



PATIENT

London Stringfield

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

1 Yr. 2 months

WEIGHT

8.28 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Herdon

INVOICE

15102

DATE

6/28/23

PRESENTING CLINICAL SIGNS

History: Not eating much and lethargic. Seems to be moving slower and not jumping up like normal. More deliberate movements when getting up to the table. O thought she was more cuddly because of the storm but when O noticed she didn't move from the bed all night to eat O became more concerned. P is now over 24 hours without eating.

Abnormal PE/Chem/CBC/UA Results: 24 hour h/o anorexia. SNP abd. Pink MM. CRT < 2-0. Nothing under tongue. Normal auscultation. Small bladder. Scant soft stool on thermometer tip. H/O small, round fecal balls recently. H/O slight decrease in energy & more cuddly. R/O open sc/cbc - platelet clumping affecting interpretation. Unremarkable, otherwise Re-draw & Dr. Interest CBC sent out fPLI - normal Final felv/fiv - neg/neg lat/vd rad - possible small amt of ingesta in stomach (not linear)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.35 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.04 cm in width at the level of the hilus) with smooth curvilinear peripheral contours. 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 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.

Gastrointestinal



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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. A few small intestinal segments are mildly to moderately fluid distended and hypomotile. The remaining segments are empty. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The proximal colonic lumen contains liquid appearing fecal material. The lumen of the descending colon contains a granular appearing feces. No obstructive disease is noted.

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 homogeneous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.73 x 0.62 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern suggestive of enteritis with suspected mild ileus.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include infectious/parasitic disease, inflammatory disease, occult neoplasia, autoimmune disease, orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, if not already performed.
- Also consider orthopedic and neurologic evaluations to assess for non-metabolic causes of the patient's clinical signs.
- Toxoplasmosis +/- FIP testing should also be considered, particularly if clinical suspicion for disease is high.



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- Fine needle aspirate of the spleen can be considered to rule out emerging lymphoma, if clotting status is appropriate.
- While awaiting test results, symptomatic care for enteritis is recommended.

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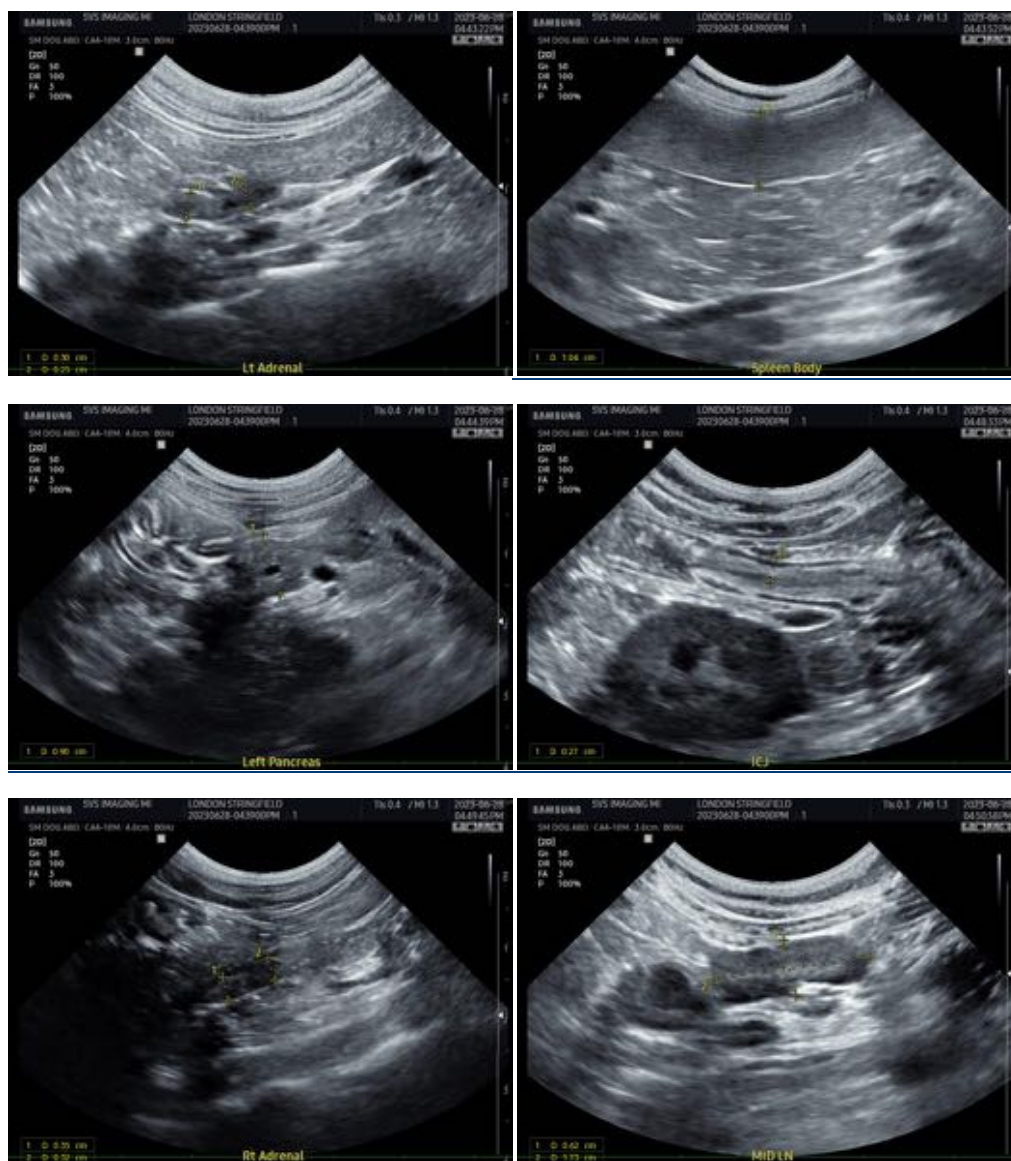
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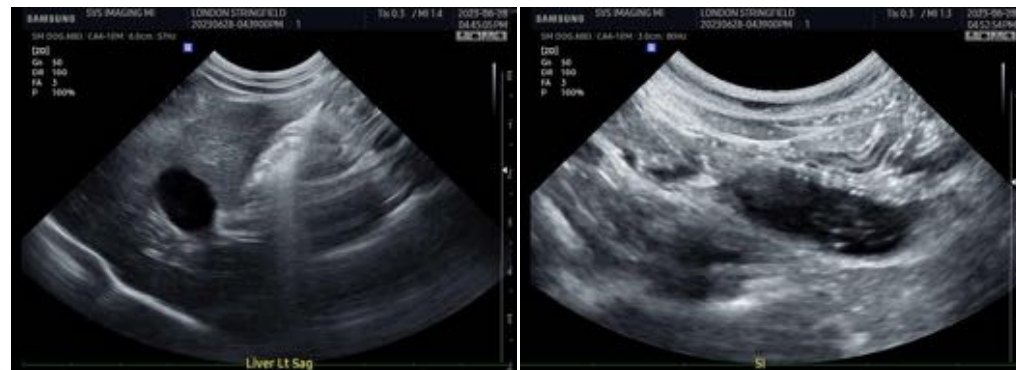
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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