

PATIENT

Sterling Koch

PRESENTING CLINICAL SIGNS

History: physical normal but increase in vomiting.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: recent CBC/Chemistry/ T4 all normal or no significant abnormalities. Urinalysis did have urinary tract infection Current Medications clavamox

BREED

DMH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is suspended within the lumen. 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.

AGE

10 years

WEIGHT

10 lbs

The left kidney is normal size (3.71 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 loss corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (4.11 cm in length); normal shape and architecture with 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.

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Sara Hansen

Adrenal Glands

The left adrenal gland is normal size (0.82 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (0.68 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, hyperechoic nodules are visualized, the largest measuring 0.60 cm in diameter. Splenic vasculature is normal.

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Liver

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The liver is subjectively normal in size with rounding in the left, lateral lobe. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are



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observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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. A small amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.40 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1: 1 ration in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. At least one, prominent colic lymph node is visualized, measuring 0.31 cm in length. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



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Secondary Findings

- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- Minor, bilateral, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In order to get a definitive diagnosis, gastrointestinal biopsies would be necessary. Surgical biopsies are preferred in that all areas of bowel can be accessed.
- If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) can be considered as long as the client understand the risk of treatment without a definitive diagnosis.
- A GI panel (Send to TX A&M) is recommended along with a fecal evaluation for ova and Giardia.
- Thoracic radiographs should be considered to assess cardiopulmonary status, particularly if corticosteroids are to be initiated.

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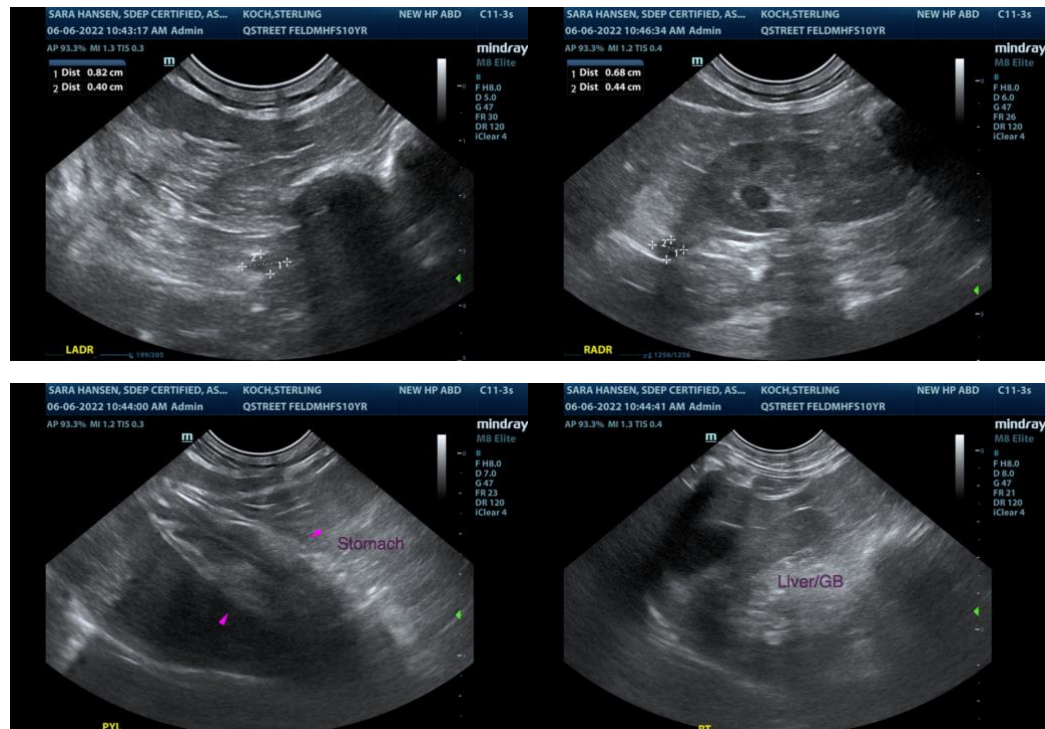
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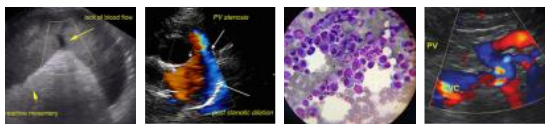
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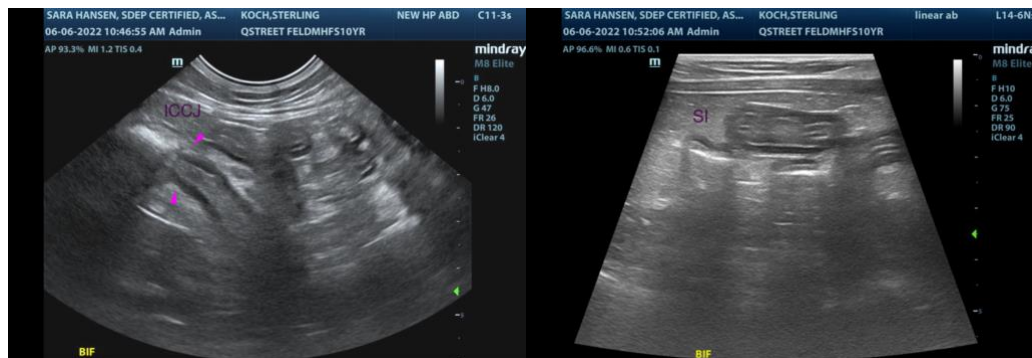
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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