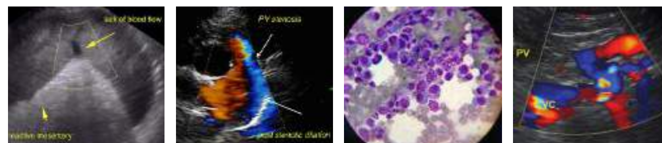


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Ruby Spitz

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female spayed

AGE
5 Years

WEIGHT
11.7 lbs.

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

IMAGING PERFORMED BY
Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hollomon

INVOICE
11828kk

DATE
9/16/21

PRESENTING CLINICAL SIGNS

History: Acute-on-chronic vomiting, has been occasionally vomiting for about a year and in the past was treated with de-wormer that helped a little bit. recently this week pt has been vomiting every day, 3-4 times per day. Performed AUS to get better idea of GI tract and get additional therapeutic and diagnostic recommendations.

Abnormal PE/Chem/CBC/UA Results: See attached - all WNL

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 lumen is mildly distended with mostly 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.

The left kidney is normal size (3.48 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.67 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.88 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.62 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

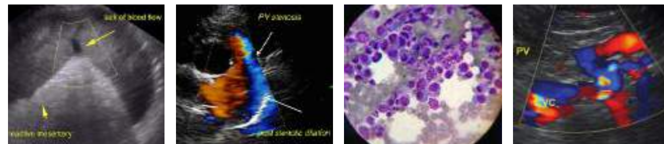
The spleen is subjectively normal in width (0.66 cm in width at the level of the hilus) with an elongated contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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. The portal vein to caudal vena cava ratio is approximately 1:1. No pathological hepatic lymphadenopathy observed. The gall bladder is mildly distended and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and soft shadowing material. An approximately 1 ½ cm focal area of wall in the lesser curvature, in the region of the pyloric antrum, is mildly thickened



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Ruby Spitz

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female spayed

AGE
5 Years

WEIGHT
11.7 lbs.

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

IMAGING PERFORMED BY
Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hollomon

INVOICE
11828kk

DATE
9/16/21

(up to 0.47 cm) with questionable retention of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. The remaining gastric and pyloric walls are normal in thickness with a normal layering pattern and appropriate mural detail. 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. The ileocolic junction and colonic wall are normal. The colonic lumen contains hard shadowing fecal material. There is no obvious evidence of obstruction.

Pancreas

The left and right limbs of the pancreas are visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. Two to three prominent lymph nodes are observed in the cranial abdomen with the largest measuring 1.32 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

Focal gastric wall thickening. Differentials include inflammation or emerging neoplasia. A benign process is favored. Regional peritonitis is present. The adjacent lymphadenopathy may represent reactive lymphadenitis, lymphoid hyperplasia, or emerging neoplasia.

Secondary Findings:

The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

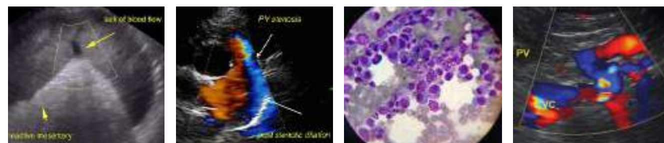
1. Diagnostic considerations include the following:

    a. A fecal evaluation for ova/Giardia

    b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

    c. Endoscopic or surgical gastrointestinal biopsies. Three-view thoracic radiographs should be performed prior to any anesthesia to assess for occult cardiopulmonary or esophageal disease.

    d. If a more conservative approach is desired, consider medical management for vomiting/gastritis with a repeat ultrasound in 2-3 weeks to assess for progression of the gastric wall lesion.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Ruby Spitz

