


PATIENT PRESENTING CLINICAL SIGNS

Nutmeg Vovakes
SPECIES History: Presented at our hospital for vomiting, decreased appetite, and vocalizing. Owner says that patient was just at reg vet about 10 days ago. The past 3-4 days patient has been vomiting a lot more and has a significantly decreased appetite. Owner says patient is using litter box but not much is coming out. Patient is being more vocal. Weight loss over the past 1.5 years with chronic diarrhea and intermittent vomiting. She historically has a picky appetite and only will eat wet food, rarely picks at dry food. Typically licks moisture off wet food only but also asks for food all the time. Previous Health Concerns: GI issues; arthritis Current Medications: glucosamine (didn't start yet), Metro, Cerenia, Provable

Feline

BREED Abnormal PE/Chem/CBC/UA Results: Abdominal: sl tense on palp, soft RDVM Rads: 5/20/23 The thorax and abdomen are within normal limits. There is no evidence of a foreign body or obstruction. However, in a vomiting patient, the possibility of a non-obstructing gastric foreign body cannot be ruled out until the stomach completely empties. rDVM Bloodwork: PLT 153; T4 0.6; Heartworm Neg.; UA: Protein 2+

DSH

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spayed Female

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

AGE

8 years

The left kidney is normal in size (3.68 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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

WEIGHT

3.5 kg

The right kidney is normal in size (4.13 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 minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

INTERPRETED BY

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

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

IMAGING PERFORMED BY

Erin Wicks

The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

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Spleen

The spleen is normal in size (0.71 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.

REFERRING VET

Dr Miller

Liver

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

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The gall bladder lumen is mildly to moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

DATE

6.22.23


PATIENT *Gastrointestinal*

Nutmeg Vovakes
 The gastric lumen is mildly to moderately distended with ingesta and small shadowing structures. 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 diffusely distended with chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal.

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 Feline *Pancreas*

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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.

BREED

 DSH *Free Abdomen*

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

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS
Primary Findings
AGE

8 years

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying/retained ingesta. The small, shadowing structures within the gastric lumen may represent foreign material and/or normal ingesta. They appear non-obstructive at the time of this study.

WEIGHT

3.5 kg

Secondary Findings

- Minor age-related pancreatic remodeling in the left limb

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To better evaluate for gastric foreign material, consider fasting the patient for 12 hours and performing a recheck ultrasound of the GI tract.
- Other diagnostics considerations include the following:
 1. Fecal evaluation for internal parasites
 2. Texas GI panel including serum cobalamin and folate, TLI and PLI
 3. While awaiting test results, symptomatic care for acute gastroenteritis is recommended.
 4. Also consider initiation of a probiotic.

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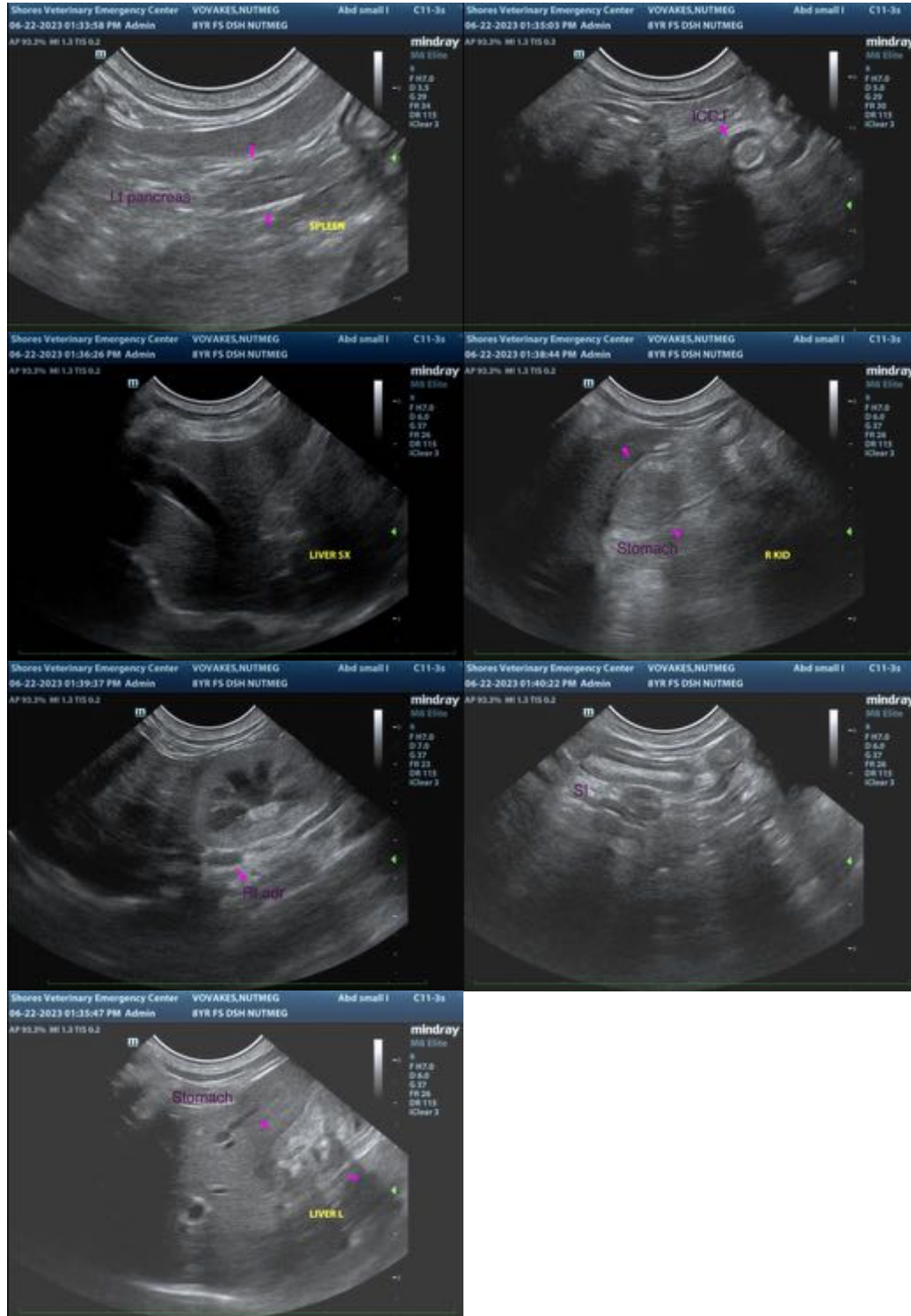
Dr Miller

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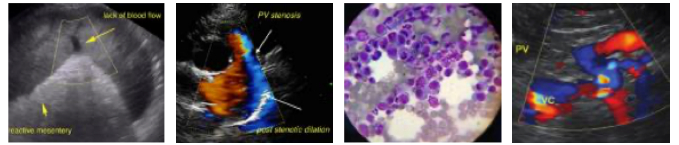
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Nutmeg Vovakes

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.

SPECIES

Feline

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