

PATIENT	PRESENTING CLINICAL SIGNS
Tails O'Rourke	Clinical Exam Findings: Presenting for vomiting. This has been an issue in the past for pt. Pt was seen in April for the same issue and O states pt responded very well to the Ondansetron where pt has not vomited in 3-4 months. Just over the past week pt has started vomiting almost every day. On PE, found uncomfortable abdomen cranially, painful, vomiting episodes, responsive to ondansetron.
SPECIES	
Feline	Abnormal lab-work values: Mild neutropenia (1716 /uL), Normal fPL value in April
BREED	Current Medications
DSH	Ondansetron 4mg q8-12h
SEX	Radiographic Findings
Spayed Female	From 4/22: Radiographic Findings: Orthogonal radiographs centered on the abdomen (3 images) are reviewed. The gastric lumen is predominantly empty with a small volume of luminal gas. However, on few of the lateral views there is a mild separation of the luminal gas. No distinct radiopaque foreign object is identified. The small intestinal tract is within normal limits of sizes view of the small intestinal segments have a mild amount of luminal gas. The colon has a mild amount of formed feces. The renal silhouettes and urinary bladder are within normal limits. The liver and spleen are unremarkable. The serosal detail is normal. The included portion of the thorax has no substantial abnormalities. The cardiovascular structures are normal in size. The pulmonary parenchyma is normal in opacity. The trachea is uniform in diameter and smoothly margined. The cranial mediastinum and pleural space are unremarkable. There is no evidence of intrathoracic lymph node enlargement. No musculoskeletal abnormalities are seen. Radiographic Conclusions/Recommendations: 1. No definitive cause for acute vomiting is seen, but they have a radiolucent foreign object cannot be completely excluded given the radiographic appearance of the gastric lumen. Consider abdominal sonography for further evaluation. Also, medical management with IV fluid therapy for 8-12 hours could be performed followed by repeat three view orthogonal abdominal radiographs. This study is negative for a small intestinal mechanical obstruction and peritonitis. 2. Normal thorax
AGE	
2.21.2020	
WEIGHT	
12.7 lbs	
INTERPRETED BY	
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IMAGING PERFORMED BY	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
HOSPITAL NAME	
Flowertown AH	
REFERRING VET	
Dr. Hawk	
INVOICE	
11608	
DATE	
9.9.22	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is mildly 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.

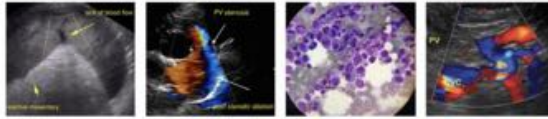
The **left kidney** is normal size (3.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.85 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 (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.



PATIENT

Tails O'Rourke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2.21.2020

WEIGHT

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Spleen

The **spleen** is normal in size (0.71 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

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 is normal to mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

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.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. One to two prominent colic **lymph nodes** are visualized, the largest measuring 0.52 cm in length.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. Fecal evaluation for ova/Giardia



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3. 6-week hydrolyzed protein or limited antigen diet trial to assess for food allergies
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs are recommended prior to anesthesia.

With regard to the neutropenia, consider a recheck CBC with clinical pathology review in 5-7 days.

