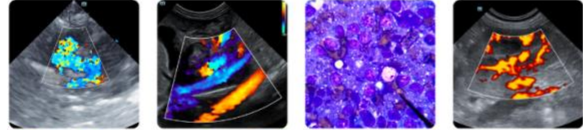
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT

Ashes Greenspoon

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

5/6/2010

WEIGHT

7.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Devin Soileau

INVOICE

23123

DATE

6-5-26

PRESENTING CLINICAL SIGNS

Patient presented on June 3rd for straining to defecate with drops of stool coming out. Prednisolone and amoxi-clav was started and patient has improved. Patient is also taking a probiotic. fPLI negative on June 3rd. Had one lateral abdominal x-ray taken on June 1st. CBC chem, T4 unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness. 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 1.5-2.0 cm, are normal.

The left kidney is normal in size (3.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.56 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is prominent in size (0.95 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively prominent-in-size, with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled in appearance, with a few, small, ill-defined hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.25 cm in width).

Gastrointestinal
The gastric lumen is moderately fluid-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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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Pancreas
The pancreas is subjectively normal-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and mostly homogenous in appearance. The pancreatic duct is borderline-dilated (up to 0.26 cm). There is no obvious evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

- Gastric fluid retention. This could be consistent with recent water ingestion or function gastric ileus (as there is no obvious evidence of mechanical pyloric outflow tract obstruction).
- The diffuse hepatic parenchymal changes could be consistent with age-related parenchymal remodeling, hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- Bilateral nonspecific age-related renal changes
- The borderline dilation of the pancreatic duct may be a normal variant for this patient or could suggest chronic pancreatitis. Given the normal fPLI, normal variation is suspected.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended (if not already performed).
- Consider a GI panel including serum cobalamin and folate, TLI and PLI to further evaluate for maldigestion/malabsorption and pancreatic duct.
- Consider a 3-4-week limited antigen or hydrolyzed protein diet trial.
- Ultimately, GI biopsies may be necessary to get a definitive diagnosis. Alternatively, continuation of medical management can be considered, as long as the client understands the risks of treatment without a definitive diagnosis

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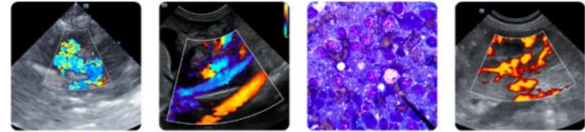

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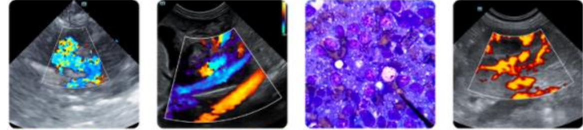

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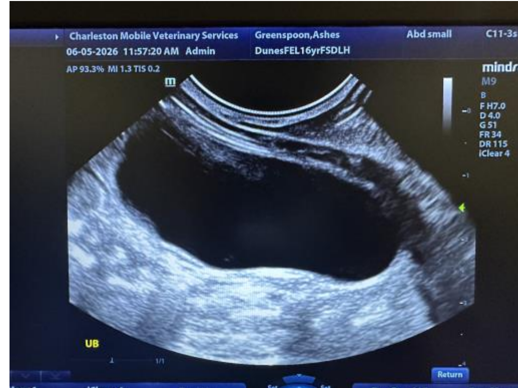

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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