



**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Rossmeyssl

**History:** History of chronic weight loss and inappetence (possibly vomiting/diarrhea). Labwork mostly unremarkable except for elevated PLI and elevated WBC. Was started on prednisone 5 mg 1/2 SID a few weeks ago and is perkier and eating better. Gained about 1/4 of a pound.

**SPECIES**

**Abnormal PE/Chem/CBC/UA Results:** CBC - WBC 45.3, HGB 8.9, Ne 43,035, Lymph 906, monos 906 Pancr lipase immunoreactivity- 8.8 Chem-albumin 2.3, Ca 7.8 T4 1.3 U/A- USG 1.075, protein 2+, occult blood 1+ RBC 4-10phpf

Feline

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
*Urinary System*

Domestic shorthair

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.

**SEX**

Female, spayed

The left kidney is normal size (3.17 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**

13 years

The right kidney is normal size (3.28 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. A small cortical cyst is observed at the cranial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

lbs

*Adrenal Glands*

**INTERPRETED BY**

The left adrenal gland is normal in size (0.78 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The right adrenal gland is normal in size (0.73 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

**IMAGING PERFORMED BY**

The spleen is subjectively prominent in size with undulating medial contour. The parenchyma is homogeneous in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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Veterinary Ultrasound

*Liver*

**HOSPITAL NAME**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.45 cm hypoechoic nodule is observed on the right side. The remaining parenchyma is homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

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**REFERRING VET**

Dr. Jarrett

*Gastrointestinal*

**INVOICE**

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio

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and thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Feline

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. A few small nodules are observed throughout the parenchyma as well as 1-2 cystic lesions. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). Surrounding mesentery is hyperechoic.

**BREED**

Domestic shorthair

**Free Abdomen**

**SEX**

Female, spayed

Trace free fluid is observed. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction. Surrounding mesentery is hyperechoic.

**AGE**

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**Primary Findings:**

- Moderate to severe pancreatitis (rule out acute vs chronic, active) with regional peritonitis.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. \*\*\*It should be noted that the current corticosteroid therapy may be masking underlying pathology.

**WEIGHT**

lbs

**Secondary Findings:**

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The splenic changes could be consistent with extramedullary hematopoiesis, lymphoid hyperplasia or infiltrative neoplasia.
- Minor age-related renal pathology.
- The prominent abdominal lymph nodes are most likely reactive with lower possibility of infiltrative neoplasia.

**INTERPRETED BY**

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Medicine)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- Regarding the gastrointestinal changes, if a definitive diagnosis is desired, endoscopic or surgical gastrointestinal biopsies can be considered. Ideally, the patient should be weaned off of corticosteroids prior to biopsies in order to avoid masking of underlying pathology.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly given the patient's age and current steroid use.

