



**PATIENT**

Kitty Fichter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Intact Female

**AGE**

10 years

**WEIGHT**

7 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Advanced Vet Care

**REFERRING VET**

Dr. Anderson

**INVOICE**

11089

**DATE**

6/16/22

**PRESENTING CLINICAL SIGNS**

History: cancer check  
Abnormal PE/Chem/CBC/UA Results: SDMA incr 19, TP 8.9, alb 2.3, glbo 6.6, ALT decr 16, monocytes incr and eos decreased

**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 with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.21 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.59 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.23 cm nonobstructive, mineralized focus is visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.99 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.96 cm length; 0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**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.

**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.

The gall bladder is moderately distended. A bilobed conformation is suspected. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.17 cm in diameter as it enters into the duodenal papilla,

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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**Pancreas**

The pancreas is diffusely visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm in diameter). There is no evidence of peripancreatic 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 0.83 cm in length.

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**Other**

The left ovary is visualized, measuring 0.89 x 0.60 cm and is subjectively normal in size. No obvious pathology is observed.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

7 lbs

**Primary Findings**

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely 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 are suggestive of chronic pancreatitis. However, correlation with clinical history is recommended.
- Bilateral, chronic, age-related renal changes with nonobstructive nephrocalcinosis in the right kidney

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

To further evaluate for neoplasia, consider thoracic radiographs and a serum protein electrophoresis (to assess for a monoclonal gammopathy).

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If gastrointestinal signs are present in this patient, further workup (i.e., fecal evaluation for ova and Giardia, malabsorption panel (Send to Texas A&M) +/- GI biopsies) may be warranted.