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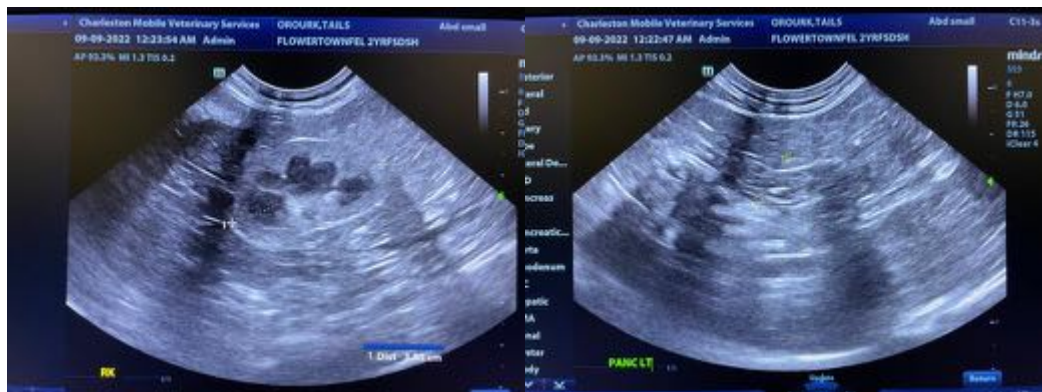
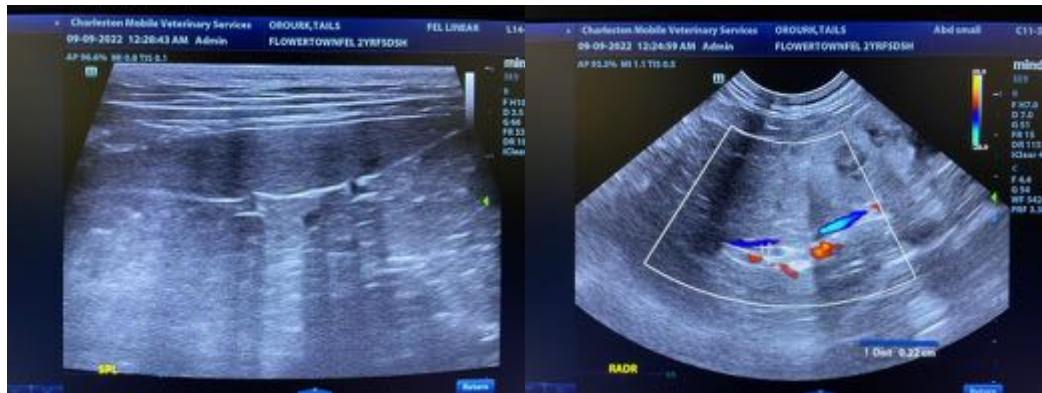
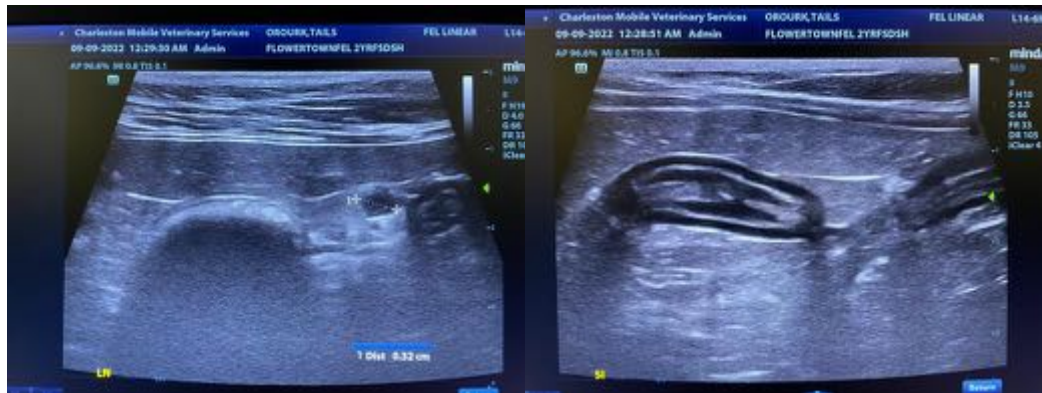
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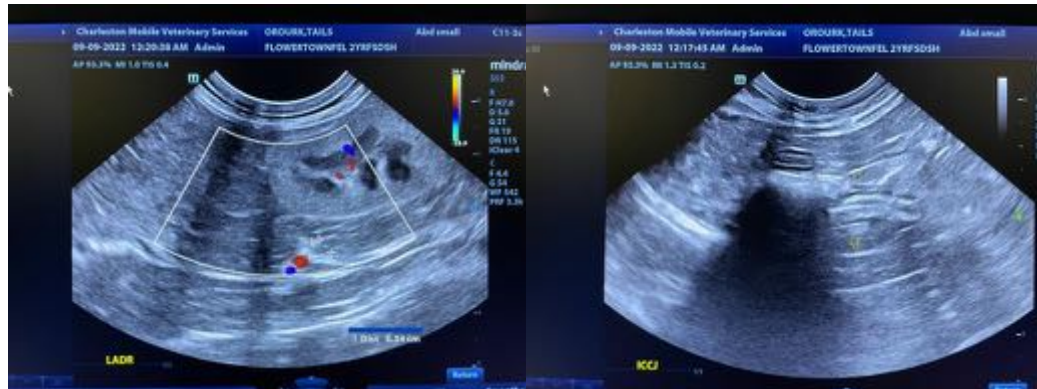
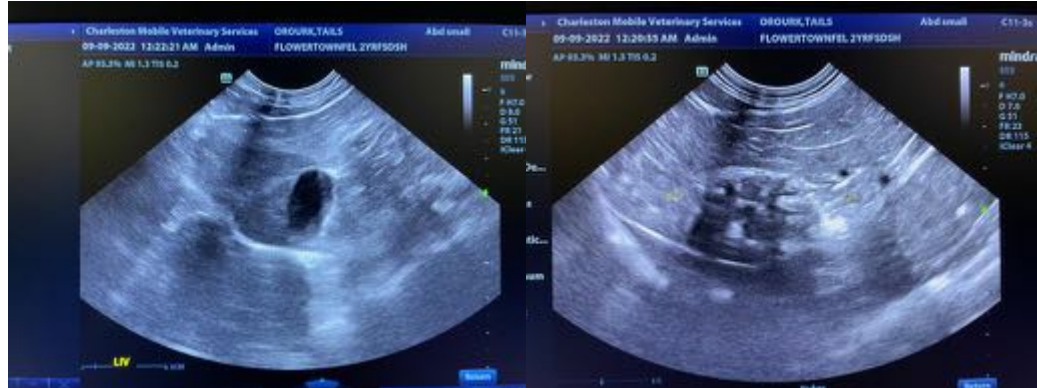
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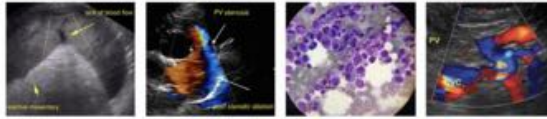
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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PRESENTING CLINICAL SIGNS

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 (xxx 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (xxx 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal 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 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 (xxx 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.

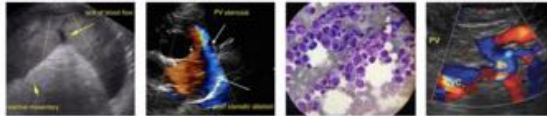
Liver

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 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*

Tails O'Rourke 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.

SPECIES

Feline *Free Abdomen*

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

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Spayed Female

- The

Secondary Findings

AGE

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- The

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The

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