



PATIENT PRESENTING CLINICAL SIGNS

Poseidon Armstrong
Pt has had intermittent vomiting after eating starting approx 3 weeks ago which dramatically worsened last week (4/9/22) to vomiting after eating consistently and becoming hyporexic. Rads were uneventful and supportive mgmt done. Pt has had break through vomiting when he misses a dose of ondansetron.

SPECIES

Feline
BW at banfield on 4/4 --> neutrophilia 16.68, hypocholesterolemia at 43 mg/dl
repeat bw on 4/12--> eosinophilia 5.30 k/uL and hypocholesterolemia at 24 mg/dl

BREED

Medications: ondansetron 4 mg TID, proviable kit, low fat diet, profender

Domestic shorthair

Radiographs of the abdomen were submitted. The stomach is moderately dilated with gas and a moderate amount of food. The small bowel is normal and minimally distended with fluid and gas. The entire small bowel is of similar diameter. The colon contains gas and a moderate amount of feces. The liver and spleen are normal. The kidneys are normal. The urinary bladder is distended with fluid. There is no evidence of any peritoneal fluid. The TL spine is normal. There are very mild bronchial infiltrates in the lung.

SEX

Male, neutered

AGE

4/1/2014

Radiographic Conclusions/Recommendations:

Normal plain films of the abdomen. I cannot explain the current clinical signs based on the submitted images. Gastroenteritis or inflammatory bowel disease should be considered. There is no evidence of a linear foreign body pattern. Medical management is recommended along with fluid therapy and an enema. Repeat comparison films of the abdomen after a 12 to 24-hour period of fasting are highly recommended. The very mild bronchial infiltrates within the lung may be secondary to allergic lung disease.

WEIGHT

10.3 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Urinary System

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

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately 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.

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
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The left kidney is normal size (4.12 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.

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The right kidney is normal size (83 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex: medulla ratio with normal corticomedullary distinction. A cortical infarct is observed at the cranial pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

REFERRING VET

Adrenal Glands

Dr. Hawk

The left adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

DATE

4/19/22

Spleen



PATIENT

Poseidon Armstrong

The spleen is normal in size (0.74 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.

SPECIES

Feline

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 mostly anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal in (0.49 cm in width).

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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 diffusely thickened (up to 0.37 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments, with a 1:1 ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

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(Small Animal Internal
Medicine)

Free Abdomen

There is no evidence of free fluid. Several prominent mesenteric and colic lymph nodes are visualized, the largest measuring 3.03 cm in length. Surrounding mesentery is hyperechoic.

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Given the patient's clinical history and sonographic changes, the top differentials include inflammatory bowel disease, eosinophilic enteritis/hypereosinophilic syndrome and emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia or neoplastic infiltration (i.e. lymphoma).
- The pancreatic changes are suggestive of chronic pancreatitis.

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Secondary Findings:



PATIENT

- Right renal cortical infarct.

