

PATIENT

Gracie Kaiser

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 years

WEIGHT

10.54 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Glaze

INVOICE

11696

DATE

9.22.22

PRESENTING CLINICAL SIGNS

History: Recent vomiting and abnormal lab work Current Medications none (P has hx of FIC and is on RX urinary diet)

Abnormal PE/Chem/CBC/UA Results: elevated eosinophil count confirmed (2424), fecal testing pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. 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 (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The **spleen** is normal in size (0.66 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 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 mildly distended with ingesta and shadowing material. 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 thickness is normal with a normal layering pattern and



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appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Two to three prominent colic **lymph nodes** are visualized, the largest measuring 0.49 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The shadowing material within the gastric lumen may represent normal ingesta or foreign material (i.e., hair, other). The material appears nonobstructive at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With regard to the shadowing within the gastric lumen, consider a 12-hour fast with repeat abdominal imaging (radiographs or ultrasound).

Other diagnostic considerations include the following:

1. A fecal evaluation for ova and Giardia along with prophylactic deworming with Fenbendazole, particularly in light of the elevated eosinophil count.
2. Malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M).
3. Hydrolyzed protein limited antigen diet trial
4. If the above diagnostics are inconclusive and the patient does not respond to the above treatment recommendations, consider GI biopsies (i.e., endoscopic or surgical).



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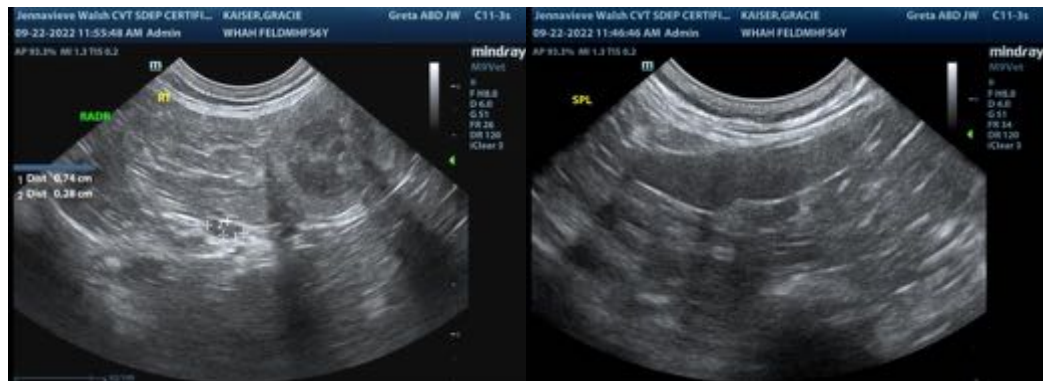
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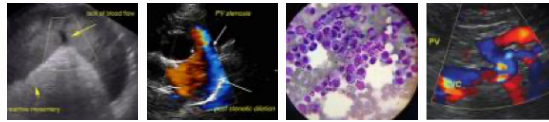
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com