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**WEIGHT**

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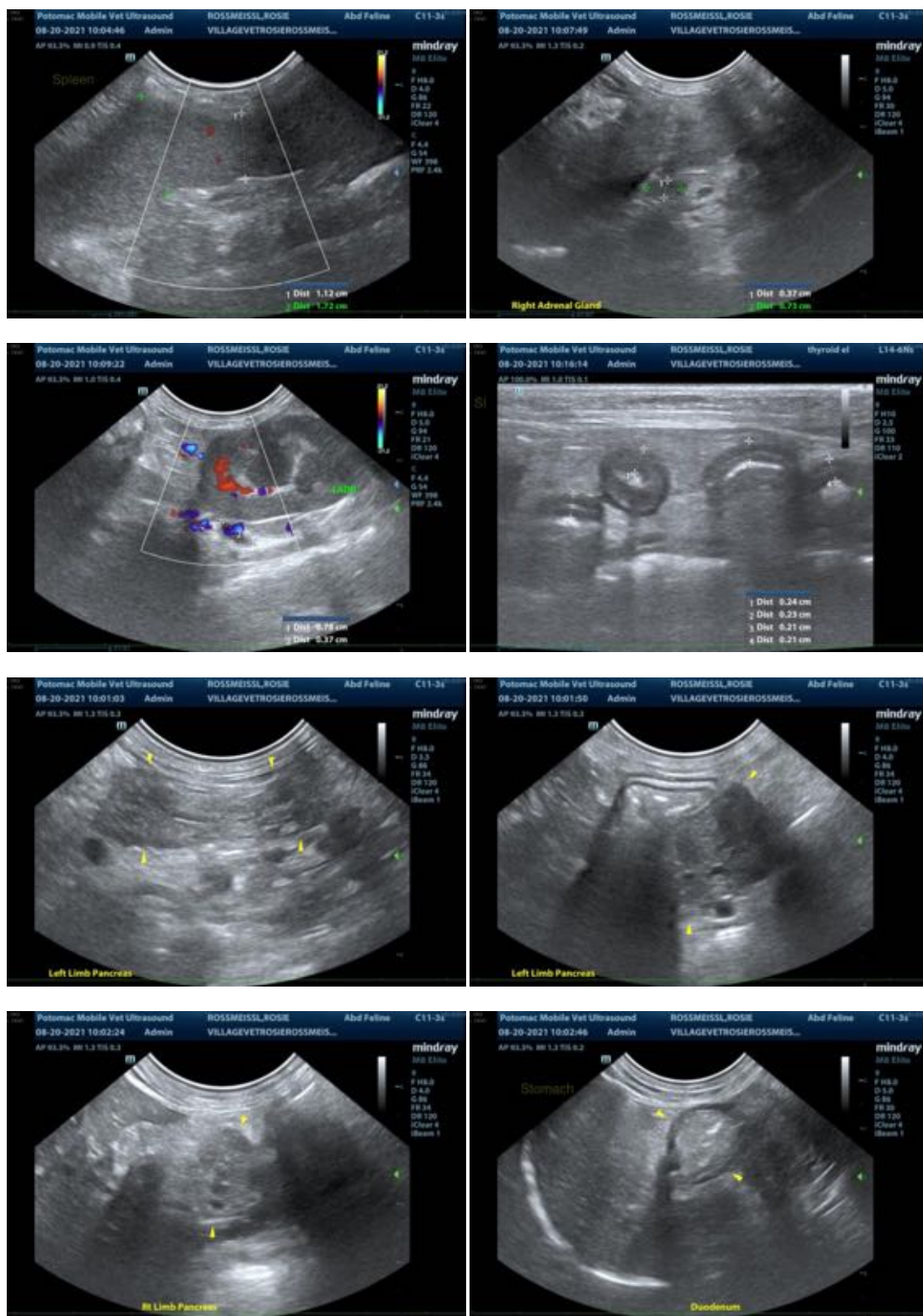
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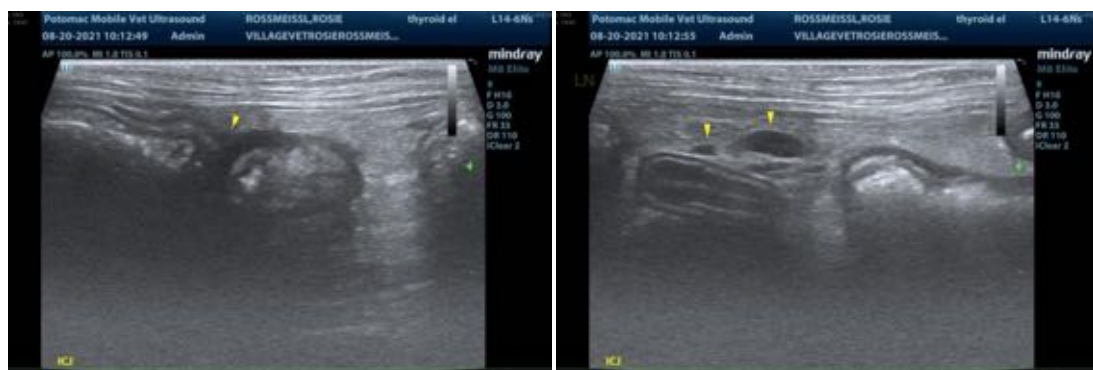
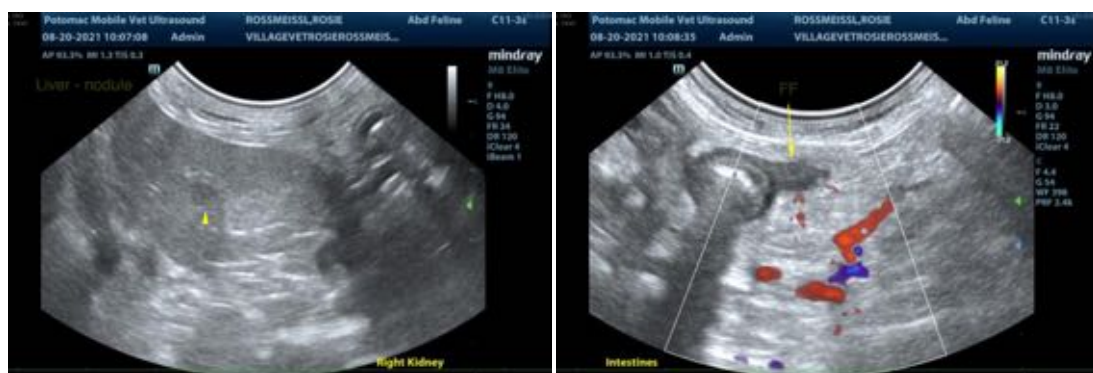
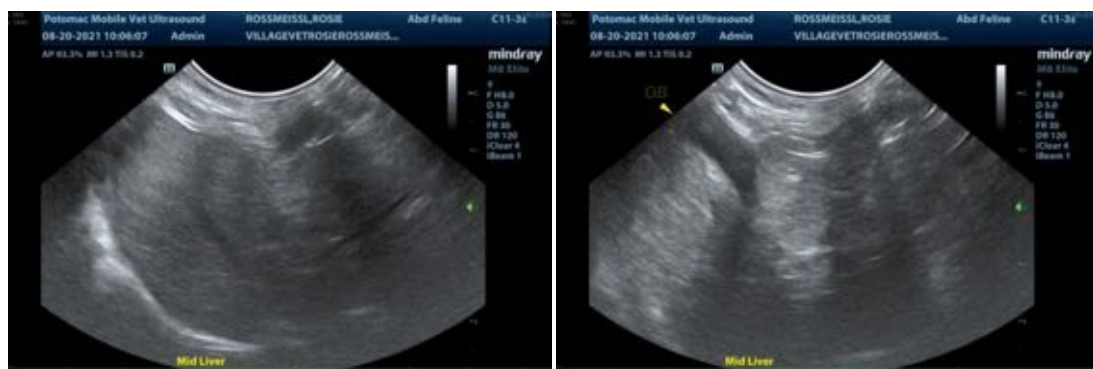
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Rosie Rossmessl

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

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

Andrea.nicastro@sonopath.com

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