



PATIENT

Honey Sanders

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female

AGE

13 Months

WEIGHT

5.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Jacobs

INVOICE

12006

DATE

9/2/21

PRESENTING CLINICAL SIGNS

History: Intact female; Started with vomiting/loose stools 6-8 times/day at 6 months; No weight gain since 6 months. No estrus noticed. Decreased thirst; excessive appetite. Small amount of abdominal fluid. Non-painful abdominal palpation. Metronidazole and i/d helped with symptoms but never resolved them.
Abnormal PE/Chem/CBC/UA Results: FELV/FIV/HW negative; Multiple fecal's NPS.

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 moderately distended with 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 (3.61 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.

The right kidney is normal size (3.80 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.

Adrenal Glands

The left adrenal gland is not definitively visualized.

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is not definitively visualized.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1 making a congenital extrahepatic portosystemic shunt unlikely. 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.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely distended with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. A few segments exhibit hyperperistalsis. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains soft shadowing fecal material. No obstructive disease is noted.

Pancreas

Portions of the pancreas are obscured by the ingesta within the gastrointestinal tract. In the visualized portions,



PATIENT no obvious pathology is observed.

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Free Abdomen

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A small to moderate amount of anechoic free fluid is visualized. Several prominent to enlarged lymph nodes are observed in the cranial to mid abdomen, the largest measuring 2.5 cm in length.

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ULTRASONOGRAPHIC FINDINGS

Domestic shorthair

- The abdominal lymphadenopathy could be consistent with lymphadenitis (i.e., reactive, pyogranulomatous), lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma).
- The ascites is likely secondary to increased vascular permeability or increased hydrostatic pressure (less likely).
- The mild hepatomegaly may be a normal variant for this patient or may be secondary to inflammatory disease, early hepatic lipidosis or infiltrative neoplasia (less likely).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- If accessible, fine needle aspirates of the abdominal lymph nodes, free fluid +/- liver are recommended if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive, surgical gastrointestinal, liver and abdominal lymph node biopsies may be necessary to get a definitive diagnosis.
- Other diagnostics/therapeutic considerations include the following:
 - Serum cobalamin, folate, PLI and TLI
 - Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
 - A 6-week limited antigen diet trial to assess for food allergies
 - Pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
 - FIP testing can also be considered, although the sensitivity and specificity of these tests tend to be less than ideal.

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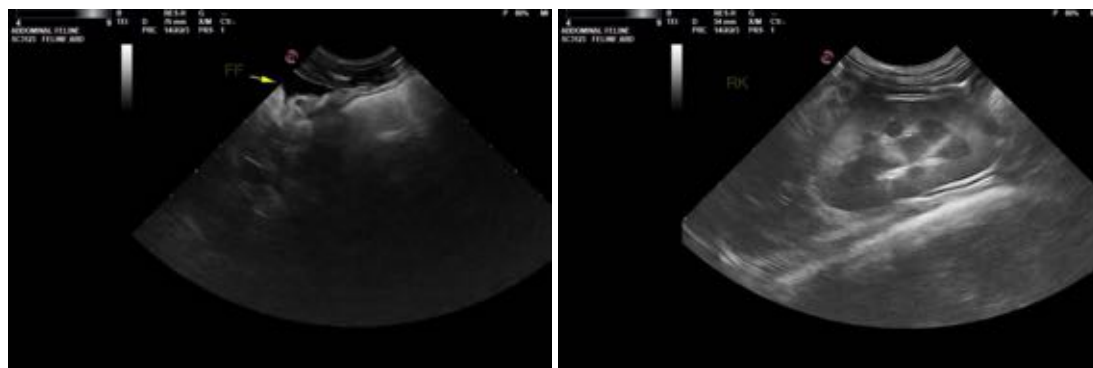
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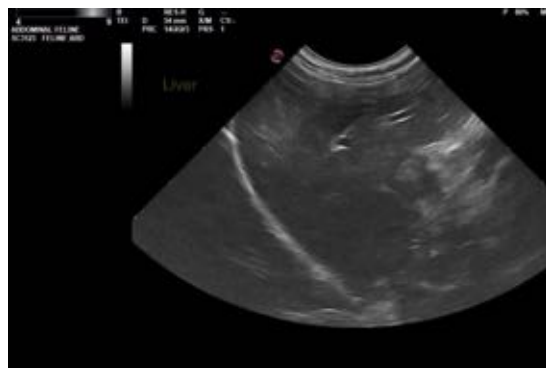
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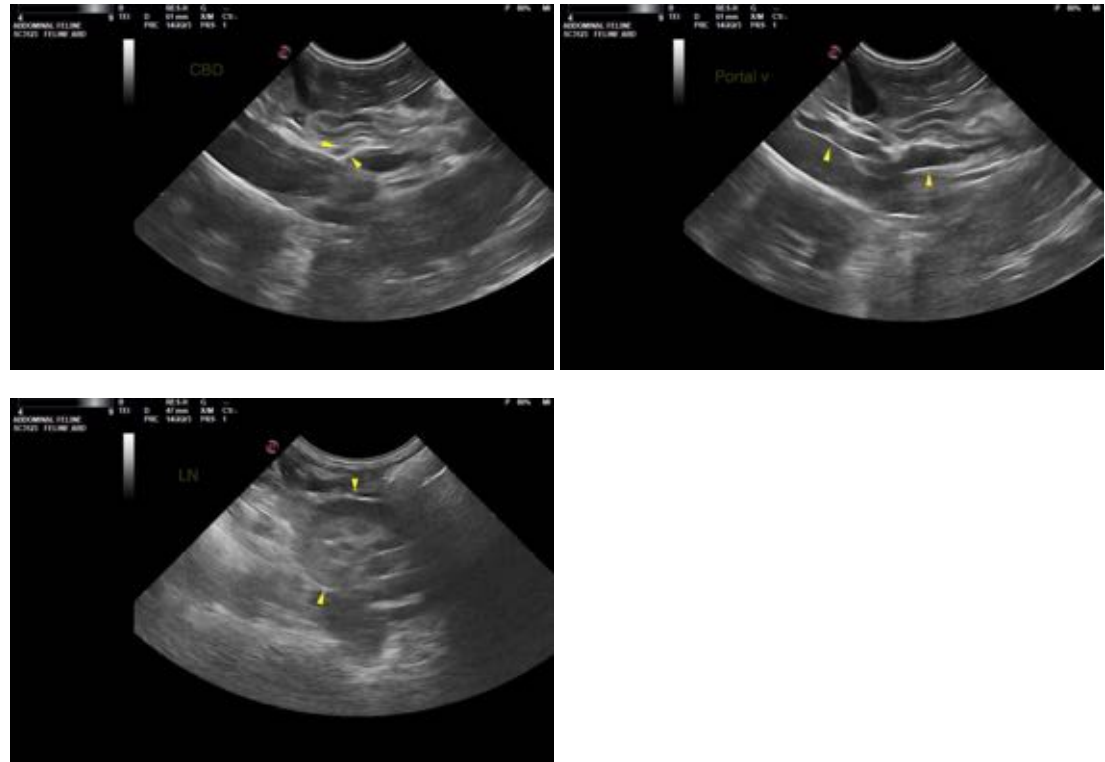
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com

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