

PATIENT

Halle Cramer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

4 years

WEIGHT

9.62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Moroff

DATE

9/10/21

INVOICE
11804kk

PRESENTING CLINICAL SIGNS

History: Decreased drinking, urination, and BMs for the past 3-4 weeks. P vomited a hair ball, but no other vomiting noted. Stools are normal, but the frequency of BMs is decreased. P is indoor only and doesn't like wet food. P had a large, normal BM while in clinic for RG on 9/2/21. Hydration level has been normal on initial exam and recheck exams in August and on 9/2/21. Good appetite and energy level until 9/8/21, when O noted that P was not eating/drinking/eliminating at all. O has been giving Laxatone for hair balls, and P has been retching like she is trying to get up a hair ball but hasn't produced any lately.

Current Medications: Laxatone

Radiographic Findings: Some fecal material in the transverse colon, but the descending colon is empty. No evidence of constipation. Liver and kidneys normal in size and shape. Small intestine appears WNL. Urinary bladder full with no visible uroliths.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/UA on 8/19/21: Neu 2.04, WBC 3.89, MPV 10.5; chemistry WNL; USG >1.050, trace protein on dipstick, otherwise WNL. Recheck CBC on 6/26/21: Neu 2.4, WBC 4.13, MPV 11.3

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 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 (3.90 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 (3.47 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.

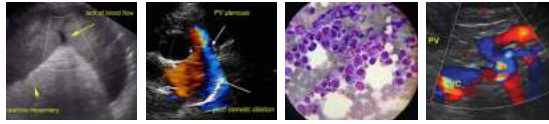
Adrenal Glands

The left adrenal gland is normal size (0.80 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.52 cm length; 0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.59 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears slightly mottled. No focal lesions are observed. Splenic vasculature is normal.



PATIENT

Liver

Halle Cramer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

4 years

WEIGHT

9.62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Moroff

DATE

9/10/21

INVOICE
11804kk

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. The portal vein to caudal vena cava ratio is approximately 1:1. 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.

Gastrointestinal

The gastric lumen in the region of the pyloric antrum is mildly fluid-distended and there is mild stasis. The mesentery is mildly reactive in this area. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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 to mucosal ratio in some segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no obvious 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

There is no evidence of free fluid. A 0.37 cm lymph node is observed in the right cranial quadrant. The mesentery in this region is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

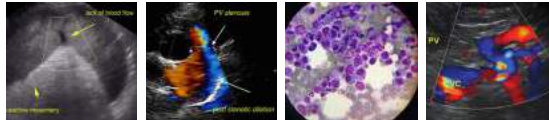
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Mild gastric stasis with mild adjacent reactive mesentery.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
2. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
3. A fecal evaluation for ova/Giardia
4. Consider sending a CBC to an outside lab +/- clinical pathology review to assess for persistent neutropenia.



