Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
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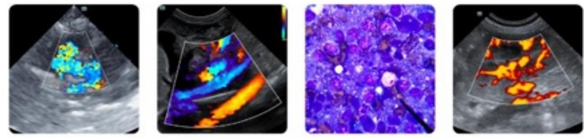

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Isabella Sparrow Lewis

SPECIES

Feline

BREED

Manx

SEX

Female, spayed

AGE

10/27/2011

WEIGHT

7.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Saddleback

REFERRING VET

Dr. Kelli Klein

INVOICE

13422

DATE
12/9/25

PRESENTING CLINICAL SIGNS

Pt has a history of recent inappetence with 0.75 lb. weight loss. Has always vomited hairballs but recently vomiting frequency is increased. Has vomited fluid recently. CBC/chem/T4 unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.82 cm in length) with a normal shape, architecture and 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 in size (3.92 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

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

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (0.97 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. 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 isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent mineralized sand is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.19 cm in width).

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. The pyloric antral wall is borderline thickened (up to 0.36 cm) with a prominent muscularis layer. 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). There is disruption in the

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normal 1:3 muscularis: mucosal ratio in most segments. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The pancreas is diffusely visible with a prominent right limb. The parenchyma is mildly hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pyloric wall changes could be consistent with inflammation, hypertrophy, emerging neoplasia (i.e., lymphoma, adenocarcinoma), other. The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant in this older feline patient.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings:

- Bilateral nonspecific age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the vague clinical signs, consider the following:

1. Orthopedic and neurologic examinations to assess for non-metabolic causes of the patient's inappetence and weight loss.
2. Three-view thoracic radiographs to evaluate cardiopulmonary status.
3. GI panel including serum cobalamin, folate, TLI and PLI along with a fecal evaluation for ova and Giardia.
4. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

Regarding the splenic parenchymal changes, fine needle aspiration can be considered (assuming normal clotting status) to further evaluate for round cell neoplasia.

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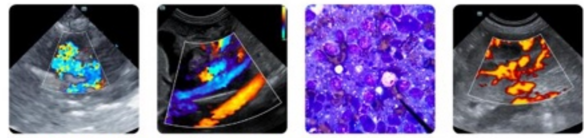

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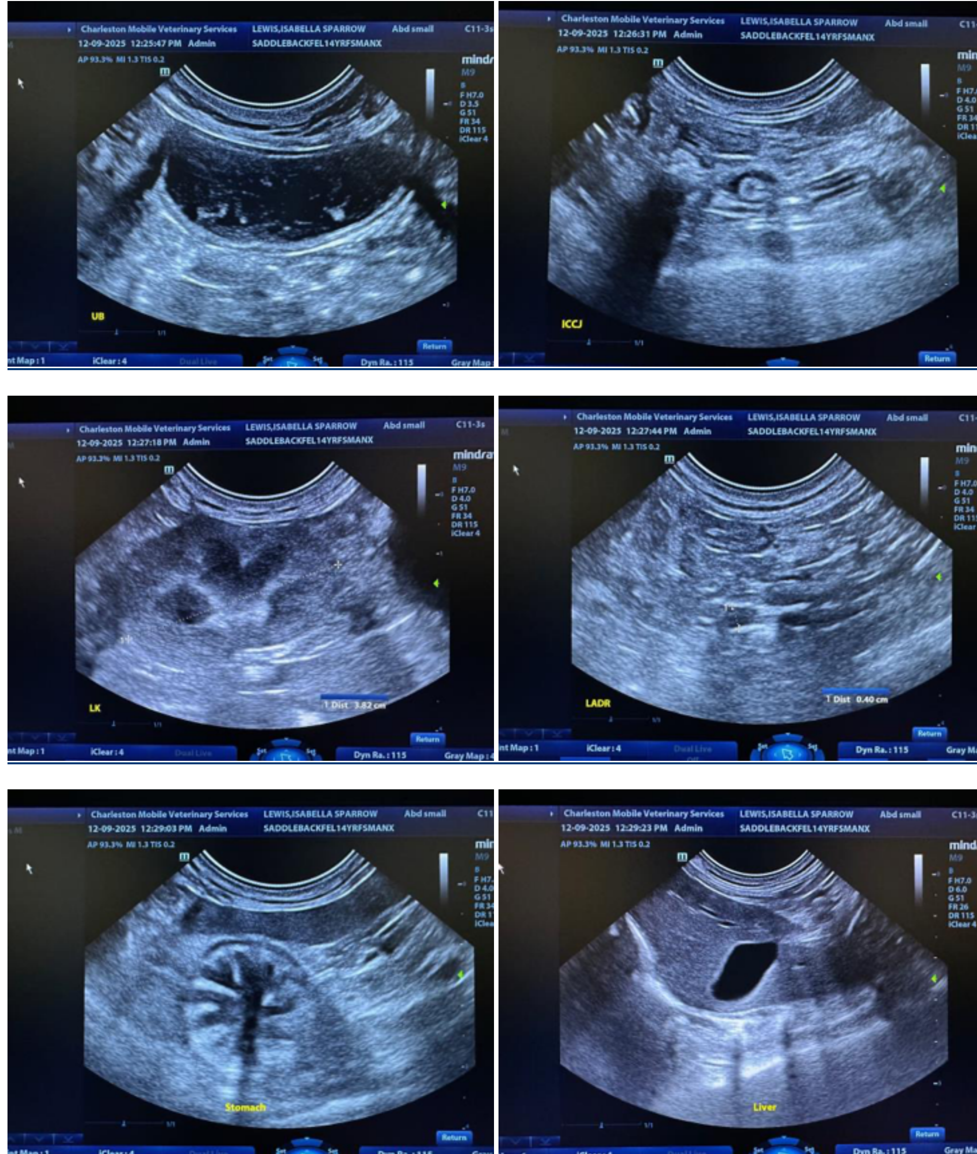

