

**PATIENT**

Hairy Barry Ark AH

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

15.3 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Ark AH

**REFERRING VET**

Dr. Parker

**INVOICE**

11227

**DATE**

7.15.22

**PRESENTING CLINICAL SIGNS**

History: Intermittent vomiting but worse recently. P less social and staying in kennel most of the day. Potential obstipation managed on 1/4 tsp Miralax BID and Fortiflora on 6/3/22. Blood work submitted mass seen near bladder while collecting urine sample.

Abnormal PE/Chem/CBC/UA Results: Protein high on UA Previously 12/2021 and 4/2022 precision PSL slightly elevated Current Medications Gabapentin suspension SID and Reconcile 4mg SID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate to large amount of suspended, echogenic debris is observed within the lumen. In addition, an aggregation of mineralized debris is seen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.82 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is 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 (0.56 cm length; 1.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.56 cm length; 0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is normal in size (0.66 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.

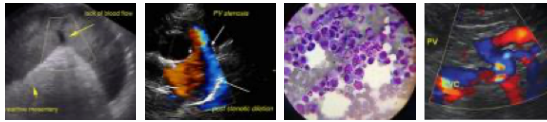
**Liver**

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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The **gastric lumen** is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.33 cm) with retention of the normal layering pattern. There is disruption in the



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normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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### **Pancreas**

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

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### **Free Abdomen**

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

## SEX

Neutered Male

### **Other**

A brief echocardiogram reveals no evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The small intestinal wall changes are consistent with inflammatory bowel disease. There is some potential for emerging neoplasia. However, neoplasia is considered less likely at this time.

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### Secondary Findings

- Urinary bladder sand. The suspended echogenic debris could be consistent with cells, crystals and/or exfoliated material.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.

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\*There is no obvious evidence of an abdominal mass.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease, as well as to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.
6. If the above diagnostics/therapeutics are inconclusive, endoscopic, or surgical gastrointestinal biopsies may be warranted.

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- Given the urinalysis and sonographic urinary bladder changes, consider a urine culture and sensitivity. If negative, a UPC may be warranted.

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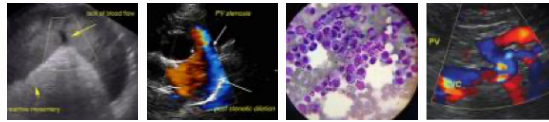
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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