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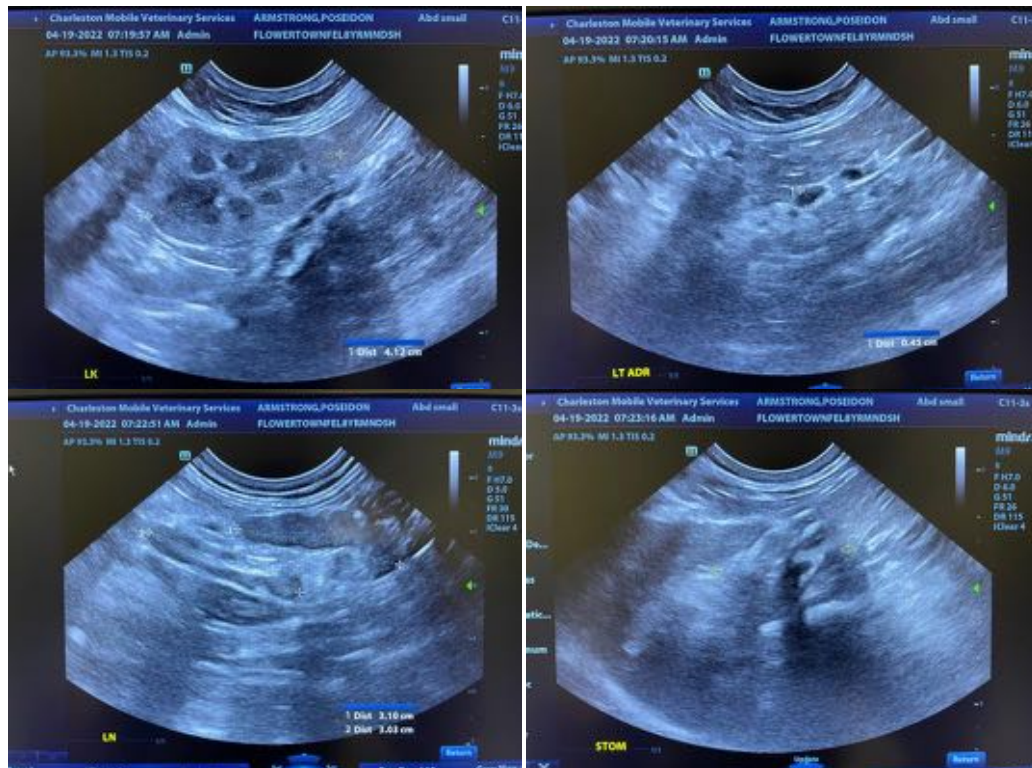
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- GI panel (send to Texas A&M).
- A fecal evaluation for ova/Giardia.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A 6-week limited antigen diet trial to assess for food allergies.
- Ideally, GI biopsies (i.e., endoscopic or surgical) would be performed to get a definitive diagnosis. Surgical biopsies would be ideal in that all areas of bowel can be sampled.
- If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) as long as the client understands the risks of treatment without a definitive diagnosis.





