

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Tabby Burke  
**SPECIES** History: Hx of chronic intermittent vomiting; prior dx of pancreatitis and stage 1 CKD. Pulmonary nodule initially noted via thoracic rads 12/22; rechecked 7/23 and nodule unchanged. Progressive weight loss noted. more recently vomiting improved but not 100% resolved w/ Cerenia q 24H.

**BREED** Feline  
 Abnormal PE/Chem/CBC/UA Results: Thin BCS, MCS atrophy, progressive weight loss, heart murmur on PE Most recent BW: CHEM: increased PSL (27); slightly increased SDMA (17.9); CREAT = 1.4 CBC: increased EOS (1260) TT4: increased @ 4.1 UA: USG = 1.023; 1+ proteinuria (UPC WNL@ 0.2); 1+ blood.

**DSH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**Female Spayed** The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

**16 years** The left kidney is normal in size (3.41 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

**WEIGHT**

**9.6 lbs** The right kidney is normal in size (3.31 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.47 cm at the cranial pole; 0.38 cm at the caudal pole, 1.23 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

**IMAGING PERFORMED BY**

Jessica Bailes

The right adrenal gland is normal in size (0.40 cm at the cranial pole; 0.34 cm at the caudal pole, 1.32 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

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 VC Corvallis, OR

**Spleen**

The spleen is normal in size (0.67 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 appears normal.

**REFERRING VET**

Justin Vaughn

**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.

**INVOICE**

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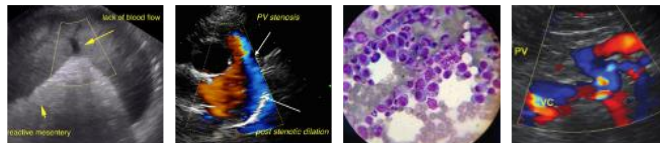
The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**DATE**

7.27.23

**Gastrointestinal**

The gastric lumen is not distended. 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 moderately thickened (up to 0.44 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in



**PATIENT** several segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Tabby Burke

**Pancreas**

**SPECIES**

The left limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Feline

**BREED**

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.61 cm in its longest dimension).

DSH

**SEX**

**Other**

A 0.52 cm focus of mineralization is observed within the mesentery, approximately midabdomen.

Female Spayed

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

16 years

**Primary Findings**

**WEIGHT**

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

9.6 lbs

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Animal Internal Medicine*)

**Secondary Findings**

- Bilateral chronic age-related renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The mineralized focus in the mesentery approximately mid-abdomen is most consistent with a Bates body. This is a benign incidental finding.

**IMAGING  
PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Fecal evaluation for internal parasites
- A Texas GI panel including serum cobalamin and folate, TLI and PLI is recommended.
- Consider a 4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies.
- Heartworm antigen antibody testing should also be considered as heartworm disease can be a cause of chronic vomiting in cats.
- Consider initiation of a probiotic.
- Ultimately, surgical GI biopsies may be necessary to get a definitive diagnosis. Given the patient's age, three-view thoracic radiographs should be performed prior to anesthesia.