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female spayed

AGE

5 Years

WEIGHT

11.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Hollomon

INVOICE

11828kk

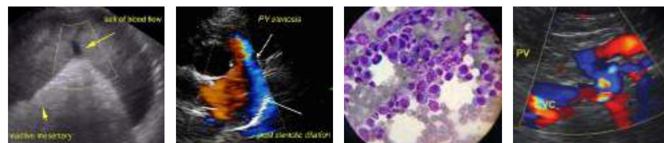
DATE

9/16/21

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

1-800-838-4268 info@sonopath.com

PATIENT

Ruby Spitz

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female spayed

AGE

5 Years

WEIGHT

11.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

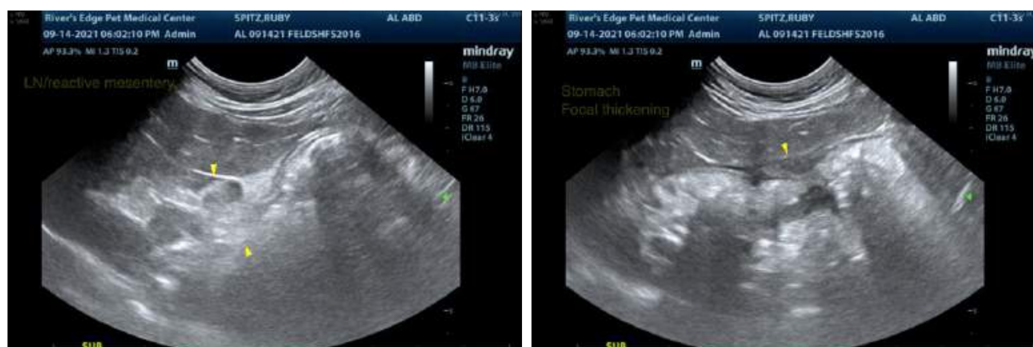
Dr. Hollomon

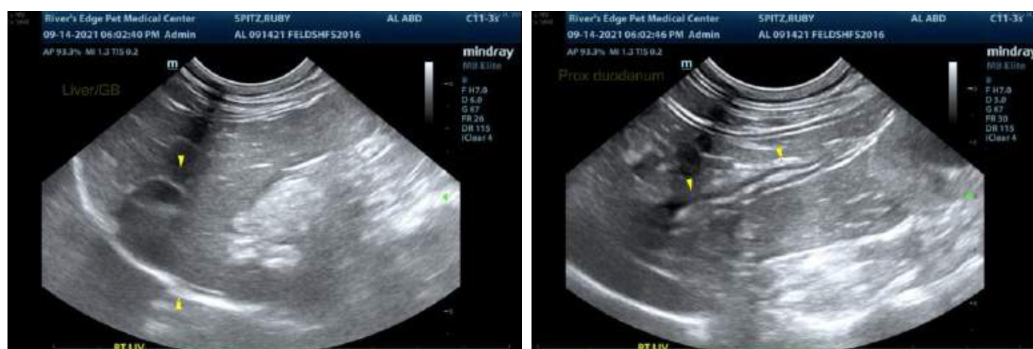
INVOICE

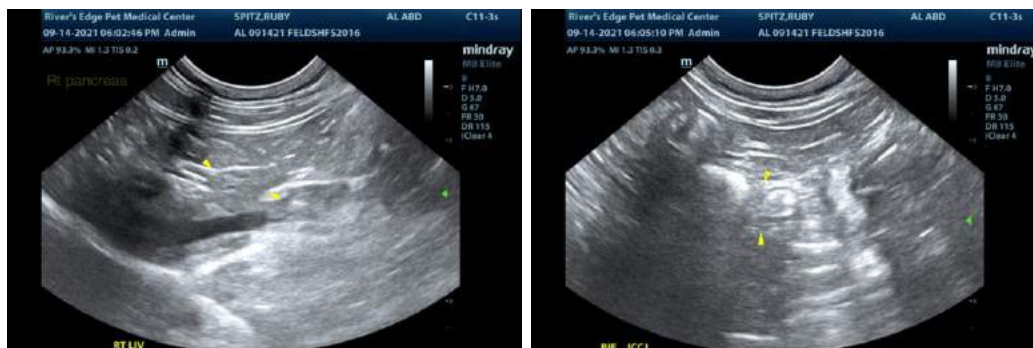
11828kk

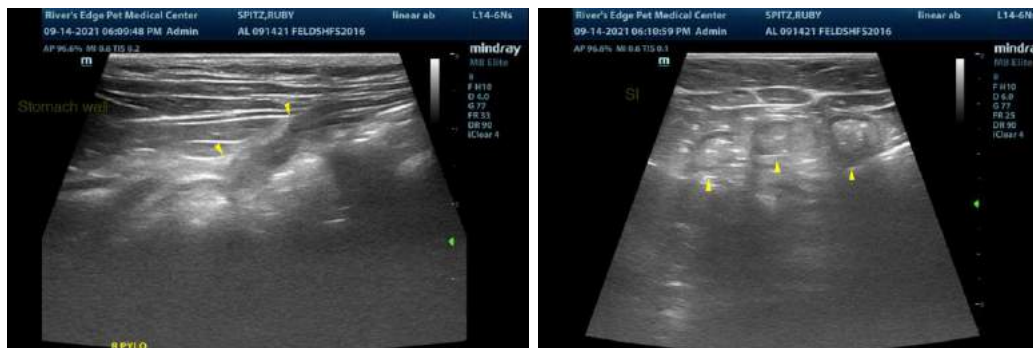
DATE

9/16/21



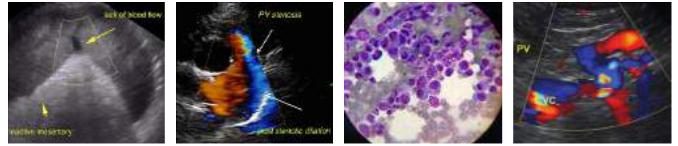






The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

Ruby Spitz

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female spayed

AGE

5 Years

WEIGHT

11.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

Dr. Hollomon

INVOICE

11828kk

DATE

9/16/21

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com