



PATIENT

Vader Elliott

PRESENTING CLINICAL SIGNS

History: Chronic hx of intermittent vomiting; on cerenia intermittently for this but lately patient has been vomiting more often and despite this. No other health concerns.

Abnormal PE/Chem/CBC/UA Results: NSF on exam No recent hx of labwork

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. Luminal contents are mostly anechoic. 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

Male, neutered

The left kidney is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

6 Yrs.

The right kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.2 lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size (0.26 cm cranial; 0.30 cm caudal; 1.05 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.28 cm cranial; 0.42 cm caudal 1.28 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

IMAGING PERFORMED BY

Jessica Bailes

The spleen is normal in size (0.74 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.

Liver

HOSPITAL NAME

All Creatures Great &
Small VC Corvallis OR

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Justin Vaughn

Gastrointestinal

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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

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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

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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.

BREED

Domestic shorthair

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Male, neutered

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, other.

Secondary Findings:

- Minor chronic renal pathology with dystrophic mineralization in the cortices.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Baseline bloodwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
2. Serum cobalamin, folate, PLI and TLI
3. A fecal evaluation for ova/Giardia
4. A 6-week limited antigen diet trial to assess for food allergies
5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
6. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
7. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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(*Small Animal Internal
Medicine*)

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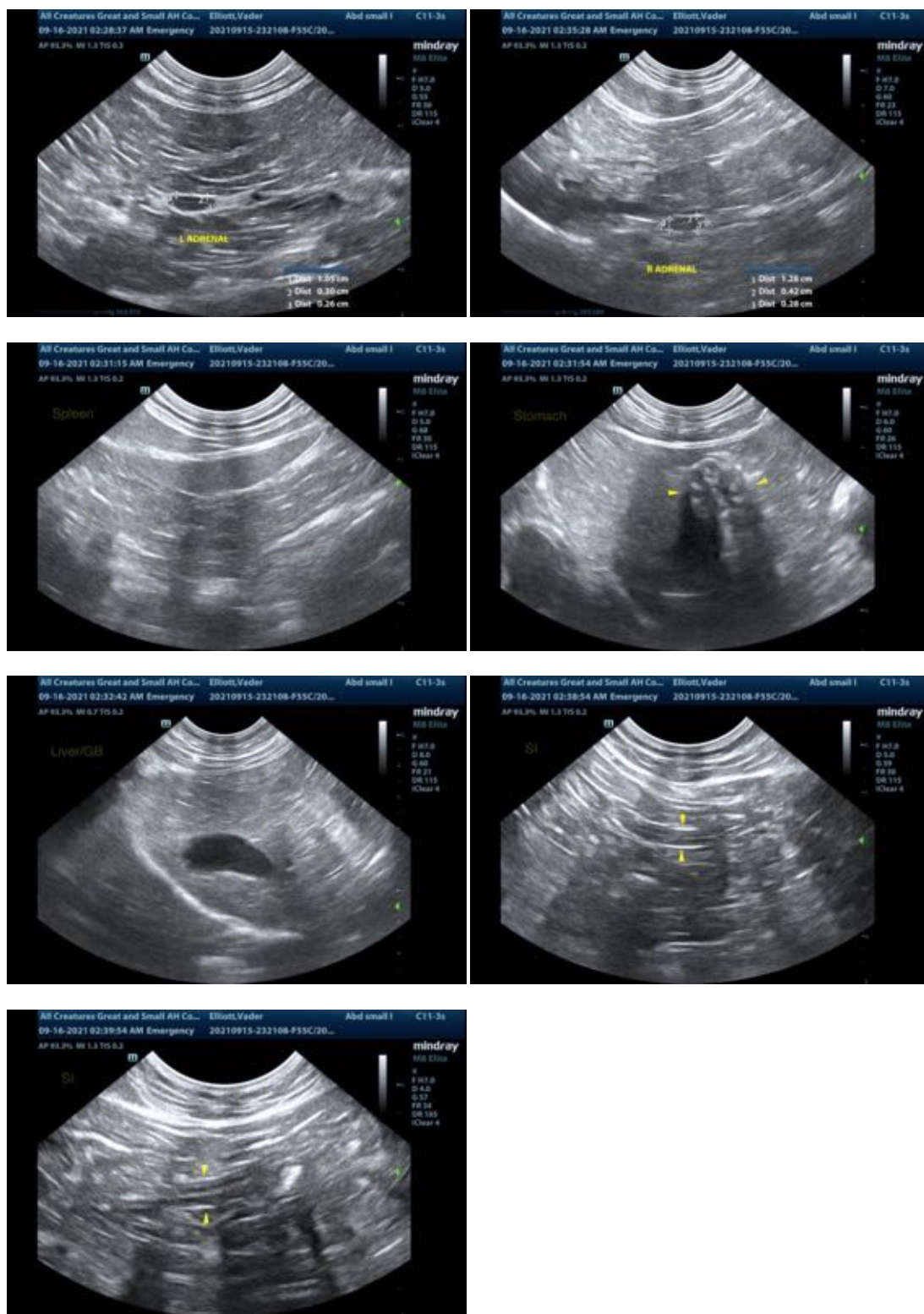
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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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*)

Andrea.nicastro@sonopath.com

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