**PATIENT**

Tabby Burke

**SPECIES**

Feline

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DSH

**SEX**

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**AGE**

16 years

**WEIGHT**

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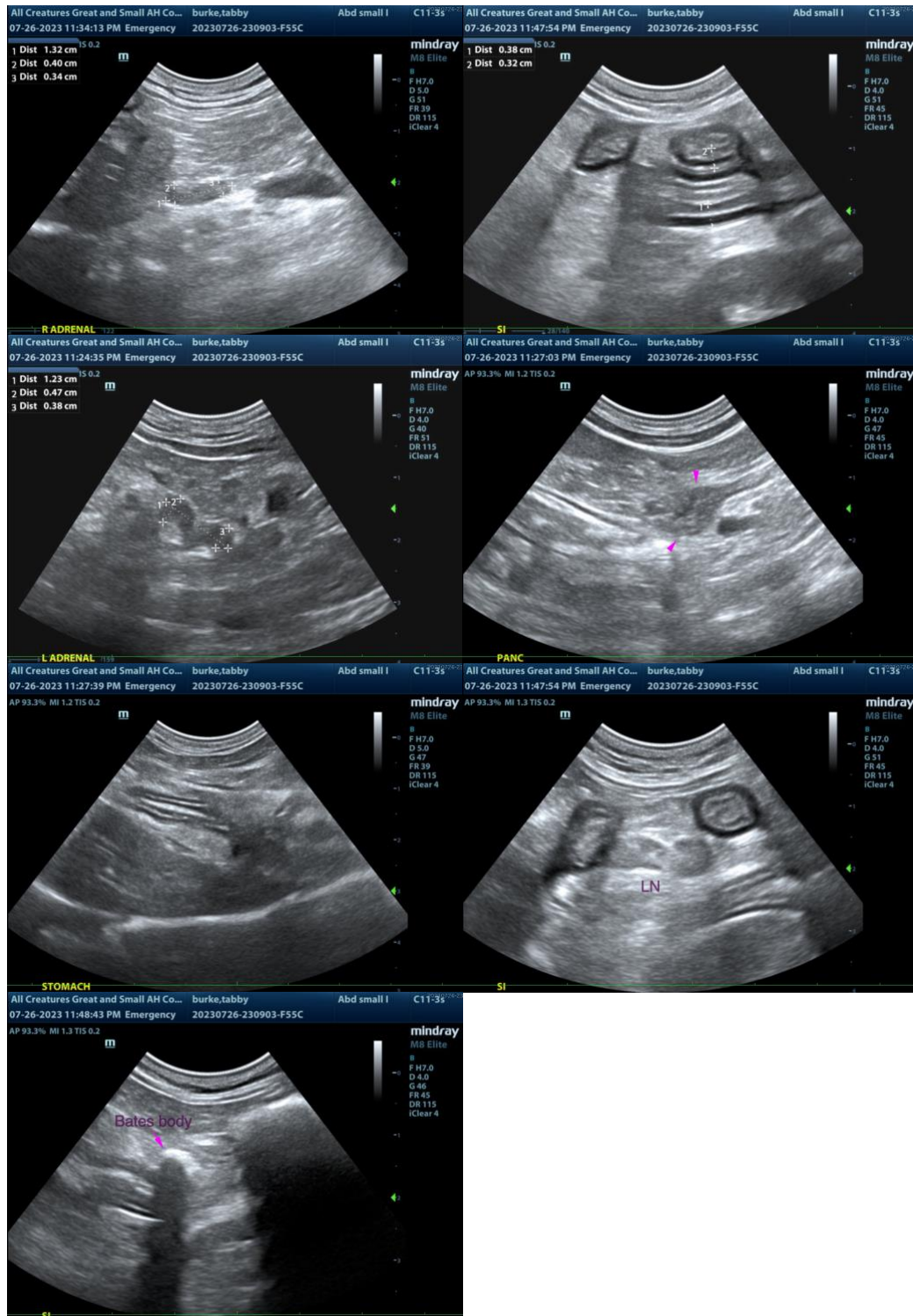
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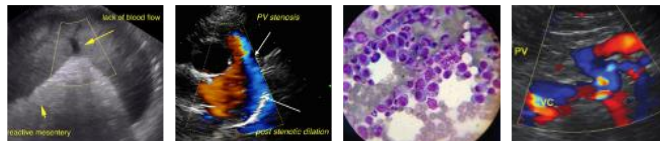
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The information and recommendations provided are based on the images presented by the referring



**PATIENT** veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Tabby Burke

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.

**SPECIES**

Feline

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DSH

**SEX**

Female Spayed

**AGE**

16 years

**WEIGHT**

9.6 lbs

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