



PATIENT

Puss Romaine

PRESENTING CLINICAL SIGNS

History: Vomiting; R/O possible FB

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 19.2 with increased neuts and monos. amylase 1795

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 (4.09 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Numerous, varying-sized cortical cysts are observed, some of which are septated. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

AGE

15 years

The right kidney is normal size (4.27 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Numerous, varying-sized cortical cysts are observed, some of which are septated. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.64 cm length; 0.41 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 size (1.31 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Diane McFadden,
RVT

Spleen

The spleen is normal in size (0.49 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.

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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 slightly thickened (up to 0.15 cm) and hyperechoic. A small amount of aggregated, echogenic, mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are visible/normal with no obvious evidence of luminal obstruction. The duodenal papilla is normal in size (0.46 cm in width).

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Gastrointestinal

The gastric lumen is mildly to moderately 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 (mild). The small intestinal wall is normal in thickness

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with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no evidence of obstruction

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Feline

Pancreas

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 lymph nodes are observed adjacent to the ileocolic junction.

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Female Spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

AGE

15 years

- The small intestinal wall changes are most consistent with inflammatory bowel disease with a lower possibility of emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive change.
- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure, or increased hydrostatic pressure. Correlation with clinical findings is recommended.

WEIGHT

9 lbs.

Secondary Findings:

- The mild gall bladder wall thickening could be consistent with age-related hyperplasia and/or cholecystitis.
- Polycystic kidney disease with dystrophic mineralization.

**There is no obvious evidence of a foreign body/gastrointestinal obstruction.

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Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Diane McFadden,
RVT