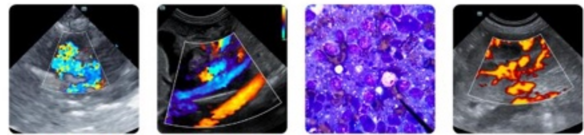

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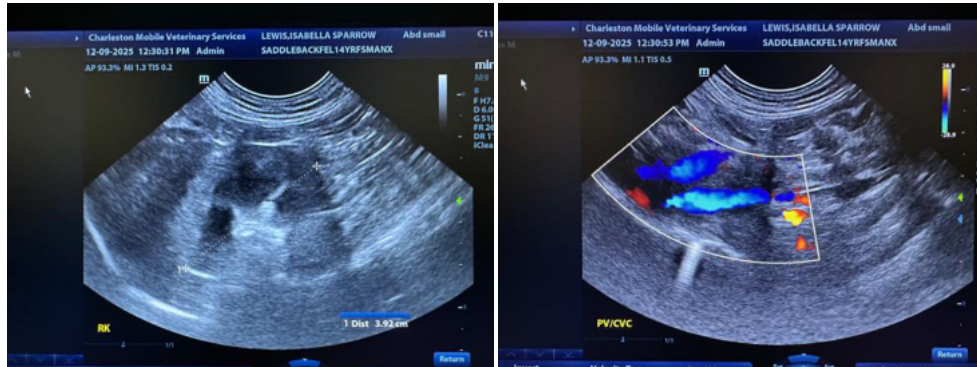

