney is normal size (4.17 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 hydroureter.

**AGE**

16 years The right kidney is normal size (4.21 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 hydroureter.

**WEIGHT**

7.2 lbs *Adrenal Glands*  
The left adrenal gland is normal size. Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

The right adrenal gland is normal size. Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

*Spleen*

The spleen is normal in size (0.65 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.

**IMAGING PERFORMED BY**

Dr. Scott

*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.

**HOSPITAL NAME**

Ho Ho Kus VH

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.

**REFERRING VET**

Dr. Scott

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.40 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a 1:1 ratio in most segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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*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.



## PATIENT

Sammi Cameron

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 years

## WEIGHT

7.2 lbs

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## Free Abdomen

There is no evidence of free fluid. 1.45 cm lymph node is observed in the right cranial quadrant. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent lymph nodes in the right, cranial quadrant may be secondary to reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma)

### Secondary Findings

- Minor, age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A 6-week limited antigen diet trial to assess for food allergies
- Gastrointestinal biopsies (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis. If biopsies are pursued, thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) as long as the client understands the risks of treatment without a definitive diagnosis.





## PATIENT

Sammi Cameron

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 years

## WEIGHT

7.2 lbs

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## REFERRING VET

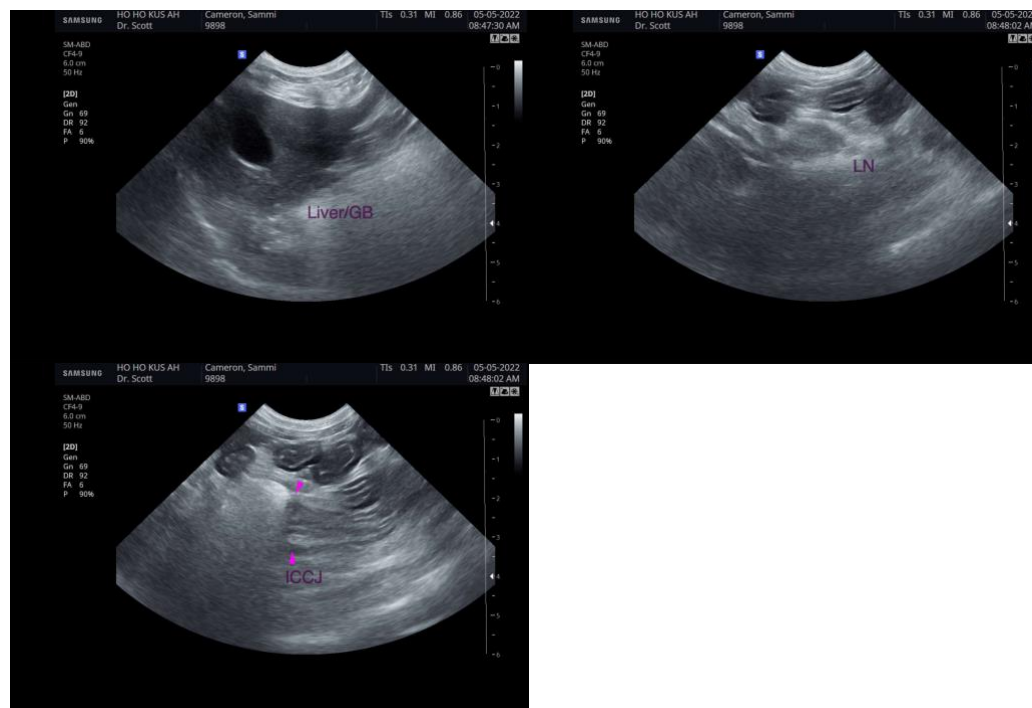
Dr. Scott

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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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