



PATIENT

Velvet Goldthorpe

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

7.02 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. McDaniel

INVOICE

13794

DATE

8/2/22

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting, increased appetite and lethargy first noticed three weeks ago. Velvet began vomiting when eating and had an increased appetite. She now has a significantly decreased appetite and is not eating much at all. Velvet is sleeping most of the day and not playing with her house mate like she normally does. She seems to be withdrawn per owner. Reportedly she last ate last night.

Abnormal PE/Chem/CBC/UA Results: CBC- Retic- 55.4 (3.0-50.0) Chemistry- CHOL- 279 (65-225) Abdominal radiographs: enlarged cardiac silhouette, VHS 12.2, similar to 2020 findings. Small liver seen on v/d, concern for abnormal right diaphragm margin on v/d. Small intestines have small amount of gas present, stool in colon

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 with mostly 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.

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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. See *Other*.

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. See *Other*. 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. See *Other*.



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Gastrointestinal

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The gastric lumen is not distended. The gastric wall is 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

Trace free fluid is observed. A few prominent colic lymph nodes are visualized, the largest measuring 0.41 cm in length. In addition, a prominent mesenteric lymph node is seen measuring 1.13 cm in length. The nodes are normal in shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

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Other

There appears to be a rent in the diaphragm with herniation of the right liver, gallbladder +/- the cranial aspect of the spleen into the thoracic cavity. The liver is observed adjacent to the heart. There is no obvious evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings:

- Suspected diaphragmatic hernia. A peritoneal pericardial diaphragmatic hernia is the top differential. However, a traumatic diaphragmatic hernia or other type of hernias cannot be excluded.
- Trace ascites.

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Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

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*It is unclear if the patient's clinical signs are secondary to the diaphragmatic hernia or if a concurrent underlying disease process (i.e., microscopic gastrointestinal disease, metabolic disease, pancreatitis) may be present.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consultation with a board certified surgeon is recommended to discuss hernia repair. A CT scan may be useful in further defining the herniated organs.
- Also consider further evaluation for concurrent illness, which may be causing/contributing to the patient's clinical signs. Diagnostic/therapeutic considerations include the following:

