

PATIENT

Freyja Van Pamelan

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7 YRs.

WEIGHT

4.78 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. MacFarlane

PRESENTING CLINICAL SIGNS

History: Bloody stools started 10/21/22, not eating well, dewormed and fecal negative. 10/24/22 presented for still poor appetite, drooling, home with Cerenia. 11/10/22 still poor appetite, bloody stools still present. Bright frank red blood noted after BM and occasional vocalizing during BM Nothing abnormal on rectal exam, no blood on glove.

Abnormal PE/Chem/CBC/UA Results: Glob 52, Eosinophils 0.14, PLT 41 with clumping present on smear.

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 to moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.65 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 (3.61 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 (0.44 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 observed.

Spleen

The spleen is normal in size (0.81 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.

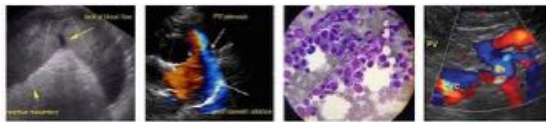
Liver

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/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

DATE
14235



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Pancreas

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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

There is no evidence of free fluid. A few visible/prominent lymph nodes are observed adjacent to the ileocecolic junction. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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*An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, infectious parasitic disease, emerging neoplasia), underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

- GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
- Fecal PCR infectious disease panel.
- 6-week limited antigen or hydrolyzed protein diet trial.
- Endoscopic or surgical gastrointestinal biopsies. In this patient, endoscopy should be considered over surgery, as the colonic mucosa can be better evaluated with this procedure.
- Three-view thoracic radiographs should be performed prior to any anesthetic even.

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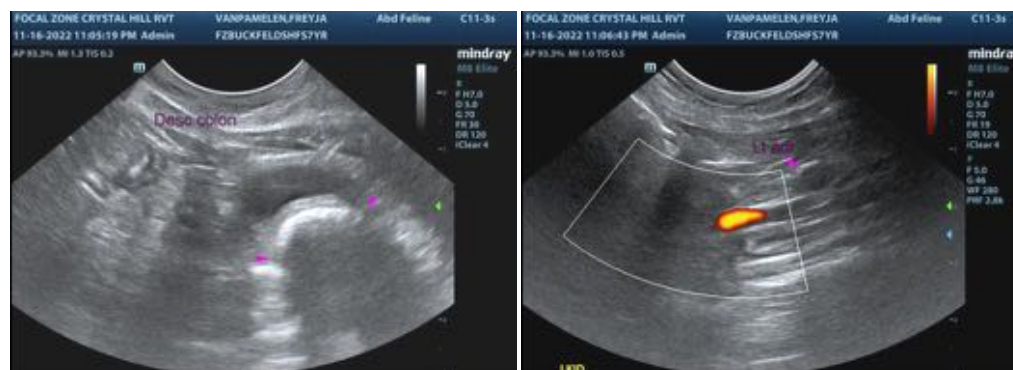
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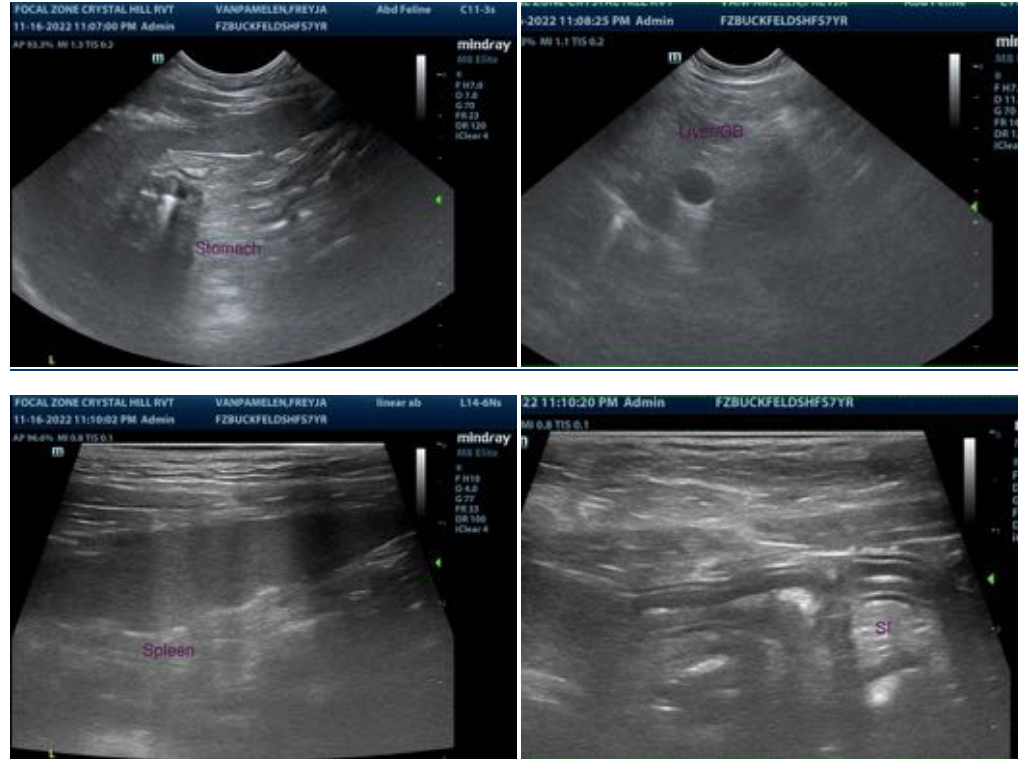
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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