



PATIENT

Gabby Arbuckle

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

7.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

VCA Vitality

REFERRING VET

Dr. Surroz

DATE

3/6/23

INVOICE

14694

PRESENTING CLINICAL SIGNS

History: Excessive vocalization, vomiting, dehydration, not grooming wt loss
Abnormal PE/Chem/CBC/UA Results: High WBC, hyperkalemia, proteinuria, dehydration Current Medications none Radiographic Findings not done

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

One still image of the left adrenal gland is available for interpretation. The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

One still image of the right adrenal gland is available for interpretation. 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.

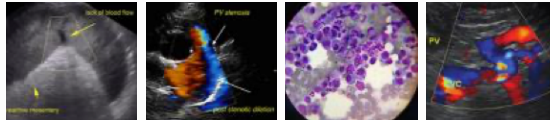
Spleen

The spleen is normal in size (0.81 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric lumen is mildly distended with ingesta and soft 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 segmentally dilated with chyme (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ration in some segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. No obstructive disease is noted.

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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Small intestinal changes suggestive of inflammatory bowel disease. The soft shadowing material within the gastric lumen is most consistent with foreign material (i.e., hairball).

Secondary Findings:

- Bilateral, chronic, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, a T4/free T4 by equilibrium dialysis is recommended, if not already performed.
- Also consider three-view thoracic radiographs to assess for occult esophageal disease.
- A fecal evaluation for ova/Giardia is also recommended along with a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Consider a hypoallergenic or hydrolyzed protein diet trial.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- Given the excessive vocalization, consider orthopedic and neurologic examinations to assess for a source of pain.
- Regarding the proteinuria, a UPC should be considered.



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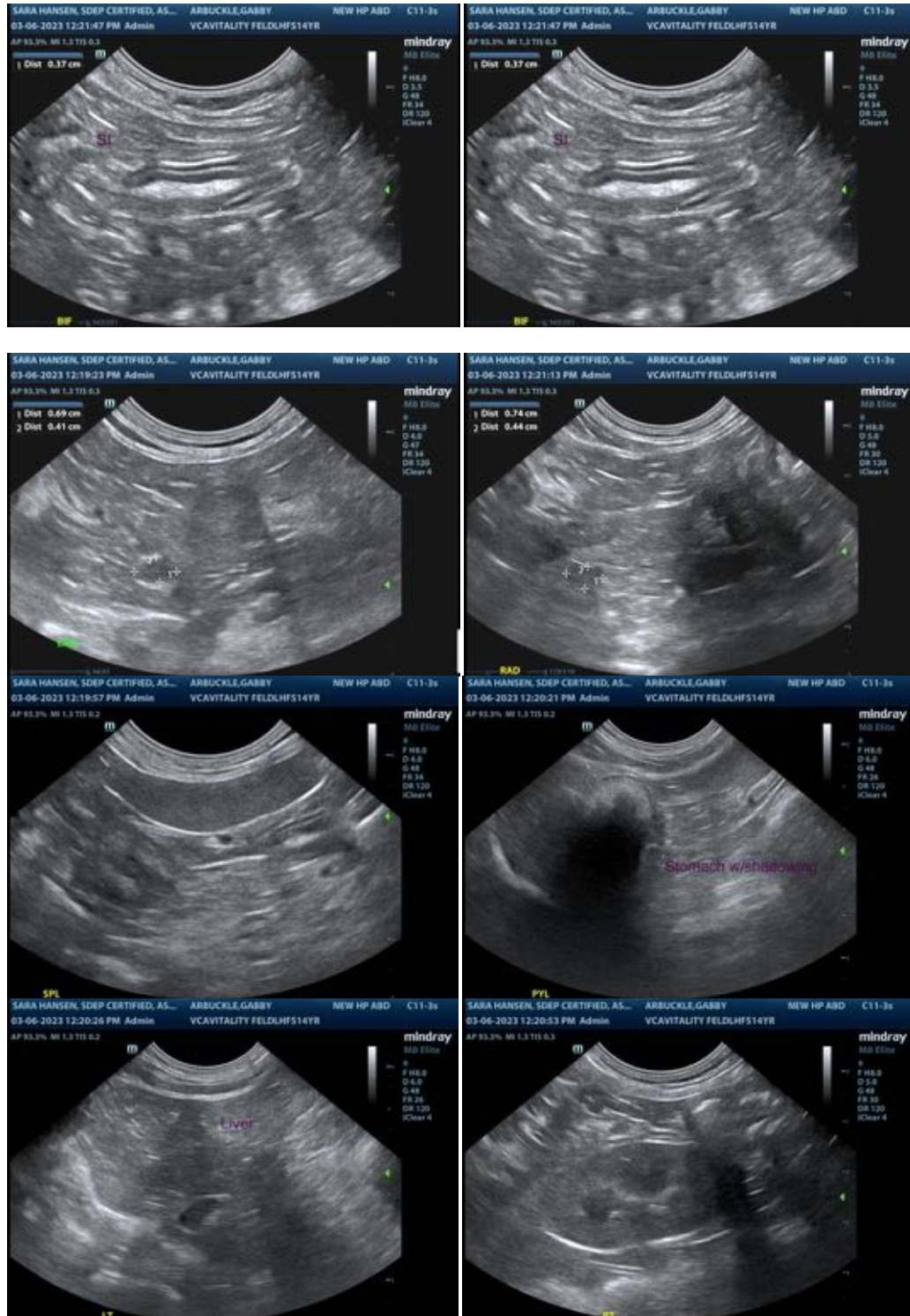
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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