

**PATIENT PRESENTING CLINICAL SIGNS**

Bambi L'Anson History: Occ vomiting Weight loss Hematuria ALT and AST newly elevated Stage 2 renal Constipation

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BUN and creatinine are normal. ALT 230. AST 88. T4/free T4 normal.  
Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**SEX**

Neutered Male The left kidney is normal in size (3.63 cm in length) with a slightly irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

15 years The right kidney is normal in size (4.00 cm in length) with a slightly irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3.4 kg *Adrenal Glands*  
The left adrenal gland is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

*Spleen*

The spleen is normal in size (0.69 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**

Kelly Reschny

*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Westoak AH

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/not seen.

**REFERRING VET**

Kohlmaier

*Gastrointestinal*

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in a few segments.

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Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**DATE**

6.16.23

*Pancreas*

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are seen.



**PATIENT**

Bambi L'Anson

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- The subtle bowel wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- Bilateral chronic nephropathy.
- The hepatic parenchymal changes are nonspecific and could be secondary to inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (less likely) other hepatopathy.

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 years

**WEIGHT**

3.4 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the renal changes and the history of hematuria, consider the following:
  1. Urinalysis
  2. Urine culture and sensitivity
  3. UPC (if proteinuria is present in the absence of infection)
- Regarding the elevated liver values, consider the following:
  1. Pre-and postprandial serum bile acids
  2. Hepatic tissue sampling (i.e., fine-needle aspirate or biopsies), if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained along with GI biopsies.
- Regarding the history of vomiting, consider a fecal evaluation for internal parasites, as well as a Texas GI panel including serum cobalamin and folate, TLI and PLI.
- A limited antigen or hydrolyzed protein diet should also be considered to evaluate for food allergies.
- Also consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Heartworm, antigen and antibody testing is also recommended, as heartworm disease can cause chronic vomiting in cats.

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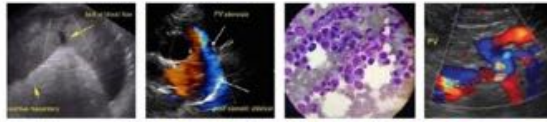
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**PATIENT**

Bambi L'Anson

**SPECIES**

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**BREED**

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**SEX**

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**AGE**

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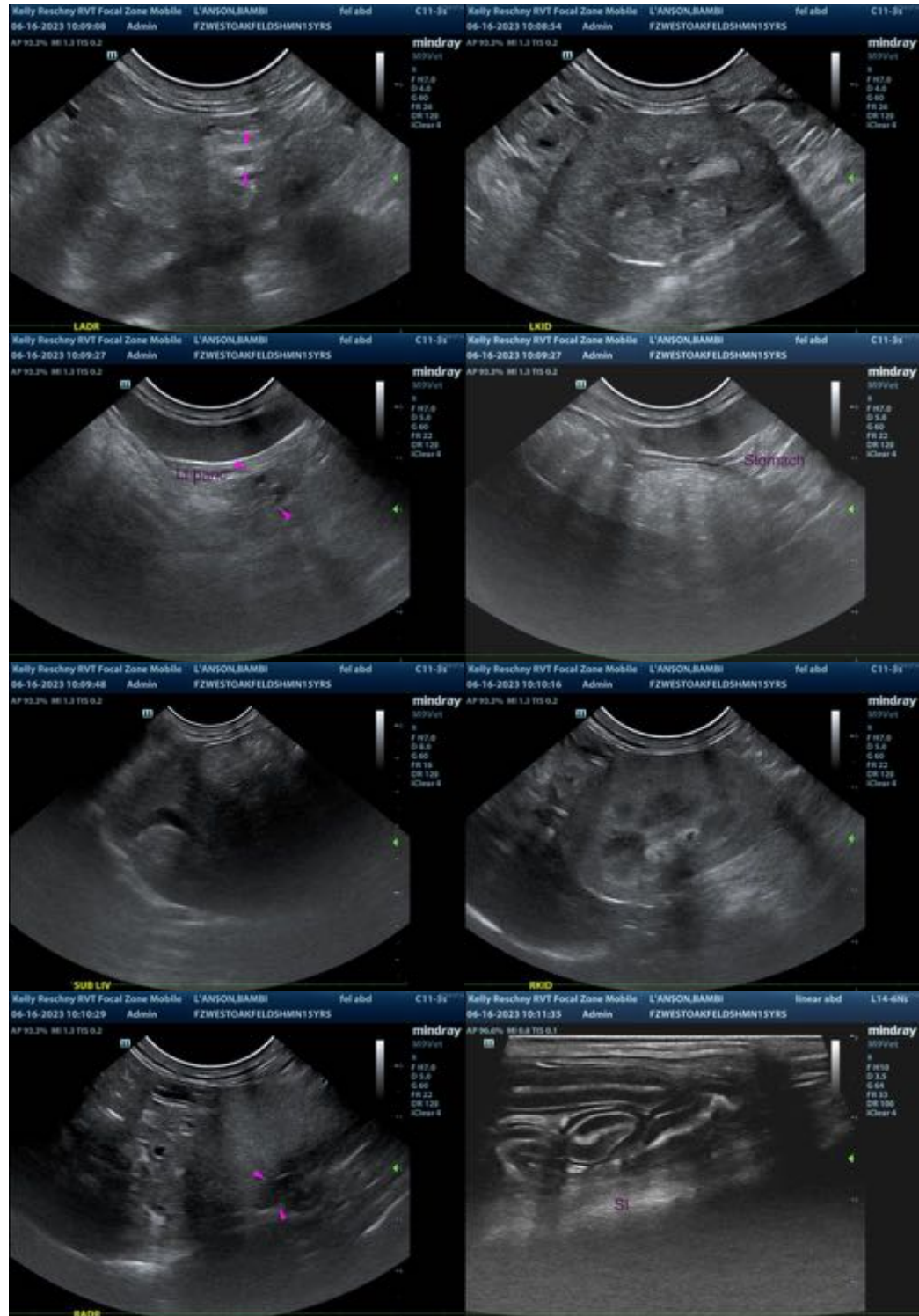
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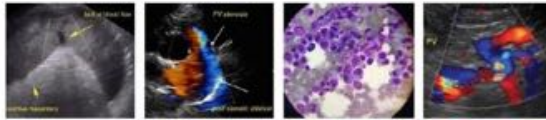
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Bambi L'Anson

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)  
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Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 years

**WEIGHT**

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