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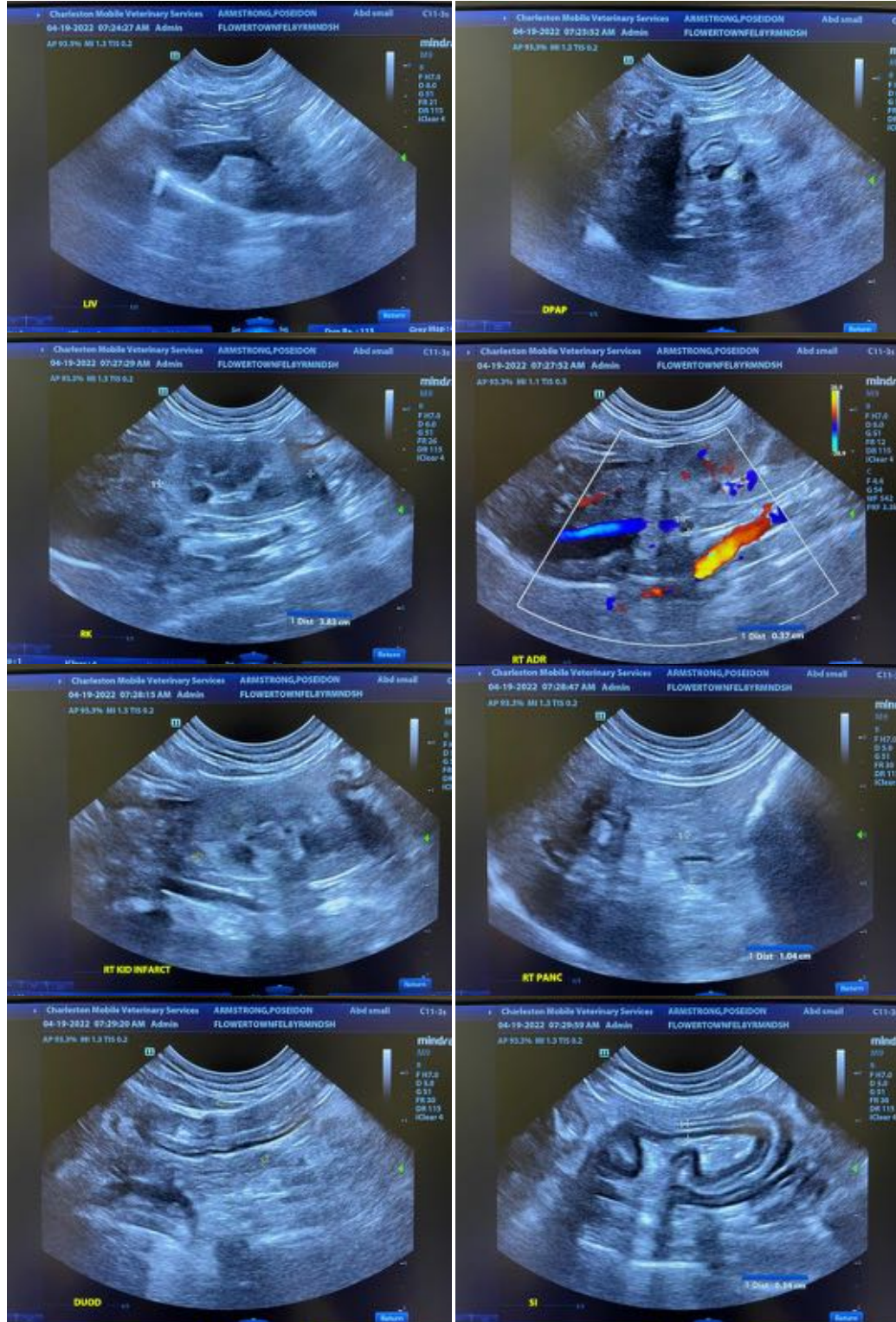
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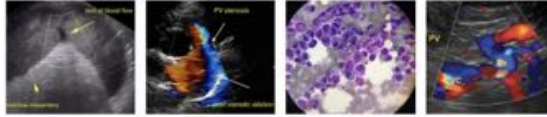
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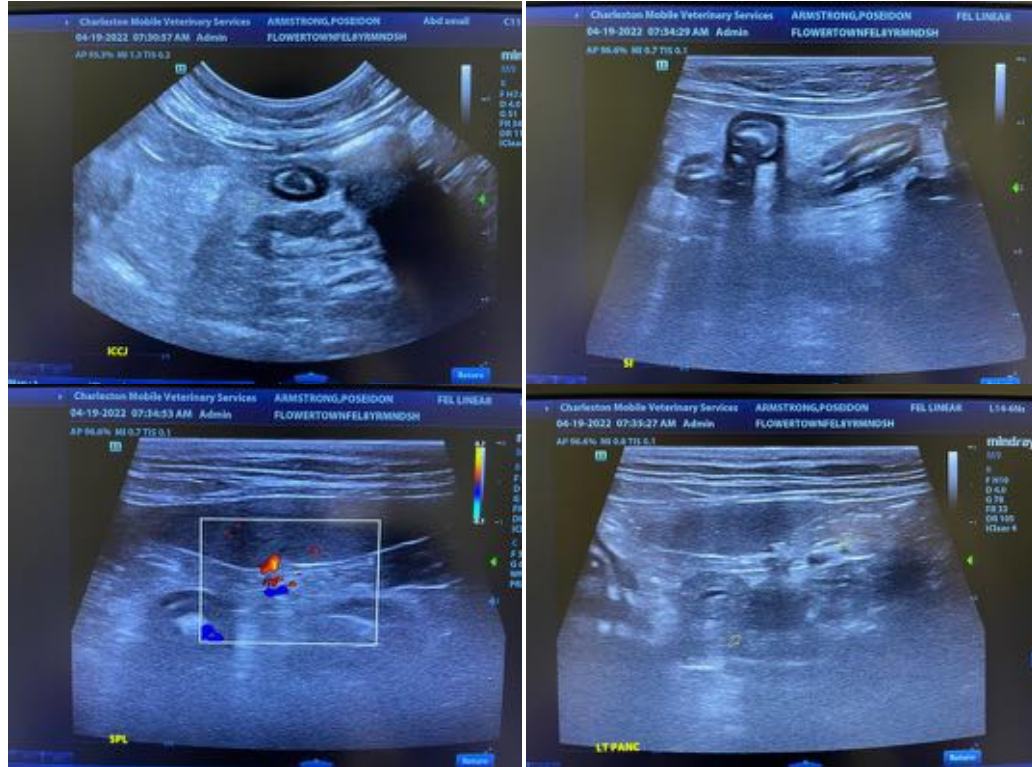
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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