



PATIENT PRESENTING CLINICAL SIGNS

Blue Franco
History: vomiting. on fluticasone propionate 110mcg EOD
Abnormal PE/Chem/CBC/UA Results: CBC/chem nsf. UA: trace protein; USPG 1.059

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
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.

BREED

Russian Blue mix

SEX

Male, neutered

The left kidney is normal size (4.04 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 hydroureter. Renal vasculature is normal.

AGE

5 Yrs.

The right kidney is normal size (3.98 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 hydroureter. Renal vasculature is normal.

WEIGHT

10.5 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.89 cm length; 0.25 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 (1.06 cm length; 0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal

Spleen

The spleen is normal in size (0.73 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.

IMAGING PERFORMED BY

Diane McFadden,
RVT

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. The duodenal papilla is mildly thickened (0.55 cm in width).

HOSPITAL NAME

Andover AH

REFERRING VET

Gastrointestinal

Dr. Hummel

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 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.

INVOICE

11903

DATE

8/18/21



PATIENT

Pancreas

Blue Franco

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Feline

Free Abdomen

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

BREED

Russian Blue mix

SEX

Male, neutered

- Minor age-related renal pathology.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, food allergy), low-grade pancreatitis, underlying metabolic disease, other.

AGE

5 Yrs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.5 lbs.

The following diagnostic/treatment recommendations can be considered:

INTERPRETED BY

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

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. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:
Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days
Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days
Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days
(+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)

IMAGING PERFORMED BY

Diane McFadden,
RVT

5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

HOSPITAL NAME

Andover AH

6. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

REFERRING VET

Dr. Hummel

7. Although hyperthyroidism is unlikely in a 5-year-old patient, a T4 can be considered to further evaluate for causes of vomiting.

8. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

INVOICE

11903

DATE

8/18/21



PATIENT

Blue Franco

SPECIES

Feline

BREED

Russian Blue mix

SEX

Male, neutered

AGE

5 Yrs.

WEIGHT

10.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Andover AH

REFERRING VET

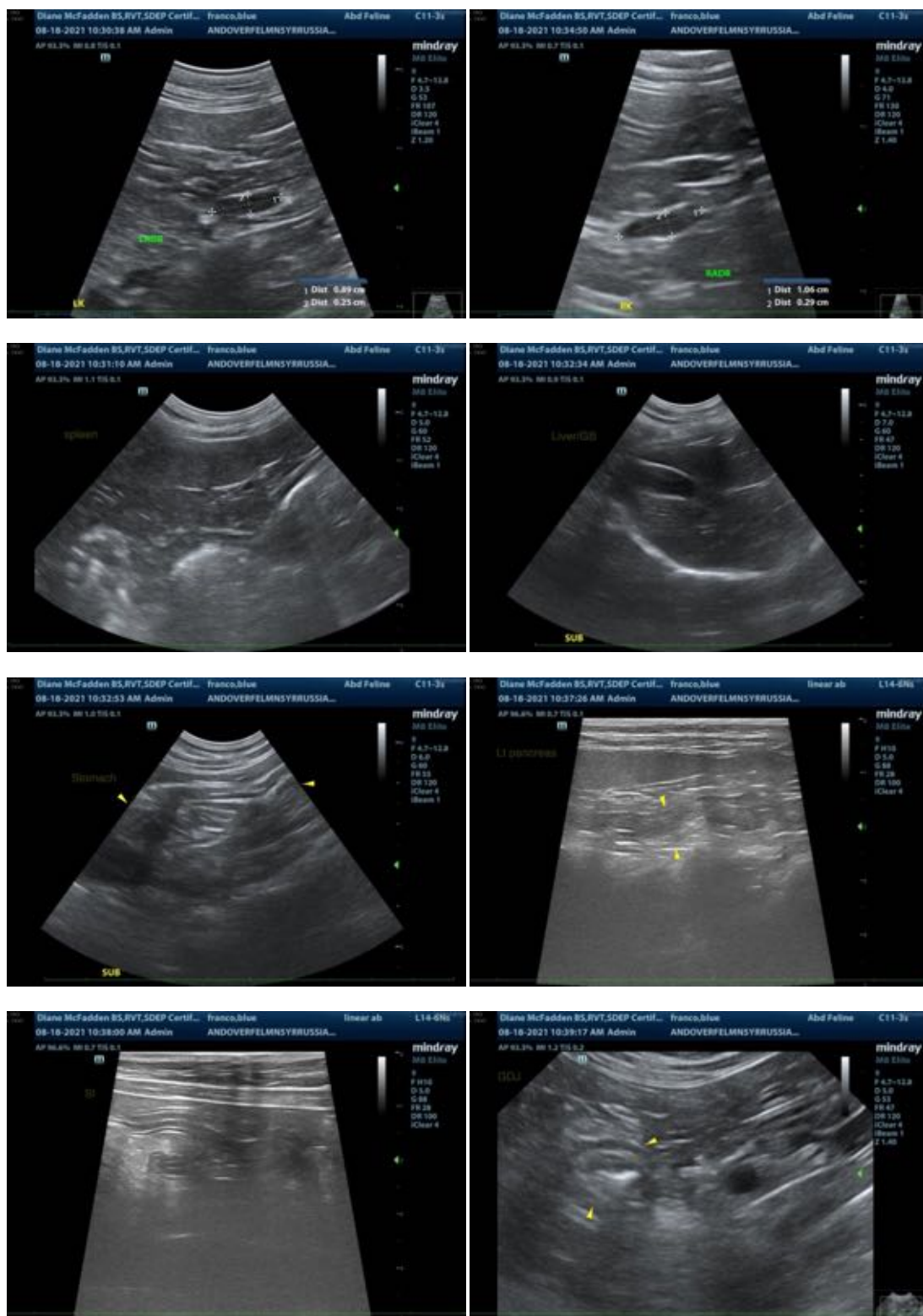
Dr. Hummel

INVOICE

11903

DATE

8/18/21





PATIENT

Blue Franco

SPECIES

Feline

BREED

Russian Blue mix

SEX

Male, neutered

AGE

5 Yrs.

WEIGHT

10.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden,
RVT

HOSPITAL NAME

Andover AH

REFERRING VET

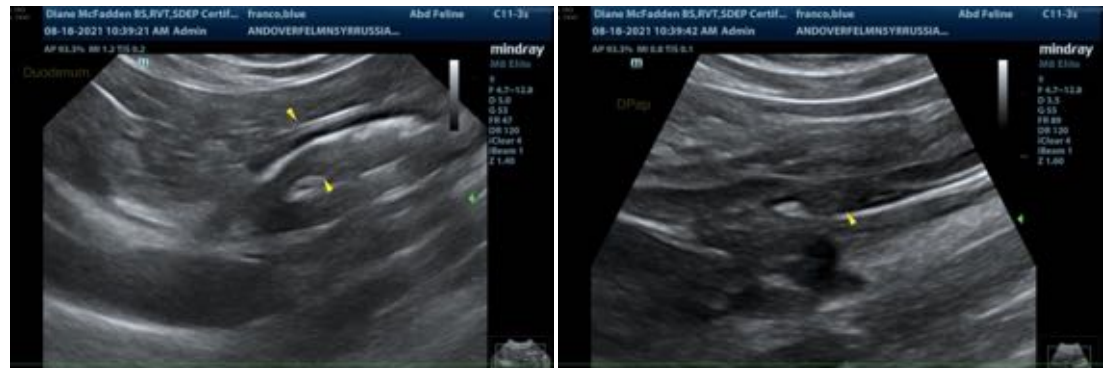
Dr. Hummel

INVOICE

11903

DATE

8/18/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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_nicastro2@hotmail.com