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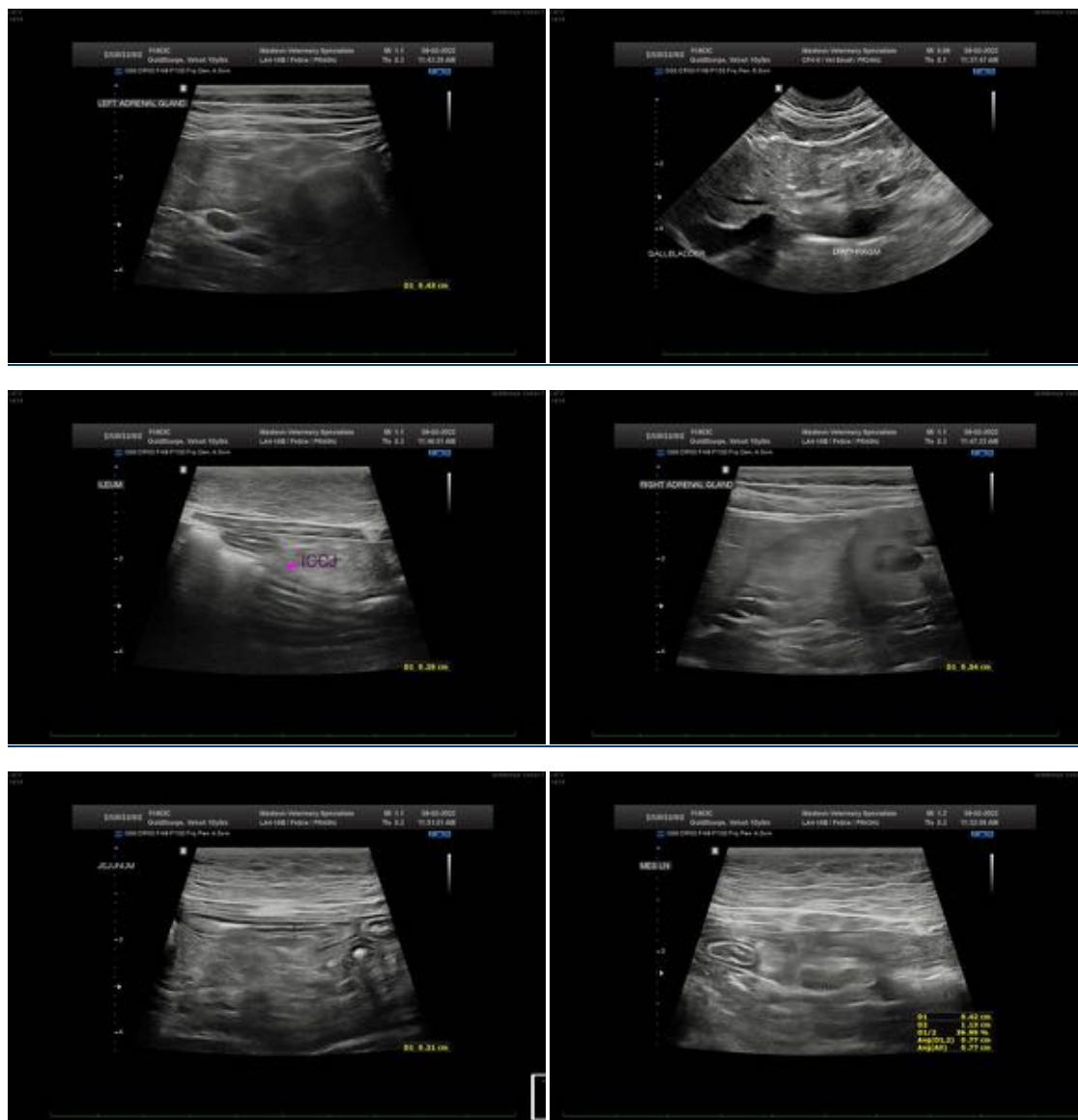
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1. A fecal evaluation for ova/Giardia
2. Malabsorption panel including serum cobalamin, folate, PLI and TLI
3. Limited antigen diet trial when the patient is eating well +/- GI biopsies endoscopic or surgical





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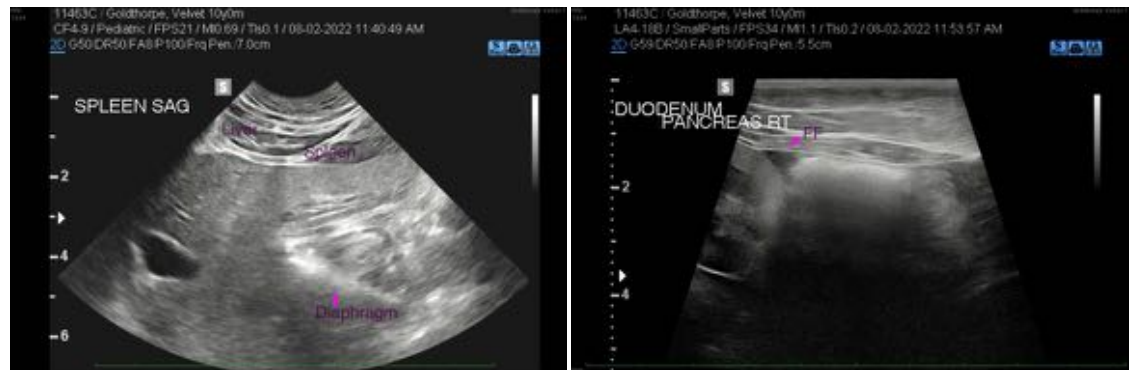
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com