



## PATIENT

Sweet Pea  
Cunningham

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 years

## WEIGHT

6.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Countryside AC

## REFERRING VET

Dr. Cox

## DATE

6/9/22

## INVOICE

11062

## PRESENTING CLINICAL SIGNS

History: Vomit found in house, but multiple cats in household so unsure if it's coming from Sweet Pea. Has also lost .5 pounds in the last 4 months

Abnormal PE/Chem/CBC/UA Results: Spec fPL- 4.7 Blood work attached.  
CBC chemistry unremarkable. USG 1.020. No proteinuria, Inactive sediment. T4 normal.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

The left kidney is normal size (3.00 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.27 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal size (0.70 cm length; 0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.63 cm length; 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The spleen is normal in size (0.58 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.

### 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The common bile duct measures 0.19 cm at the distal aspect.



## PATIENT

Sweet Pea  
Cunningham

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 years

## WEIGHT

6.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Countryside AC

## REFERRING VET

Dr. Cox

## DATE

6/9/22

## INVOICE

11062

### 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 diffusely thickened (up to 0.32 cm) and is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### Pancreas

The pancreas is diffusely visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.25 cm in diameter).

### Free Abdomen

There is no evidence of free fluid. A few, prominent mesentery lymph nodes are visualized, the largest measuring 2.19 cm in length.

### Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease. There is some potential, however, for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic pancreatitis.

### Secondary Findings

- Bilateral, chronic, age-related renal changes



**PATIENT**

Sweet Pea  
Cunningham

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

6.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**DATE**

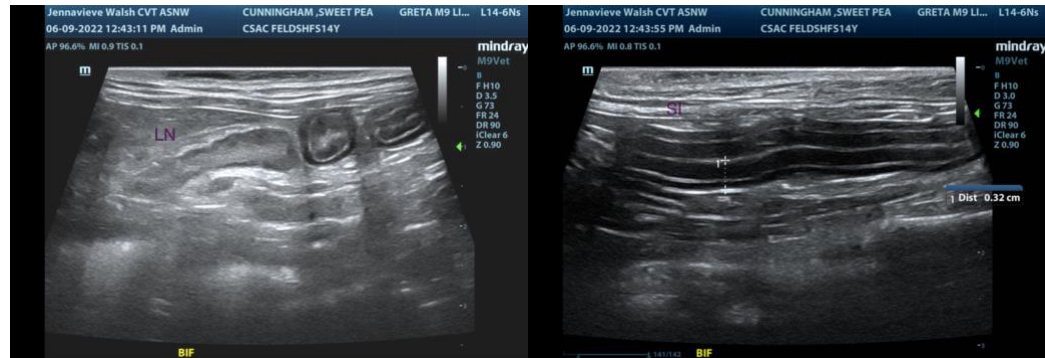
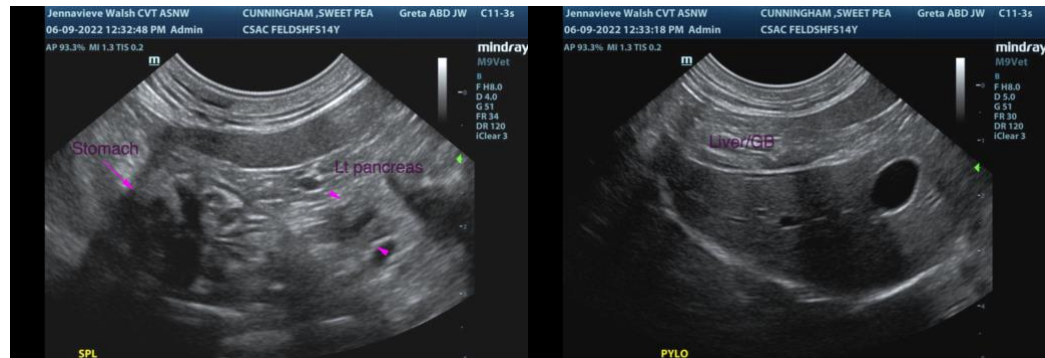
6/9/22

**INVOICE**

11062

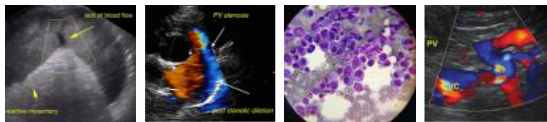
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the sonographic changes and the history of vomiting, a malabsorption panel (send to Texas A&M), fecal evaluation for ova and Giardia, and a hypoallergenic diet trial can be considered. If the above diagnostic/therapeutics are inconclusive, gastrointestinal biopsies (i.e., endoscopic or surgical) may be warranted. Thoracic radiographs should be performed prior to anesthesia



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.



**PATIENT**

Sweet Pea  
Cunningham

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

6.5 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**DATE**

6/9/22

**INVOICE**

11062