



PATIENT

Carrie Bauer

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting, normal appetite. Will go 2-3 days without vomiting but then will vomit large amounts.

Abnormal PE/Chem/CBC/UA Results: Bloodwork - WNL, Radiographs suggest mass?

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic shorthair

Urinary System

The urinary bladder is pelvically located. The urinary bladder wall is 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. The region of the trigone is normal.

SEX

Female, spayed

The left kidney is borderline small in size (3.03 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

AGE

13 Yrs. 7 months

The right kidney is borderline small in size (3.25 cm in length); normal shape and architecture with smooth peripheral margins. 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. Renal vasculature is normal.

WEIGHT

4.7 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.29 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)

Spleen

The spleen is mildly enlarged (1.01 cm in width at the level of the hilus) with swelling/rounding of the caudal pole and a folded contour. The parenchyma is subtly mottled in appearance. A 0.29 cm hyperechoic nodule is observed at the caudolateral aspect. Splenic vasculature is normal with no evidence of thrombosis.

IMAGING PERFORMED BY

Tom McNeill

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 thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.16 cm in diameter.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. A 0.32 x 0.30 cm oval echogenic lesion is observed in the jejunum. It is unclear if it is within the lumen itself or arising from the wall. In the

DATE

8/9/22



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remainder of the small intestine the walls are normal in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecolic junction and colonic wall are normal. The colonic wall is borderline thickened (up to 0.25 cm). No obstructive disease is noted.

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Feline

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.13 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic shorthair

Free Abdomen

SEX

Female, spayed

Trace ascites is present. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse splenic parenchymal changes are non-specific and could be secondary to a benign process (i.e., splenitis, lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation). However, infiltrative neoplasia cannot be excluded. The hyperechoic nodule trends toward the benign (i.e., myelolipoma).
- The pancreatic changes are consistent with age-related remodeling +/- fibrosis. Concurrent mild pancreatitis is also possible, particularly if this diagnosis fits with the patient's clinical history.
- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time. The echogenic lesion in the jejunum trends toward the benign (i.e., mucosal polyp). However, an emerging tumor cannot be completely excluded.
- Trace ascites is present.

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Secondary Findings:

- Bilateral chronic degenerative renal changes with a left cortical infarct.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

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1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies

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4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs should be performed prior to anesthesia.

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Feline

5. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider triple therapy as empirical treatment for Helicobacter gastritis:

Amoxicillin: 10-22 mg/kg PO q 12 hours x 14-21 days

Metronidazole: 10-15 mg/kg PO q 12 hours for 14-21 days

Omeprazole: 0.7 mg/kg PO q 24 hours for 14-21 days

(+/- the addition of Bismuth subsalicylate: 3.85 mg/kg PO q 6-8 hours x 14-21 days)

BREED

Domestic shorthair

6. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

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Female, spayed

Regarding the echogenic structure within the jejunum, a recheck ultrasound is recommended in 4 weeks to assess for progression.

AGE

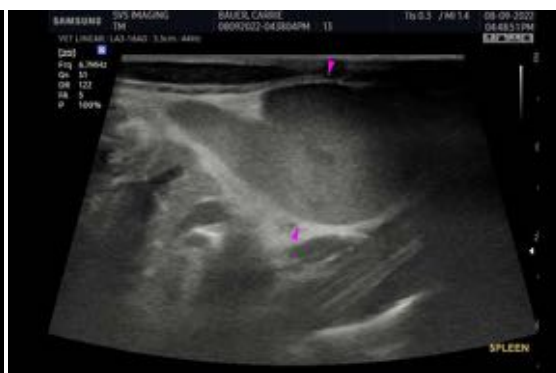
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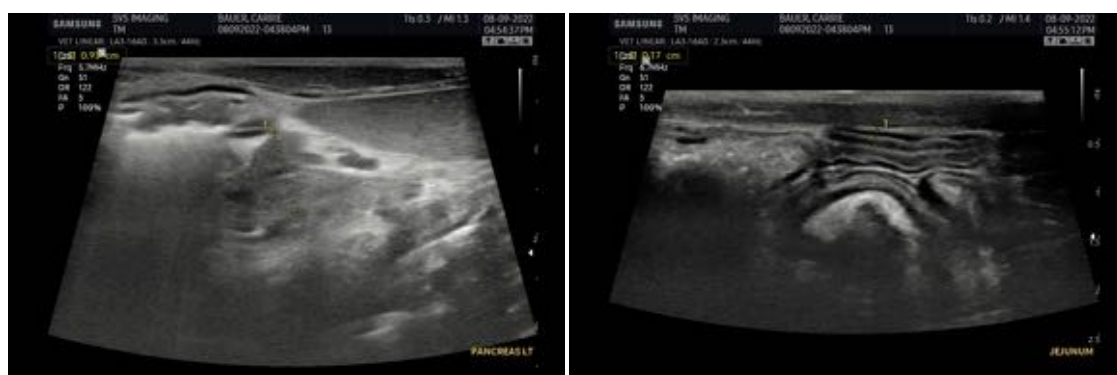
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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