

PATIENT PRESENTING CLINICAL SIGNS

Jade Morales
History: History: Patient has had chronic diarrhea for most of her life. She has been on prescription diets intermittently with minimal success. GI panel positive for feline Corona virus Physical exam findings: PE WNL Abnormal CBC values: WBC: 20.3 Lymphs: 11.3 Abnormal Chemistry Values: All WNL Abnormal UA Values: +2 Protein USG 1.081 Radiograph Findings(email radiographs if available): Reason for Ultrasound: Chronic diarrhea. Suspect IBD

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Sphynx

The urinary bladder wall is 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.

SEX

Female, spayed

The left kidney is normal size (3.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

16 Months

The right kidney is normal size (3.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

7.18 Pounds

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

The spleen is normal in size (0.92 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.

HOSPITAL NAME

Alpine AH

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.

REFERRING VET

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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

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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

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The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Sphynx

Free Abdomen

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Female, spayed

There is no evidence of free fluid. A few prominent to mildly enlarged mid to caudal abdominal lymph nodes are visualized. The largest node is at the aortic trifurcation and is rounded and mildly hypoechoic, measuring 1.65 cm in length.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- The abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma).
- The pancreatic changes are suggestive of mild chronic pancreatitis with some parenchymal remodeling.

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the lymphocytosis, a repeat CBC with clinical pathology review is recommended. Depending on the results, a bone marrow aspirate may be warranted.
- Feline leukemia and FIV testing is also recommended, if not already performed.
- Consider fine needle aspirate of the enlarged lymph node at the aortic trifurcation, if accessible and if clotting status is appropriate. 25 gauge needles should be used.
- A fecal evaluation for ova/Giardia.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended (if not already performed). Repeat protocol in 3 weeks.
- Consider a malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
- A 6-week limited antigen diet trial to assess for food allergies.
- If the above diagnostics are inconclusive, GI biopsies (i.e., endoscopic or surgical) may be warranted. If pursued, thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.



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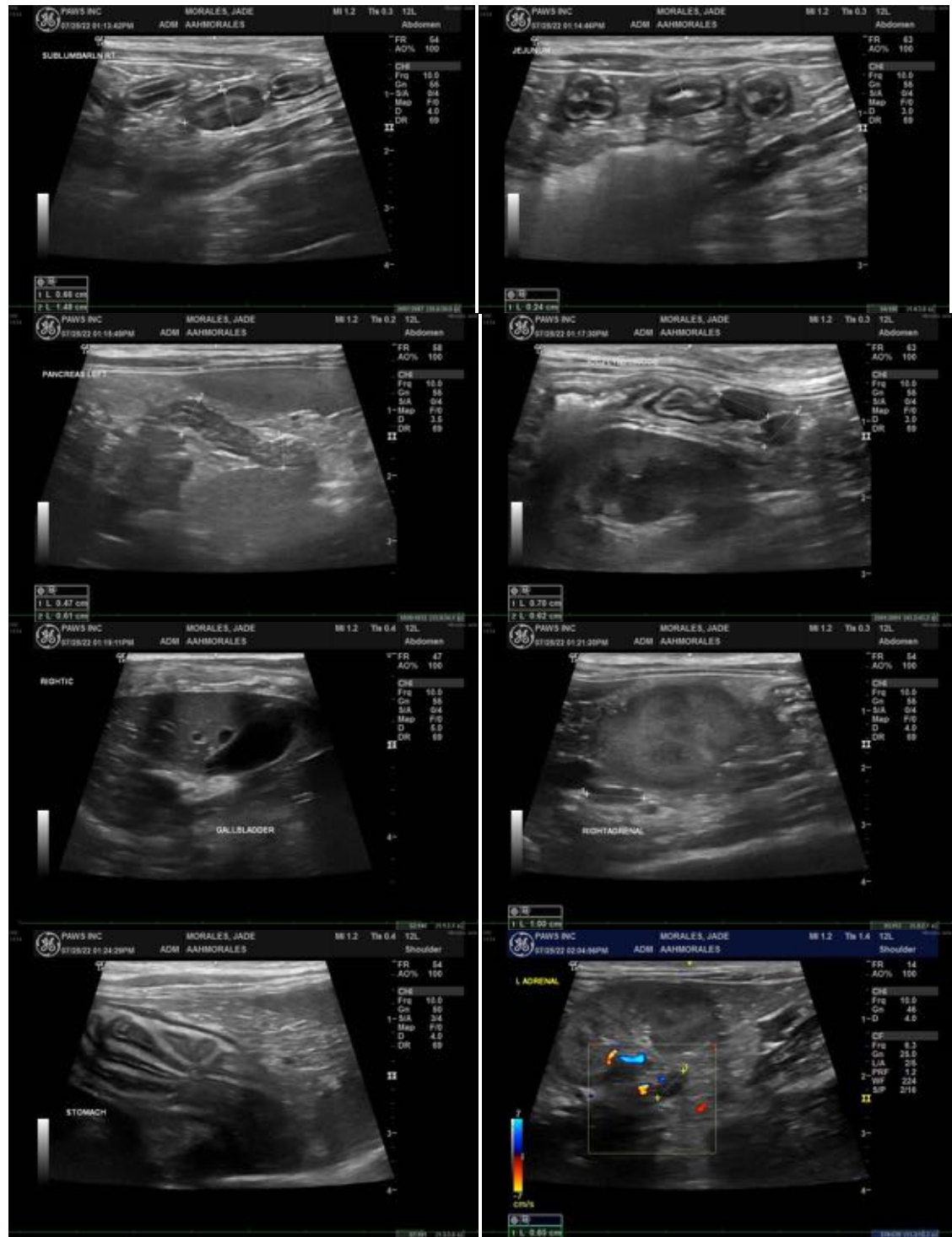
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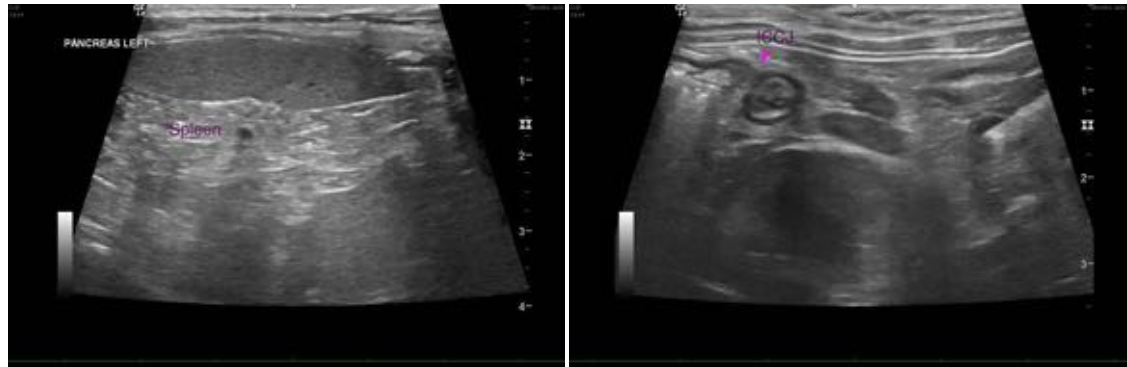
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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