



**PATIENT PRESENTING CLINICAL SIGNS**

Gypsy Phillips History: Decreased appetite and drinking less. Vomiting and diarrhea the past few days. Hair loss (mainly lower abdomen and hips) and overgrooming the past few months. No coughing or sneezing.

**SPECIES** Medications: Advantage.

Feline USG 1.059. 2+ proteinuria, inactive sediment. CBC questionable mild thrombocytopenia. Chemistry unremarkable. Fecal negative. T4 normal.

**BREED**

DSH

**SEX**

Female Spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

5 years

The left kidney is normal in size (3.55 cm in length) with a normal shape, architecture and 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**

NP

The right kidney is normal in size (3.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Brighton AH

**Spleen**

The spleen is normal in size (0.69 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.

**REFERRING VET**

Dr Ciccone

**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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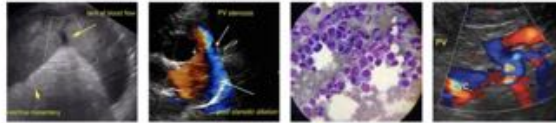
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**DATE**

8.3.23

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with soft, shadowing material. 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 is normal in thickness with a normal layering pattern and appropriate mural



**PATIENT**

detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Gypsy Phillips

**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.

**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**

DSH

**Other**

**SEX**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

Female Spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

- Unremarkable abdomen

5 years

**WEIGHT**

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue, mild pancreatitis, behavioral issue or primary dermatologic disease (for the overgrooming), other.

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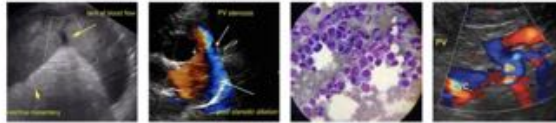
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a Texas GI panel including serum cobalamin and folate, TLI and PLI to further evaluate for maldigestion/malabsorption and low-grade pancreatic disease.
- Orthopedic and neurologic examinations are recommended to assess for areas of pain which may be contributing to overgrooming.
- Also consider a consultation with a board-certified dermatologist to assess for skin disease as a cause for overgrooming.





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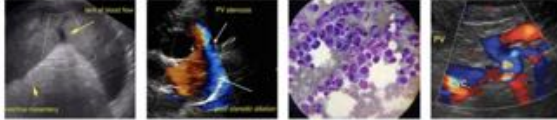
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The information and recommendations provided are based on the images presented by the referring



**PATIENT**

Gypsy Phillips

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.

**SPECIES**

Feline

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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**AGE**

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