



PATIENT

Sadie Kreifels

SPECIES

Feline

BREED

Domestic
shorthair/Orange
Tabby

SEX

Female, spayed

AGE

16 yrs.

WEIGHT

14.24 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Kiera Hanrahan

INVOICE

12221

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: 15 year old FS dsh with chronic vomiting and weight loss (2 lbs) despite good appetite. vomiting has increased in frequency over last few months - vomiting after every meal.
Abnormal PE/Chem/CBC/UA Results: complete bw with thyroid and ua in july- 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 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 subjectively normal size with a normal shape and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.79 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

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

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 segmentally dilated with chyme. The small intestinal wall thickness is normal to mildly thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal



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ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A few small cystic areas are observed within the parenchyma. The pancreatic duct is visible and mildly dilated (0.25 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

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Free Abdomen

There is no evidence of free fluid. 2-3 prominent mesenteric lymph nodes are visualized, the largest measuring 0.98 cm in length. Surrounding mesentery is hyperechoic.

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Other

A 1.44 x 0.91 cm hypoechoic nodule with an irregular anechoic region is observed in the left mid-abdomen. In addition, a 1.29 x 0.92 cm hypoechoic nodule is observed in the mid-abdomen.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The pancreatic changes are consistent with chronic active pancreatitis with parenchymal cysts.
- The origin of the nodules in the left to mid-abdominal cavity are unclear. They may be arising from pancreas, mesentery or may represent prominent cystic lymph nodes. Visualization with the linear probe would be useful in discerning the region of origin.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings:

- Bilateral age-related renal changes.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Other diagnostic considerations include:
 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
 4. Endoscopic or surgical gastrointestinal biopsies. If surgical biopsies are pursued, biopsies of the mid-abdominal nodules should also be obtained.

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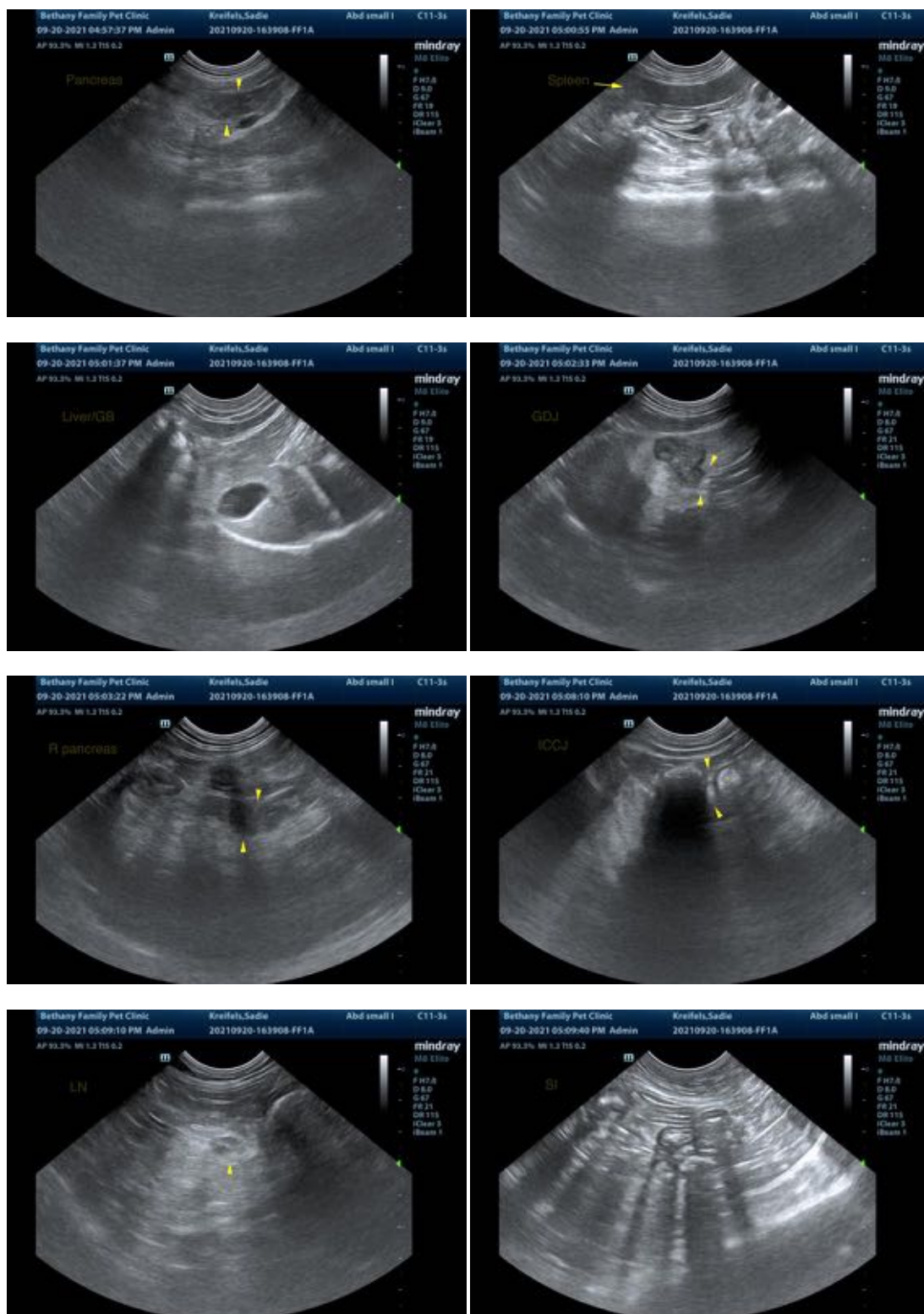
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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