



PATIENT PRESENTING CLINICAL SIGNS

Whiz Colon
History: The patient presented as a referral due to vomiting. Whiz had multiple episodes of vomiting on May 12th and 13. No vomit was seen May 14th and was able to eat a little. Hard/doughy difficult palpation of the cranial abdomen, But no noticeable pain on palpation. Pt has not defecated is couple days.

SPECIES

Feline
Abnormal PE/Chem/CBC/UA Results: CBC NEU: 0.23 (2.30-10.29) LYM: 8.73 (0.92-6.88) EOS: 0.06 (0.17-1.57) PLT: 126 (151-600) CHEM GLU: 200 (74-159) BUN: 11 (16-36)

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

The urinary bladder wall is 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 cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Neutered Male

AGE

24 mos

The left kidney is normal in size (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

15.4 lbs

The right kidney is normal in size (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

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

IMAGING PERFORMED BY

Dr. Ferrer, DVM

Spleen

The spleen is normal in size (0.79 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 appears normal.

HOSPITAL NAME

Paseos VC

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.

REFERRING VET

Dr. Rodriguez

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

13371

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 is normal in thickness with a normal layering pattern and appropriate mural

DATE

6.15.23



PATIENT

Whiz Colon

detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

There is no evidence of free fluid. One-to-two prominent lymph nodes are observed in the caudal abdominal (the largest measuring 1.20 cm in length). A few prominent mesenteric lymph nodes are also seen (the largest measuring 0.98 cm in length).

SEX

Neutered Male

Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

AGE

24 mos

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Differentials include microscopic gastrointestinal disease (i.e., food allergy/intolerance, internal parasites, occult esophageal disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

WEIGHT

15.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the GI signs, consider the following:
 1. Fecal evaluation for internal parasites
 2. Texas GI panel including serum cobalamin and folate, TLI and PLI
 3. Hydrolyzed protein diet or limited antigen trial to evaluate for food allergies
 4. Thoracic radiographs to assess for occult esophageal disease
 5. Heartworm testing (antigen, antibody) as heartworm disease can cause chronic vomiting in cats.
 6. +/- endoscopic or surgical biopsies.
 7. Also consider initiation of a probiotic
- Regarding the CBC abnormalities, a repeat CBC (send to a diagnostic lab) with clinical pathology review is recommended. If the neutropenia persists, a bone marrow aspirate may be warranted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Rodriguez

INVOICE

13371

DATE

6.15.23





PATIENT

Whiz Colon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

24 mos

WEIGHT

15.4 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos VC

REFERRING VET

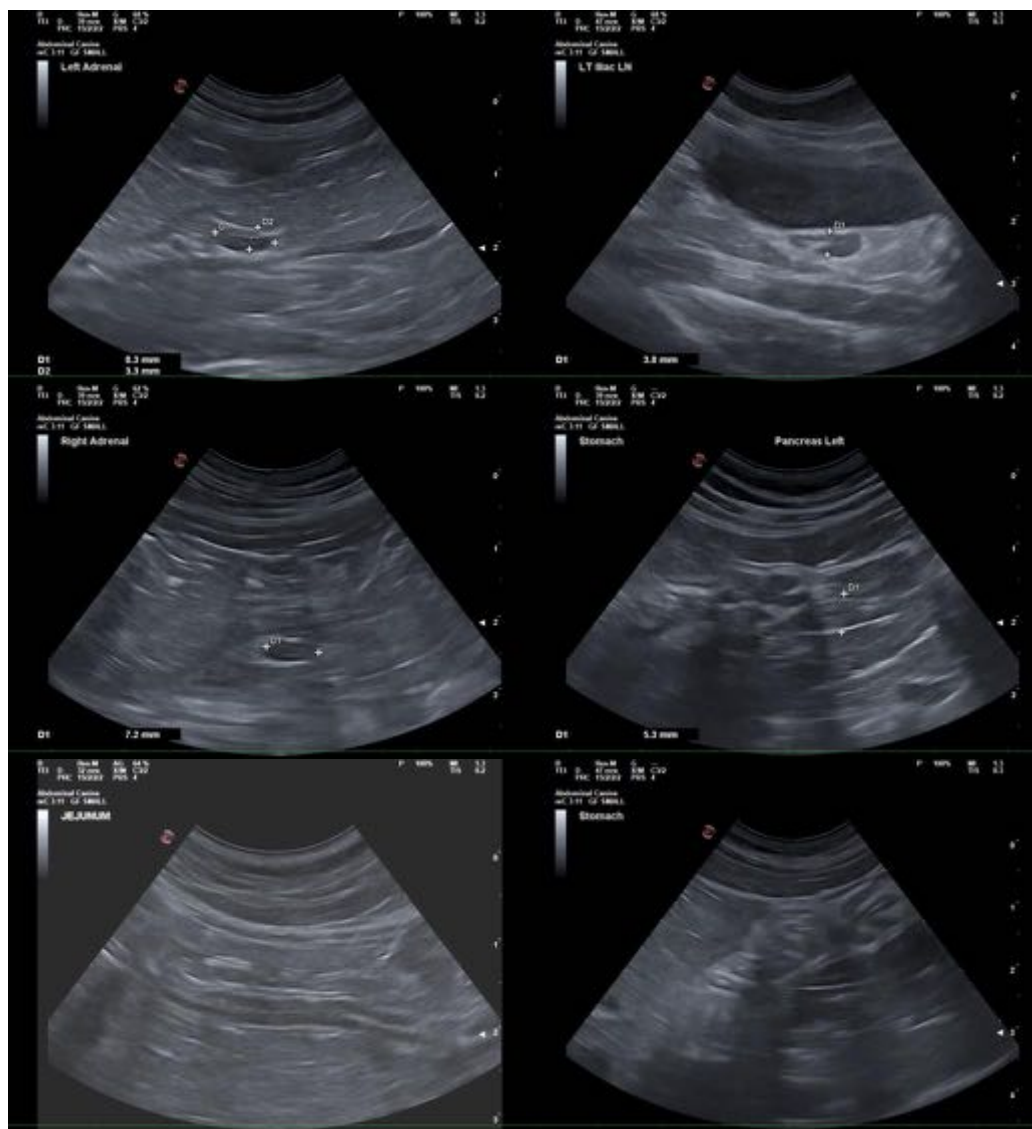
Dr. Rodriguez

INVOICE

13371

DATE

6.15.23



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