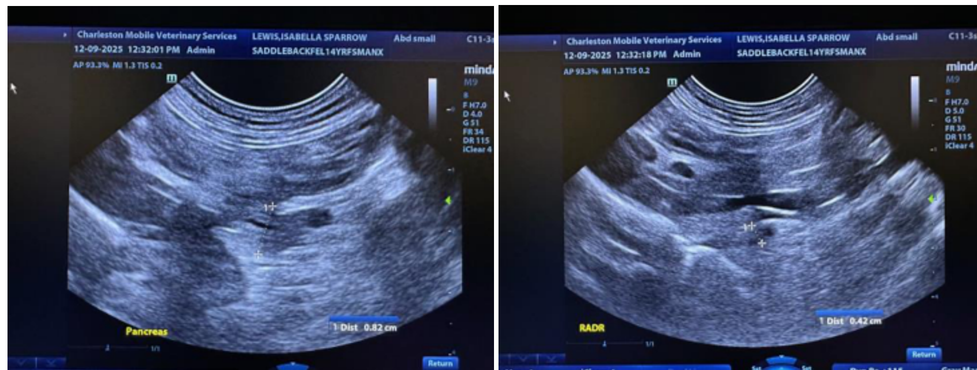

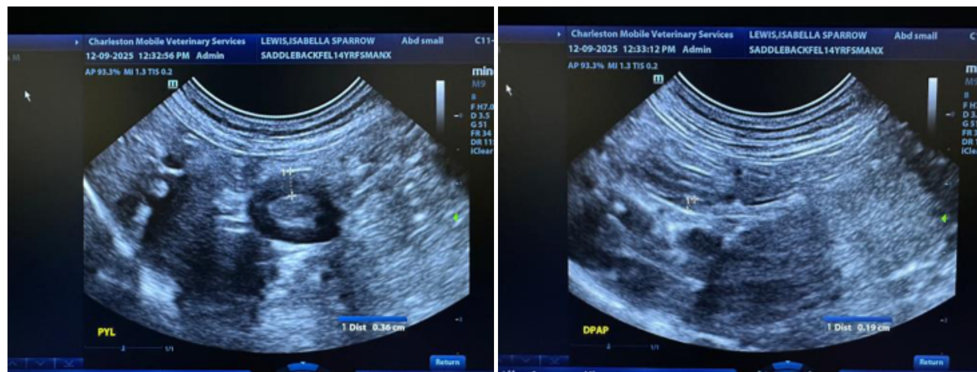

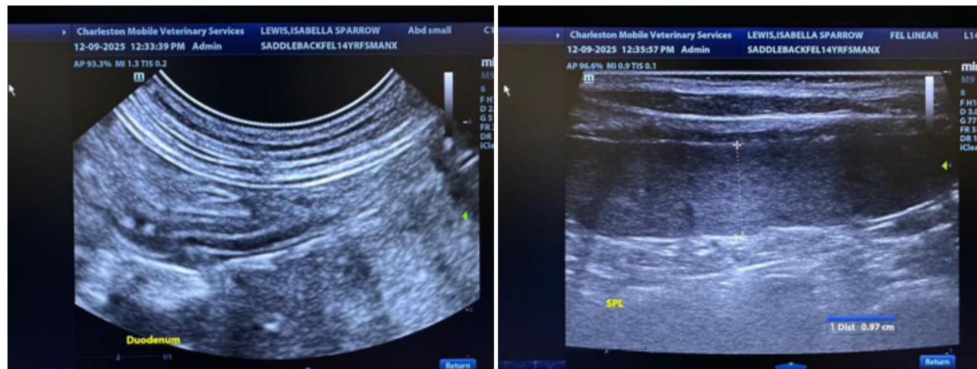

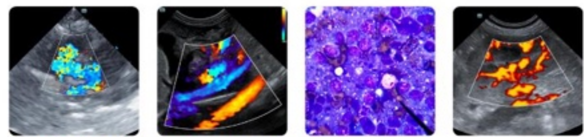

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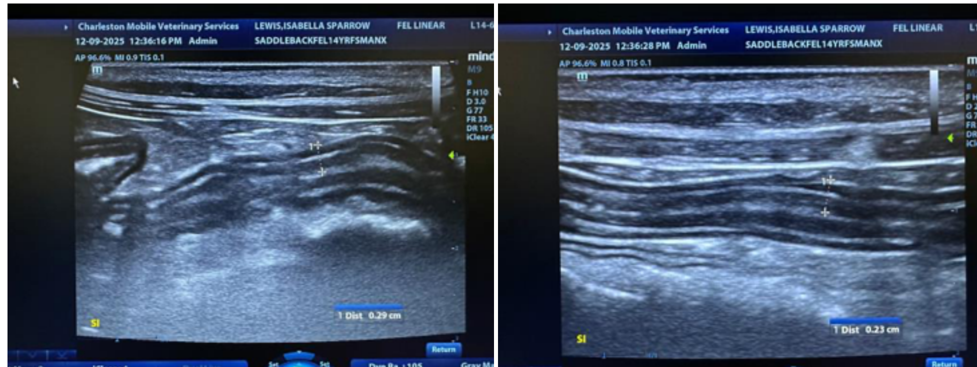

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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