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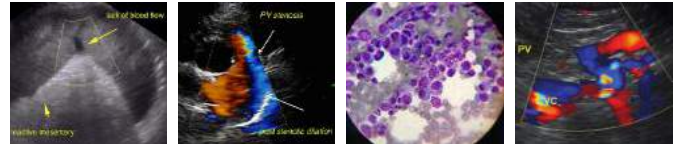
1. Supportive care for gastroenteritis is recommended. Diagnostic considerations include the following:
 - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - b. A fecal evaluation for ova/Giardia.
 - c. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
 - d. A 6-week limited antigen diet trial to assess for food allergies.
2. If clinical signs do not improve with supportive care and the above diagnostics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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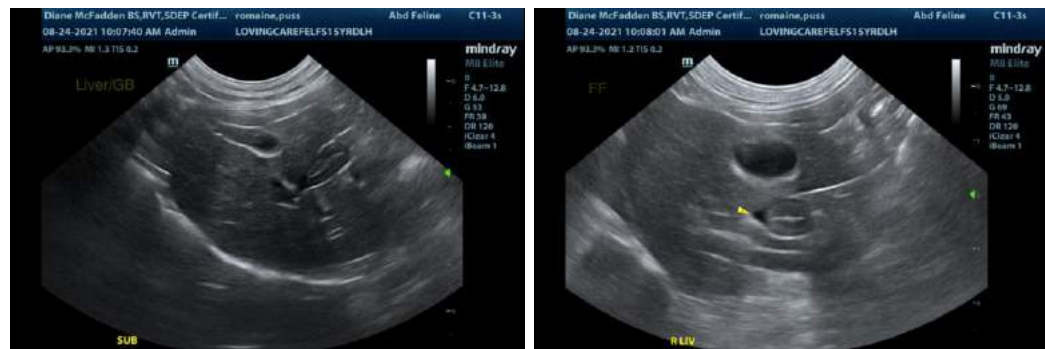
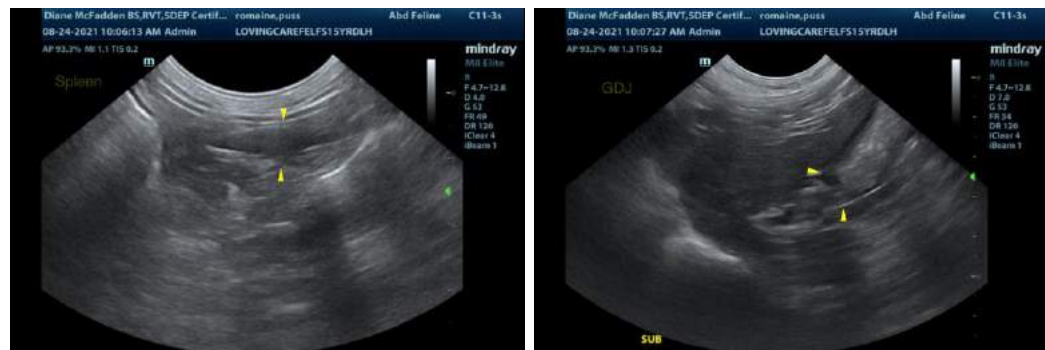
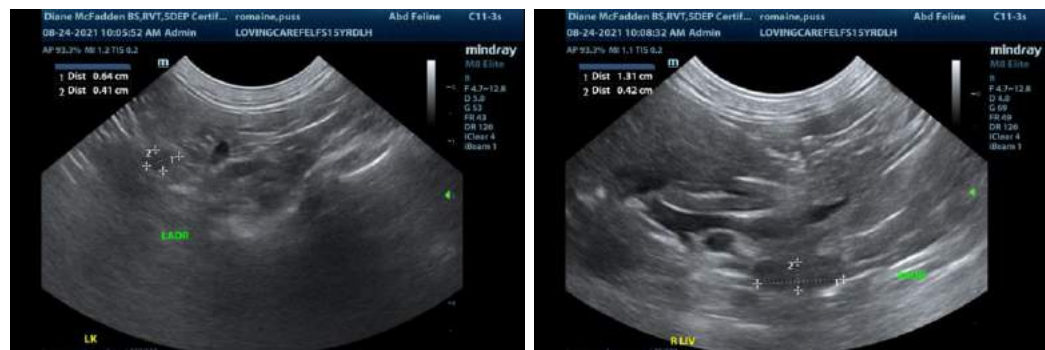
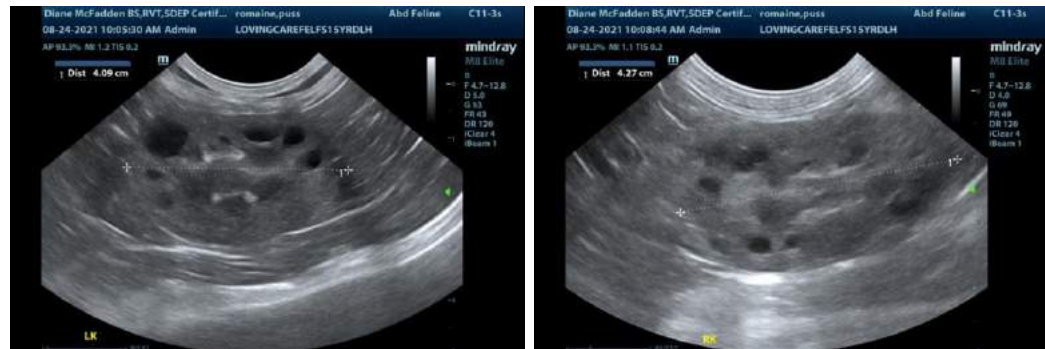
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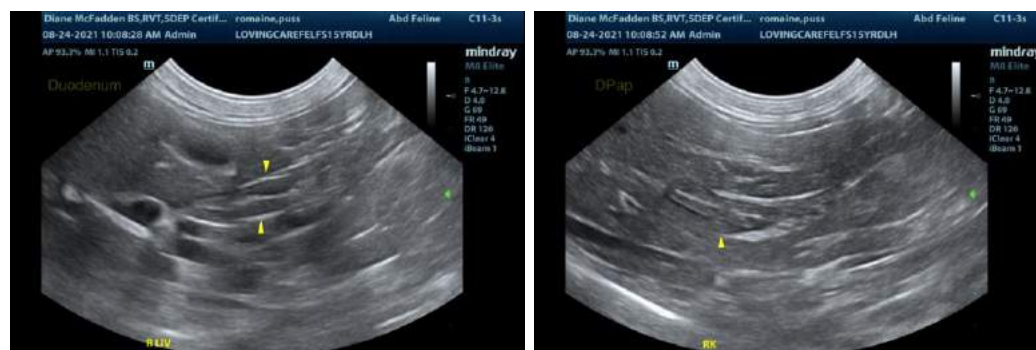
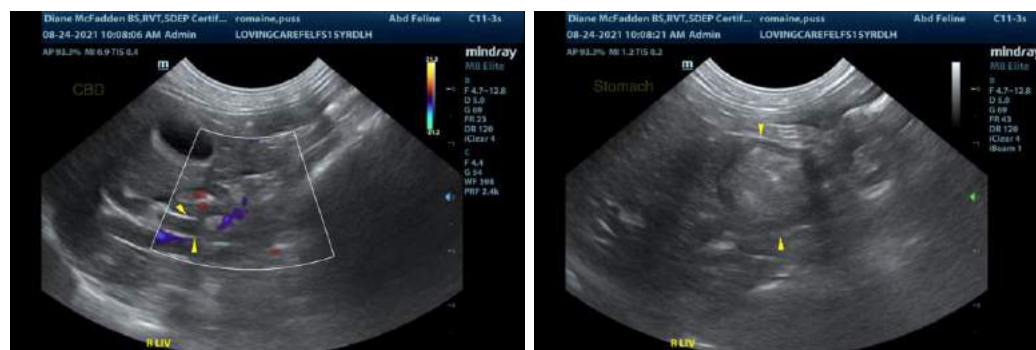
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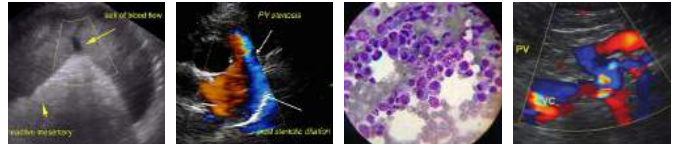
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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