PATIENT

Halle Cramer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

4 years

WEIGHT

9.62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

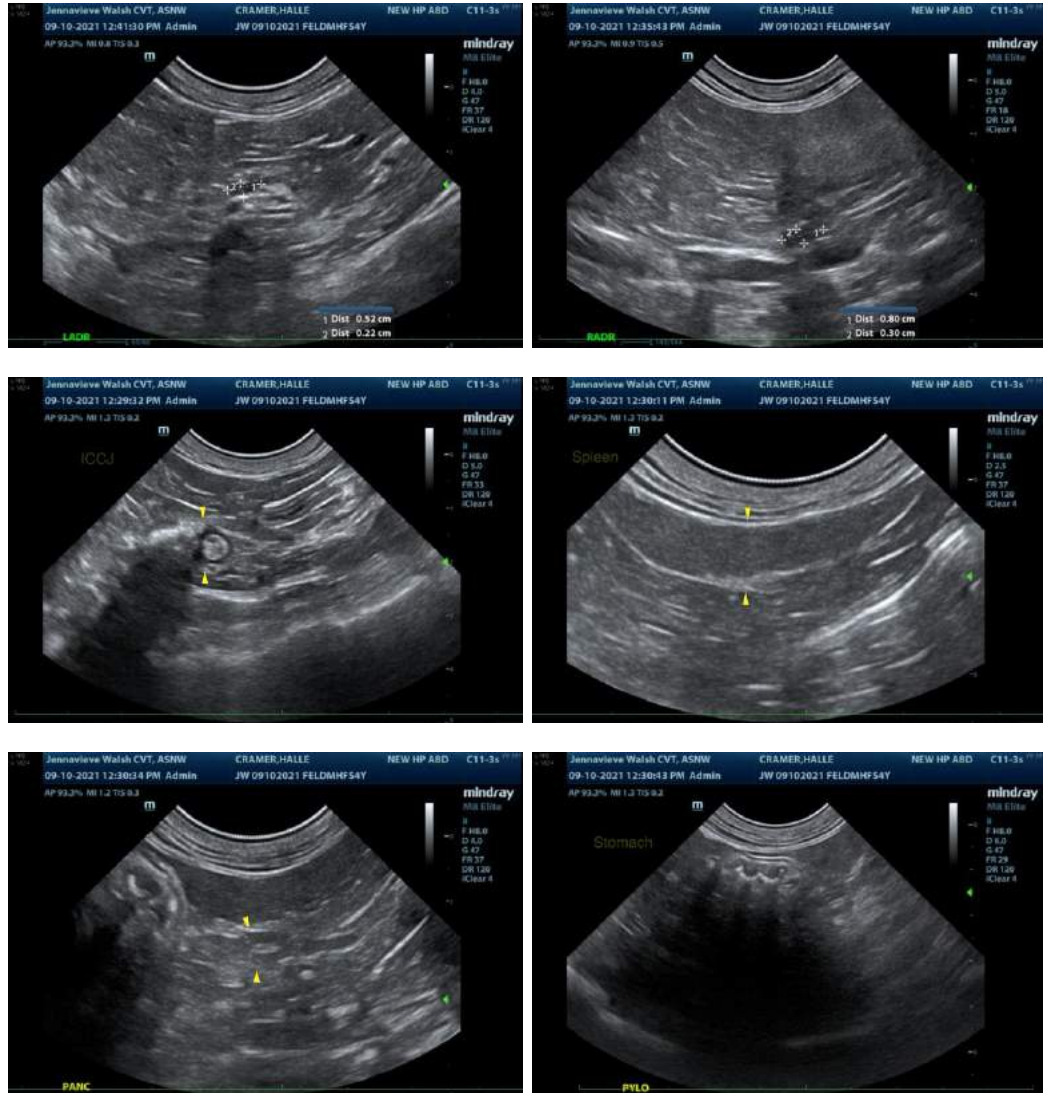
Dr. Moroff

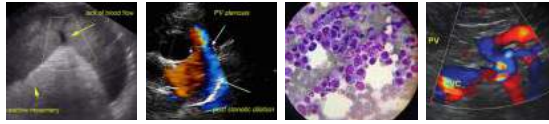
DATE

9/10/21

INVOICE
11804kk

- Also consider repeating an ultrasound in 48-72 hours to reassess the gastric stasis.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.





PATIENT

Halle Cramer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

4 years

WEIGHT

9.62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

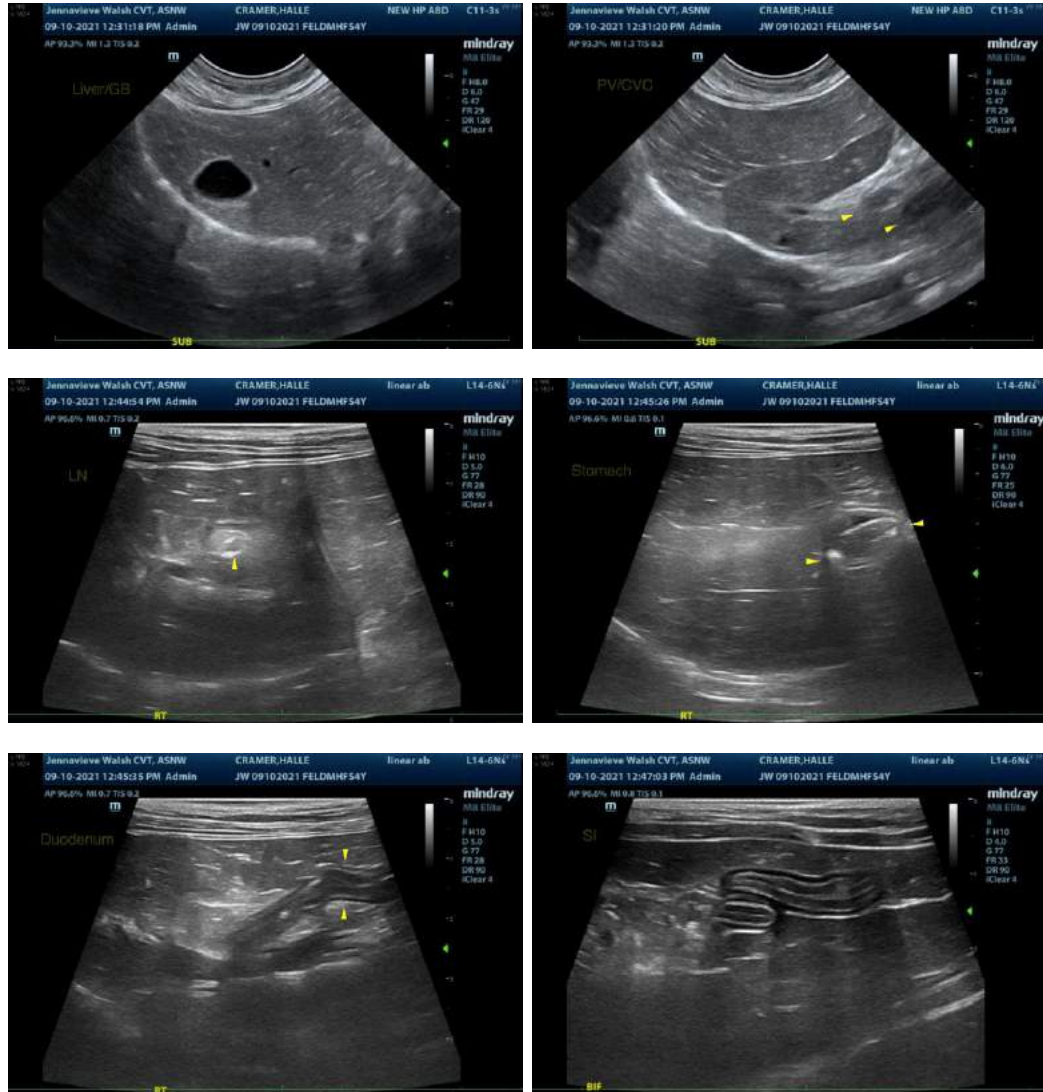
Dr. Moroff

DATE

9/10/21

INVOICE

11804kk



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