



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Rain Frazier

SPECIES
Feline

BREED
Ragdoll

SEX
Female, intact

AGE
3/4/22

WEIGHT
10.5 lbs.

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

IMAGING PERFORMED BY
Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

HOSPITAL NAME
Park West Veterinary
Associates

REFERRING VET
Dr. Harasim

INVOICE
14135

DATE
10/25/22

P presented for loose bloody stool 10/11. Was on Blue Buffalo Wildness dry and wet at the time, eating well with no vomiting. Hx of chronic serous eye discharge. O reports entire litter has had URI issues when young and chronic GI issues too. PE WNL; but no testicles noted (O's were told P was female, then male later?) Rx'd Metronidazole/FortiFlora, i/d cans. 10/18 O reported P was doing better. Stools more formed, no more blood in stool. BW had neutrophilia, otherwise normal. P presented 10/22 for recurrent bloody diarrhea. Still e/d normally, no vomiting. O reports P still on i/d. Recheck BW WNL overall; Radiograph consult noted suspect of an enlarged left colic lymph node. Reactive lymphoid hyperplasia or lymphadenitis are the chief differentials; otherwise WNL radiographs Started IVF that day, refilled Metronidazole; Rx'd Propectalin, Fenbendazole, continue i/d for now. 10/24 O reports P still having bloody diarrhea

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 mildly 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 (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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.41 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 in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.89 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Intrahepatic biliary tracts are of normal. Hepatic vessels are dilated, likely secondary to Dexdomitor sedation. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is normal in thickness. A bi-lobed confirmation is suspected. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

Rain Frazier

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 0.30 cm) with retention of the normal layering pattern. Distinct masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent slightly irregular hypoechoic lymph nodes are observed in the mid to caudal abdomen, the largest measuring 1.38 cm in length.

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Other

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

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No reproductive parts (ovaries, uterus, cryptorchid testicles) are identified sonographically.

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ULTRASONOGRAPHIC FINDINGS

- The mild small intestinal wall thickening likely represents an inflammatory process or may be a normal variant for this patient. Emerging neoplasia is possible but considered less likely.
- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.
- Absence of visible reproductive organs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- With regard to the patient's clinical signs, consider the following:
 1. Prophylactic deworming with Fenbendazole.
 2. Fecal PCR infectious disease panel.
 3. Limited antigen or hydrolyzed protein diet trial.
 4. Malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
 5. Consider empirical treatment for small intestinal bacterial overgrowth with a 4 week course of Tylan.
 6. Also consider initiation of a probiotic +/- fiber supplementation (i.e., Metamucil or Konsyl).

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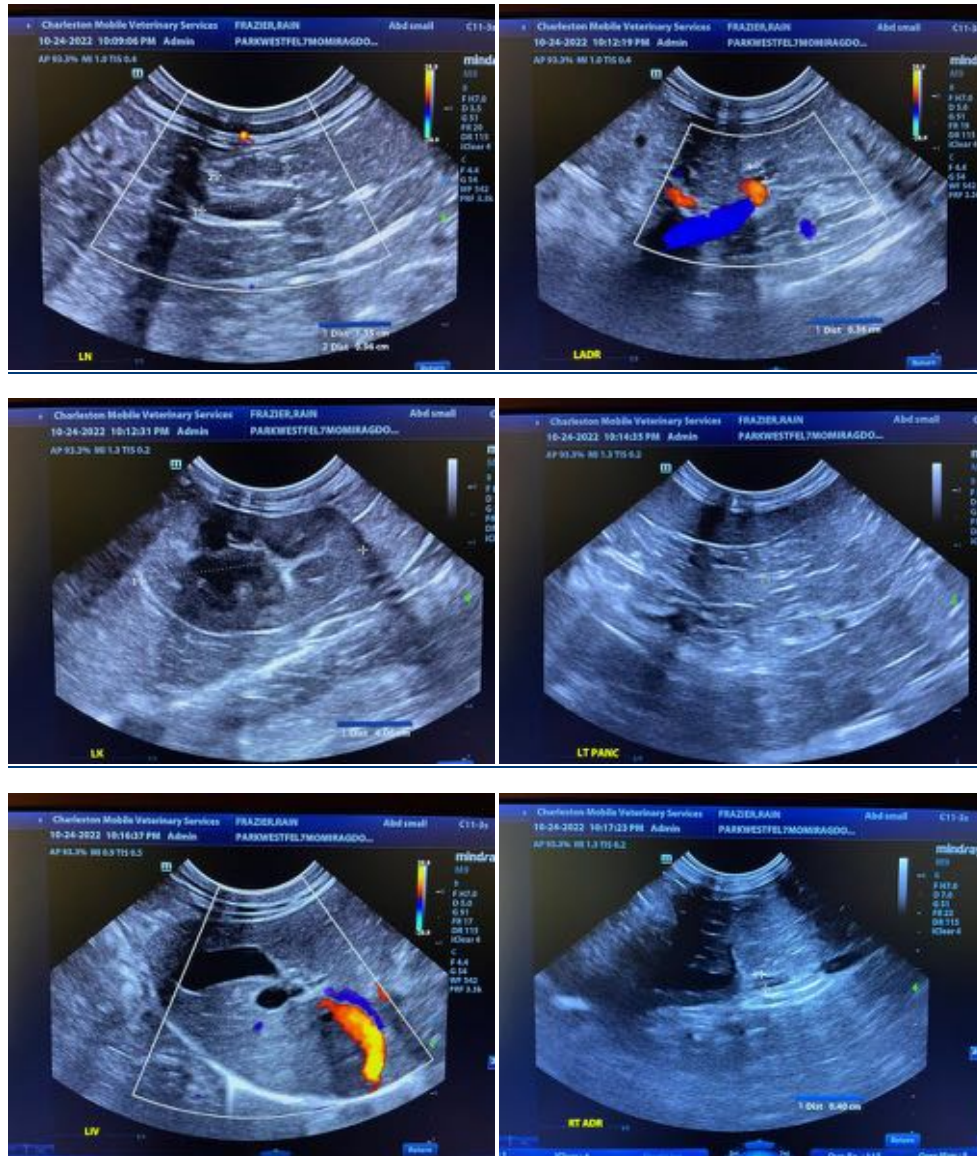
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7. Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

- With regard to the absence of reproductive organs in the abdomen, consider an anti-Mullerian hormone level after 1 year of age to assess for the presence of ovarian tissue.





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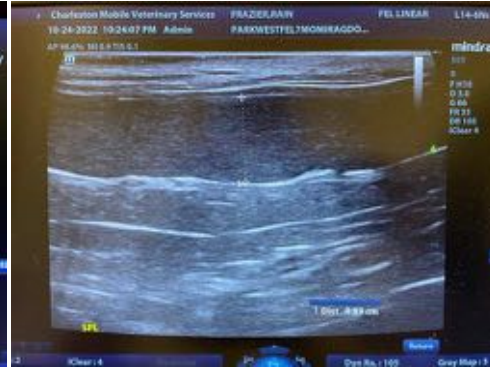
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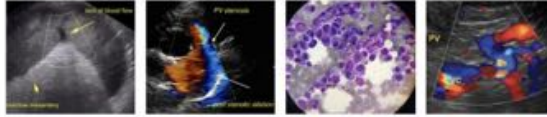
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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