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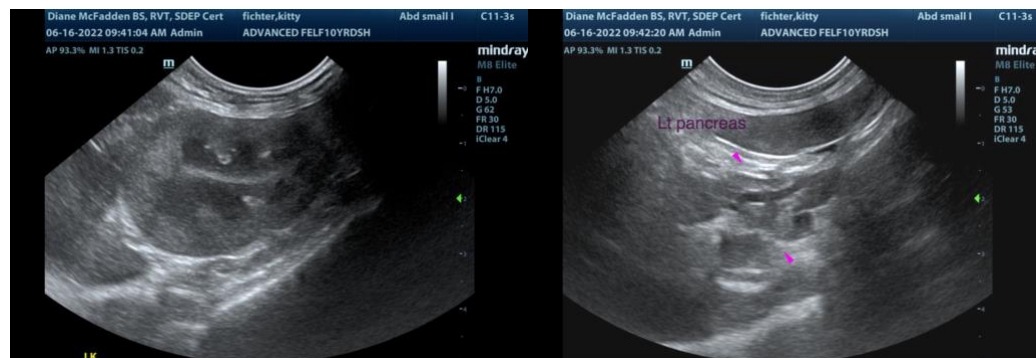
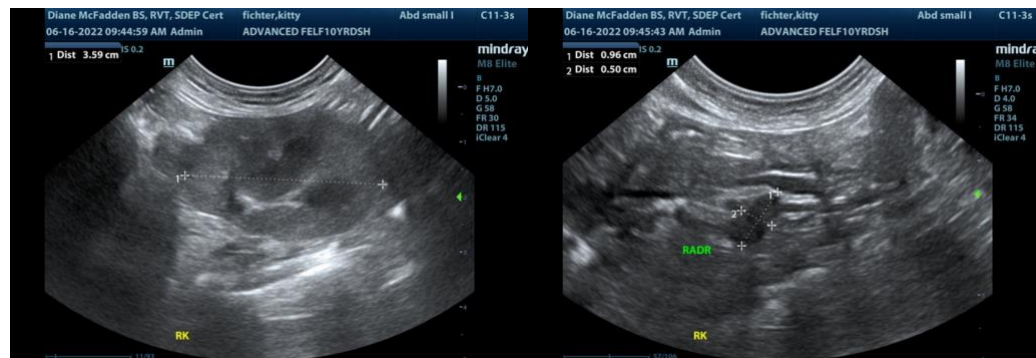
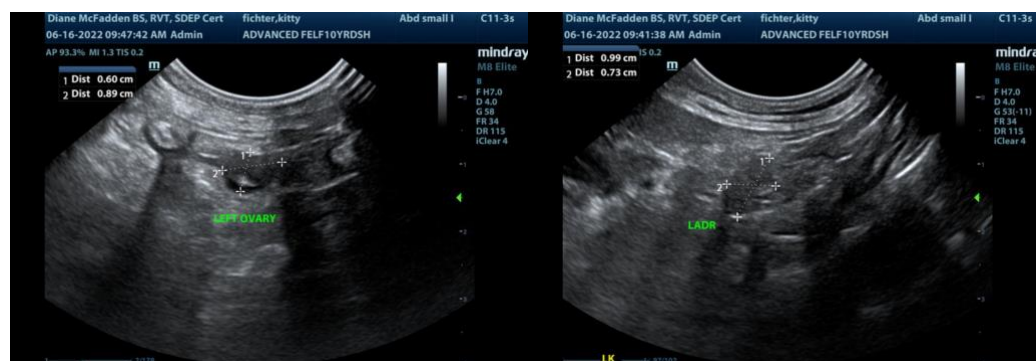
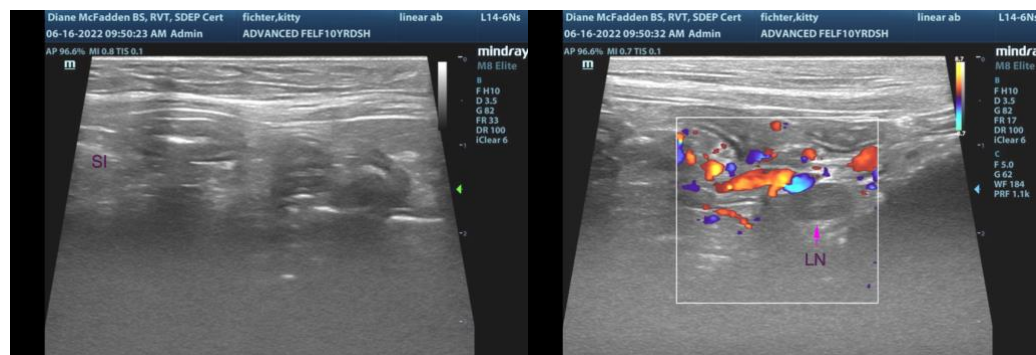
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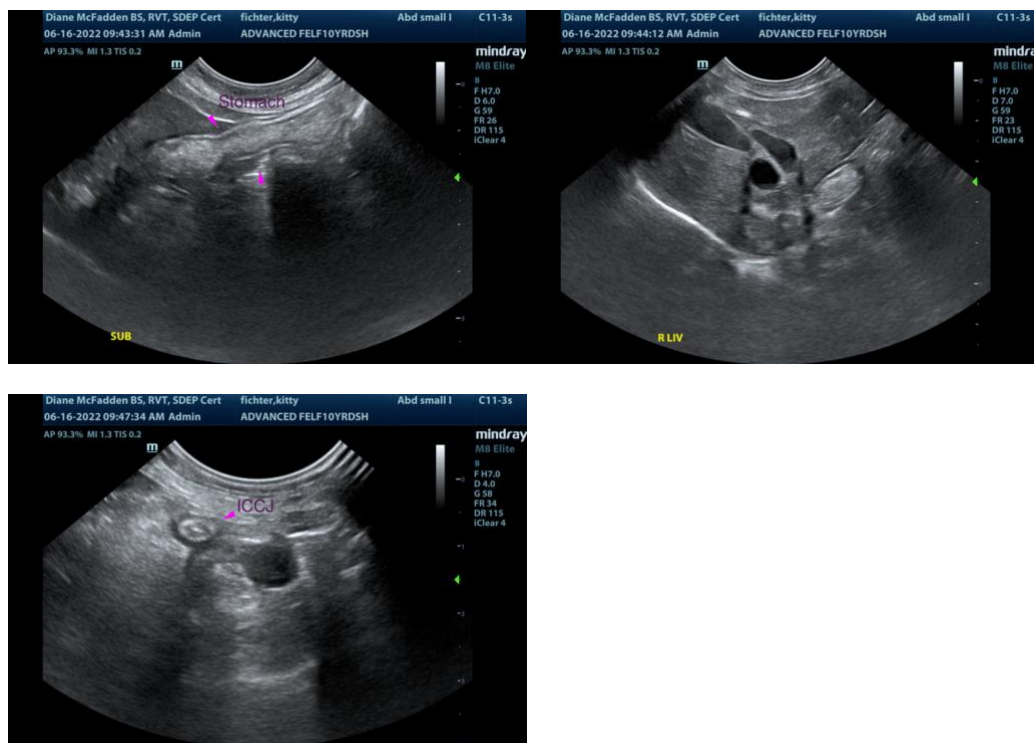
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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