**PATIENT**

Luna Clair

**PRESENTING CLINICAL SIGNS**

History: Barbering abdomen, and especially concerned for pancreatitis because of barbering.

**SPECIES**

Feline

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

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of suspended, echogenic to mineralized debris is observed within the lumen, as well as a small amount of gravity dependent mineralized sand. No distinct calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

DSH

**SEX**

Spayed Female

The **left kidney** is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

5 years

The **right kidney** is normal size (4.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

12.7 lbs

**Adrenal Glands**

The **left adrenal gland** is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

**Spleen**

The **spleen** is normal in size (0.90 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**

Potomac Mobile Vet US

**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 portal vein to caudal vena cava ratio is approximately 1: 1.

**HOSPITAL NAME**

Silver Spring AH

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.

**REFERRING VET**

Dr. Cathy Jarret

**Gastrointestinal**

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

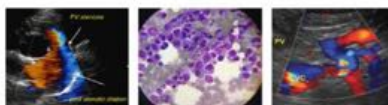
**INVOICE**

11529

**DATE**

8.30.22

**Pancreas**

**PATIENT**

Luna Clair

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.

**Free Abdomen****SPECIES**

Feline

There is no evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 0.87 cm in length.

**ULTRASONOGRAPHIC FINDINGS****BREED**

DSH

**Primary Findings****SEX**

Spayed Female

- The small intestinal wall changes are suggestive of inflammatory bowel disease with minor potential for emerging lymphoma. Correlation with the patient's clinical history is recommended.
- Urinary bladder debris/sand
- The trace right pyelectasia may be secondary to pyelonephritis, PU/PD (if applicable), age-related remodeling, or some combination thereof.

**AGE**

5 years

\*It is unclear whether the patient's barbering is related to intrabdominal disease, nonmetabolic disease (i.e., orthopedic or neurologic), allergic skin disease, or a behavioral issue.

**WEIGHT**

12.7 lbs

**Secondary Findings**

The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****IMAGING PERFORMED BY**

Potomac Mobile Vet US

- Given the right kidney and urinary bladder changes, a urinalysis with urine culture and sensitivity is recommended.
- Consider whole-body radiographs (if not already performed) to assess for occult thoracic disease and/or bony lesions that may be causing the patient's barbering.
- Also consider orthopedic and neurologic examinations to assess for nonmetabolic causes of pain.
- If the above diagnostics are inconclusive, consider consultation with a board-certified dermatologist.
- Given the bowel changes, a malabsorption panel including serum cobalamin and folate, TLI and PLI, should be considered. If the patient develops overt gastrointestinal signs, further work-up (i.e., limited antigen diet trial, GI biopsies) may be warranted.

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

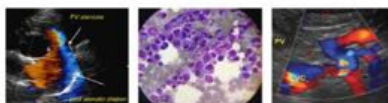
Dr. Cathy Jarret

**INVOICE**

11529

**DATE**

8.30.22



**PATIENT**

Luna Clair

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Potomac Mobile Vet US

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

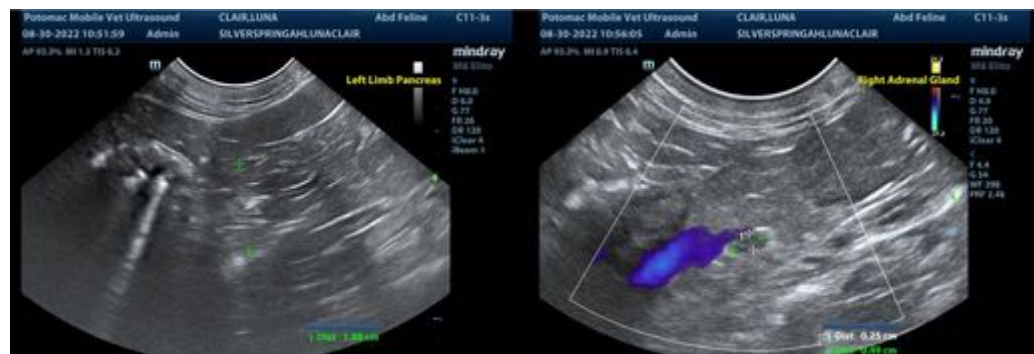
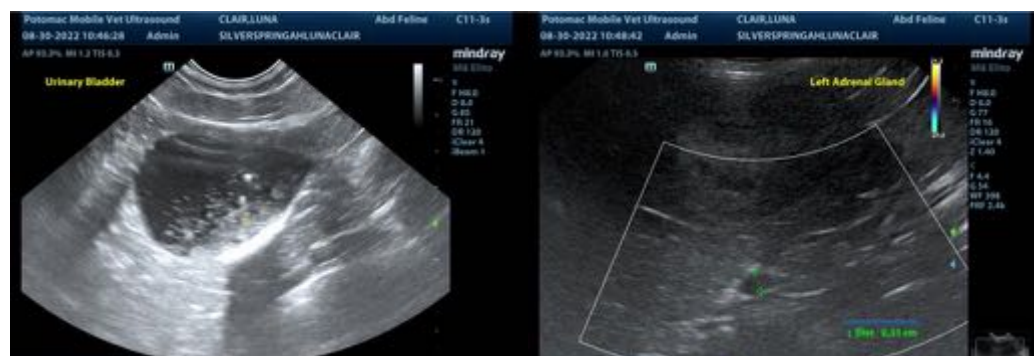
Dr. Cathy Jarret

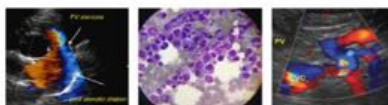
**INVOICE**

11529

**DATE**

8.30.22





**PATIENT**

Luna Clair

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Potomac Mobile Vet US

**HOSPITAL NAME**

Silver Spring AH

**REFERRING VET**

Dr. Cathy Jarret

**INVOICE**

11529

**DATE**

8.30.22



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](mailto:info@SonoPath.com)