



**PATIENT**

Beemo Woods

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

4 Yrs.

**WEIGHT**

12.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hadi

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Hadi

**INVOICE  
13743**

**DATE  
7/18/22**

**PRESENTING CLINICAL SIGNS**

History: P presented for intermittent vomiting/diarrhea for the last week. Had a similar acute episode in March that was treated as gastroenteritis and resolved with supportive care.  
Abnormal PE/Chem/CBC/UA Results: Chem 10,CBC, fPL WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate 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.

The left kidney is normal size (3.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is upper limits of normal size (4.69 cm in length) with a normal shape, architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

The region of the adrenal glands is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size (0.99 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

*Gastrointestinal*

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears to be patent although it is difficult to visualize. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

*Pancreas*



## PATIENT

Beemo Woods

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

### *Free Abdomen*

## SPECIES

Feline

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

## BREED

Domestic shorthair

## ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, mild pancreatitis, other.

## SEX

Male, neutered

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## AGE

4 Yrs.

The following diagnostic/treatment recommendations can be considered:

## WEIGHT

12.4 lbs.

1. Serum cobalamin, folate, PLI and TLI (send to Texas A&M)
2. A T4 is recommended to assess for hyperthyroidism (if not already performed)
3. Fecal evaluation for ova/Giardia
4. 6-week limited antigen diet trial to assess for food allergies
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hadi

## HOSPITAL NAME

Bethany Family Pet  
Clinic

## REFERRING VET

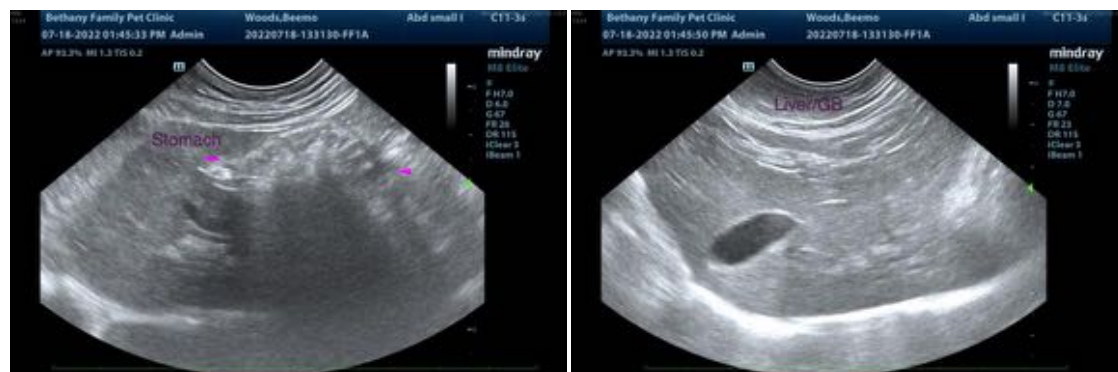
Dr. Hadi

## INVOICE

13743

## DATE

7/18/22





**PATIENT**

Beemo Woods

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

4 Yrs.

**WEIGHT**

12.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hadi

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

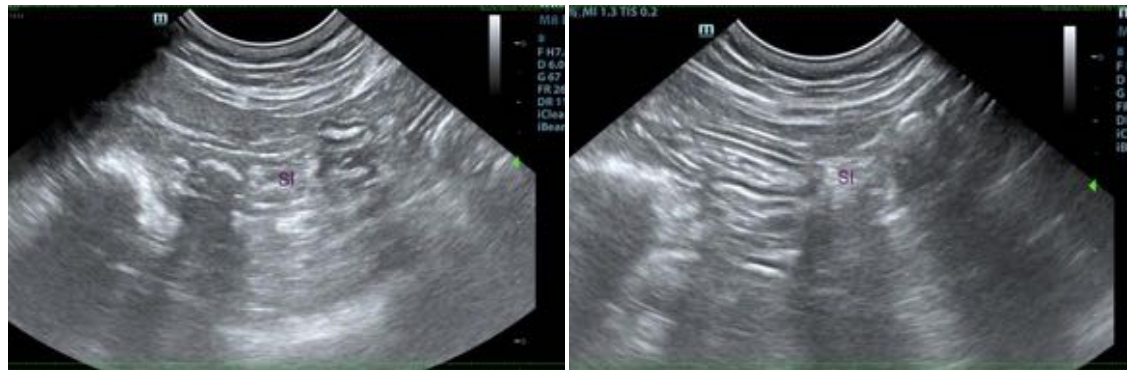
Dr. Hadi

**INVOICE**

13743

**DATE**

7/18/22



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

Andrea.nicastro@sonopath.com