

PATIENT PRESENTING CLINICAL SIGNS

Sirri Greer The patient presented for annual exam. Chronic, intermittent vomiting a few times a week. Vomitus often contains hair. Patients tends to overgroom.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED

Domestic shorthair The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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.

SEX

Female, spayed The left kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12 Yrs. The right kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and 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.

WEIGHT

10.75 lbs. *Adrenal Glands*

INTERPRETED BY

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.

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) The right adrenal gland is upper limits of normal in size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

IMAGING PERFORMED BY

The spleen is subjectively normal in size (0.99 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and is slightly mottled in appearance. A few small ill-defined hyperechoic nodules are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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Liver

HOSPITAL NAME

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 anechoic. The cystic and common bile ducts are normal/not seen.

Trinity Island VC

REFERRING VET

Dr. Oldham

INVOICE

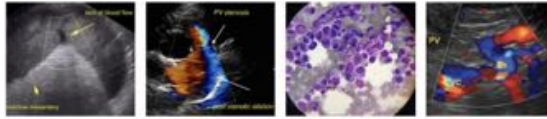
Gastrointestinal

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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 0.43 cm) with retention of the normal layering pattern and appropriate mural

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PATIENT

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detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in several segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Feline

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.

BREED

Domestic shorthair

Free Abdomen

There is no evidence of free fluid. The mesentery in the mid-abdominal region is mildly hyperechoic. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.04 cm in length. The nodes are normal in shape and echogenicity.

SEX

Female, spayed

Other

AGE

12 Yrs.

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

WEIGHT

10.75 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The hyperechoic mesentery is likely secondary to bowel inflammation.

Secondary Findings:

- Bilateral age-related degenerative renal changes.
- The diffuse splenic parenchymal changes likely represent a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia or similar). The hyperechoic nodules also trend toward the benign (i.e., myelolipomas).

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bowel changes, a malabsorption panel including serum cobalamin, folate, TLI and PLI is recommended. Also consider transitioning to a prescription novel protein diet, if tolerated. Ultimately, GI biopsies (endoscopic or surgical) may be necessary to get a definitive diagnosis. If vomiting worsens and biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- novel protein diet).



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SPECIES

Feline

BREED

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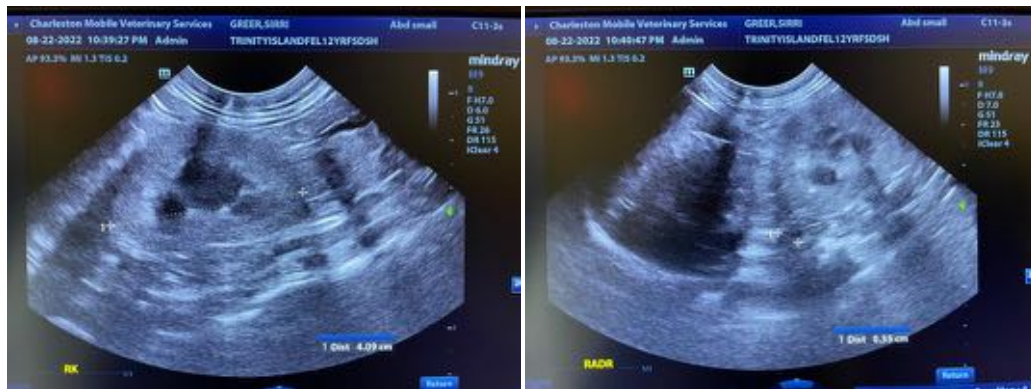
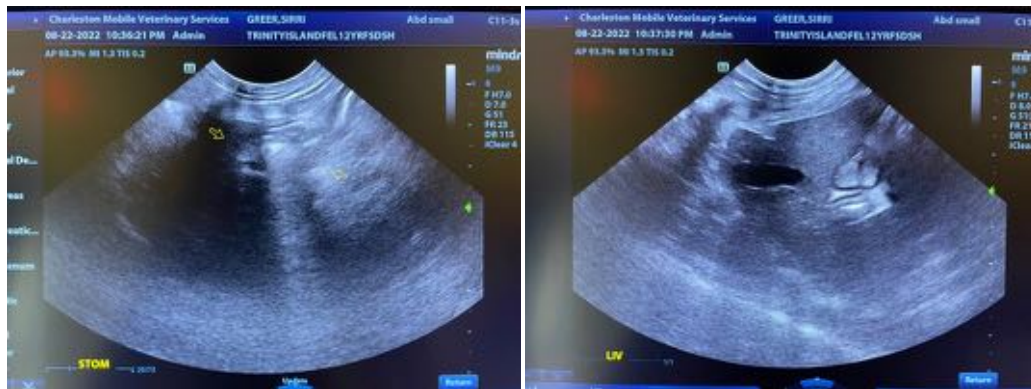
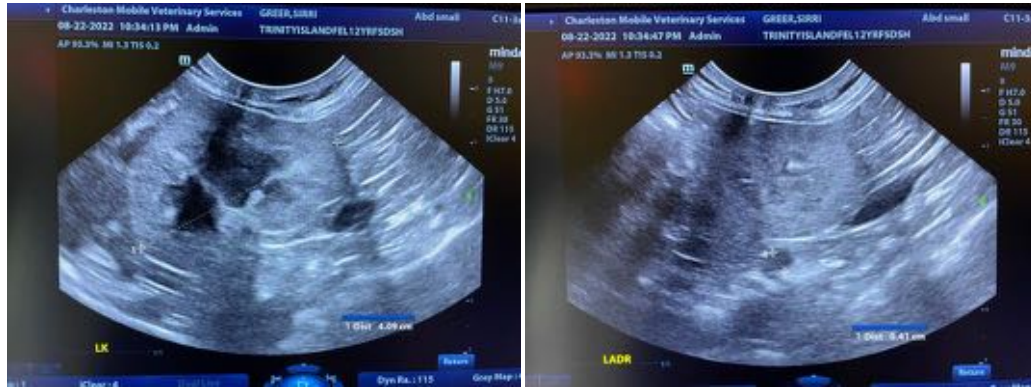
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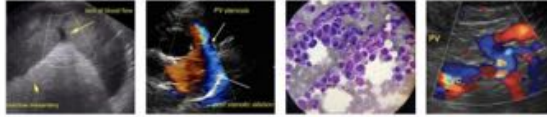
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Domestic shorthair

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

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