
**PATIENT**

Waffles Wright

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

13 Yrs.

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

Dr. Murphy

**INVOICE**

12924

**DATE**

1/31/22

**PRESENTING CLINICAL SIGNS**

History: -has had a long history of cystitis with inappropriate urination, has been managed for the past couple of years with S/O calm and lately has not had any symptoms at all -previous radiographs did not show any uroliths -the last couple of months had chronic soft stool with some vomiting -there has also been 4lb of weight loss but the owner did change over to an automatic feeder

Abnormal PE/Chem/CBC/UA Results: Borderline low hematocrit 29%, borderline low albumin, low globulins. Spec fPL normal. USG 1.012. No proteinuria, inactive sediment. Normal T4.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
***Urinary System***

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Gravity-dependent mineralized sand and small cystic calculi are observed within the lumen as well as a moderate amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild 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 in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is seen.

***Spleen***

The spleen is normal in size (0.70 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 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.

***Gastrointestinal***

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is



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slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

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**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

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**Free Abdomen**

There is no evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 1.03 cm in length. Surrounding mesentery is hyperechoic. In addition, at least one caudal abdominal lymph node measuring 0.86 cm is also seen.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The small intestinal wall changes are suggestive of an inflammatory bowel disease with lower potential for emerging neoplasia.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Cystic calculi/urinary bladder sand.

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**Secondary Findings:**

- Bilateral degenerative renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the urinary bladder stones/sand, consider the following: A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Regarding the GI signs, further workup could include the following:
  1. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
  2. A fecal evaluation for ova/Giardia.
  3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
  4. Hypoallergenic diet trial +/- GI biopsies (endoscopic or surgical). If biopsies are to be pursued, three-view thoracic radiographs should be performed prior to anesthesia. If biopsies are not to be pursued, consider empirical treatment for inflammatory bowel

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disease with a hypoallergenic diet and corticosteroids as long as the client understand the risks of treatment without a definitive diagnosis.

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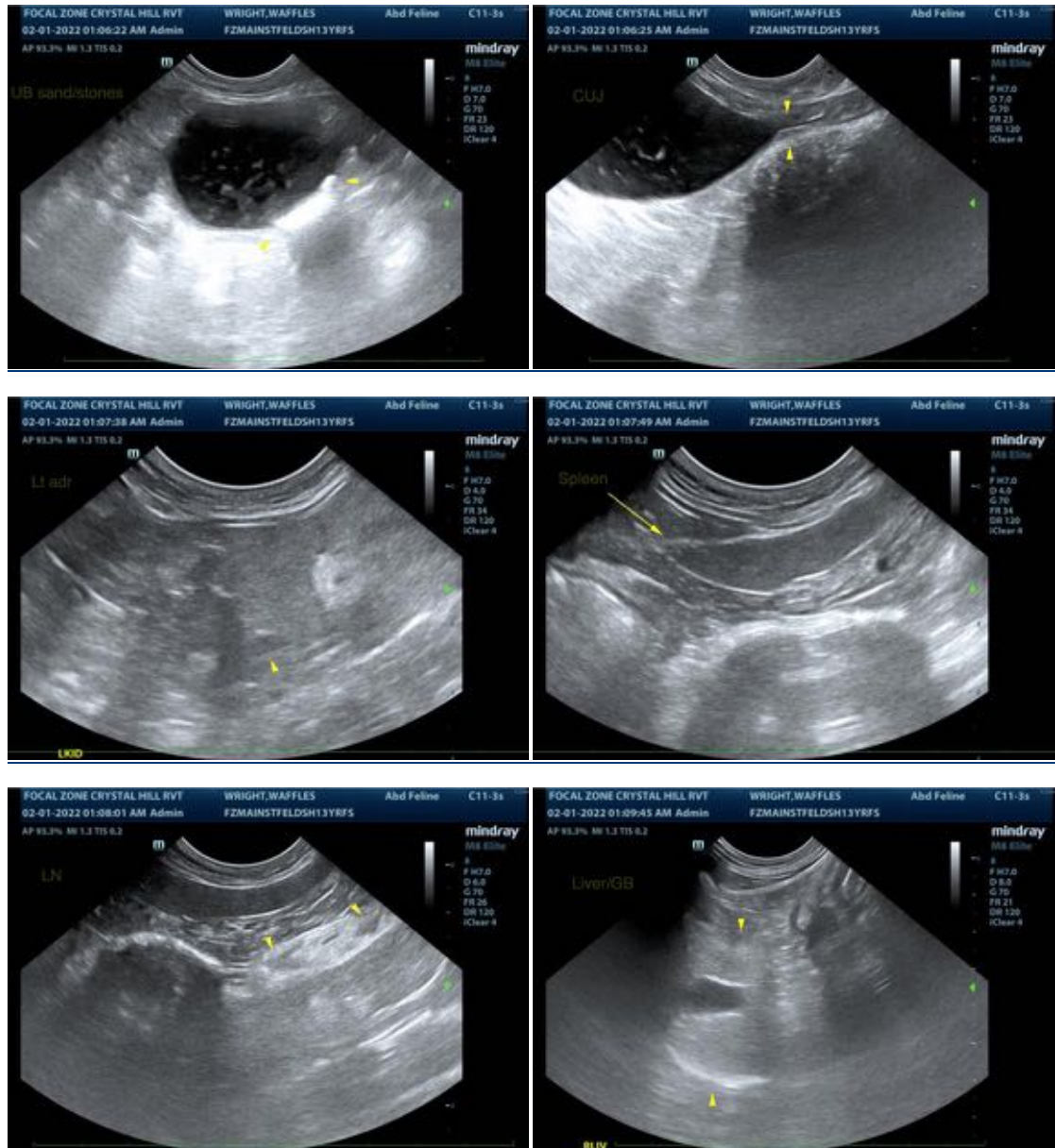
Dr. Murphy

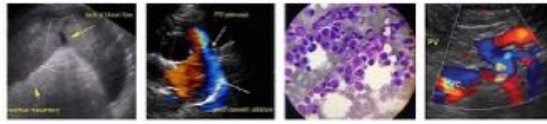
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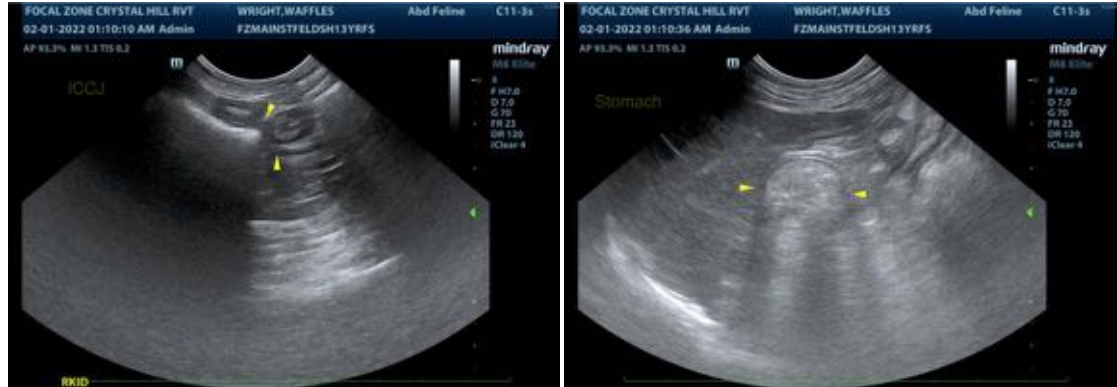
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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