


**PATIENT PRESENTING CLINICAL SIGNS**

Foxie Carthew History: hospitalized for pancreatitis for 24 hours but still vomiting at home meds: famotidine

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

***Urinary System***

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is 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.

**BREED**

Domestic mediumhair

The left kidney is normal size (4.22 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 hydronephrosis. Renal vasculature is normal.

**SEX**

Female, spayed

The right kidney is normal size (4.42 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 hydronephrosis. Renal vasculature is normal.

**AGE**

10 Yrs.

***Adrenal Glands***

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**WEIGHT**

16.2 lbs.

***Spleen***

The spleen is normal in size (1.08 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.

**INTERPRETED BY**

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

***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 gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog and Cat Clinic of  
 Niagara

***Gastrointestinal***

The gastric lumen is mildly distended with ingesta and soft shadowing material. 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 is diffusely thickened (up to 0.36 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

**REFERRING VET**

Nick

***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.

**DATE**

12/5/22

***Free Abdomen***



## PATIENT

Foxie Carthew

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

### Other

## SPECIES

Feline

A 3.58 x 2.29 cm thin-walled cystic structure is observed in the caudal abdomen, adjacent to the urinary bladder.

## BREED

Domestic mediumhair

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. The soft shadowing material within the gastric lumen may represent normal ingesta and/or foreign material (i.e., hair).

## SEX

Female, spayed

### Secondary Findings:

- Minor bilateral, age-related renal changes.
- The origin of the cystic structure in the caudal abdomen is unclear. It may be arising from lymph node, soft tissues, other. It likely represents a benign process but should be monitored periodically.

## AGE

10 Yrs.

## WEIGHT

16.2 lbs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the patient's gastrointestinal signs, consider the following:

- Malabsorption panel including serum cobalamin, folate, TLI and PLI
- A fecal evaluation for ova/Giardia
- Continued supportive care including fluid therapy (as needed), gastroprotectants, antiemetics, and other supportive measures. Also consider initiation of a probiotic.
- If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a more advanced GI workup (i.e., endoscopic or surgical GI biopsies) may be warranted.

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Medicine*)

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## REFERRING VET

Nick



## DATE

12/5/22



**PATIENT**

Foxie Carthew

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

10 Yrs.

**WEIGHT**

16.2 lbs.

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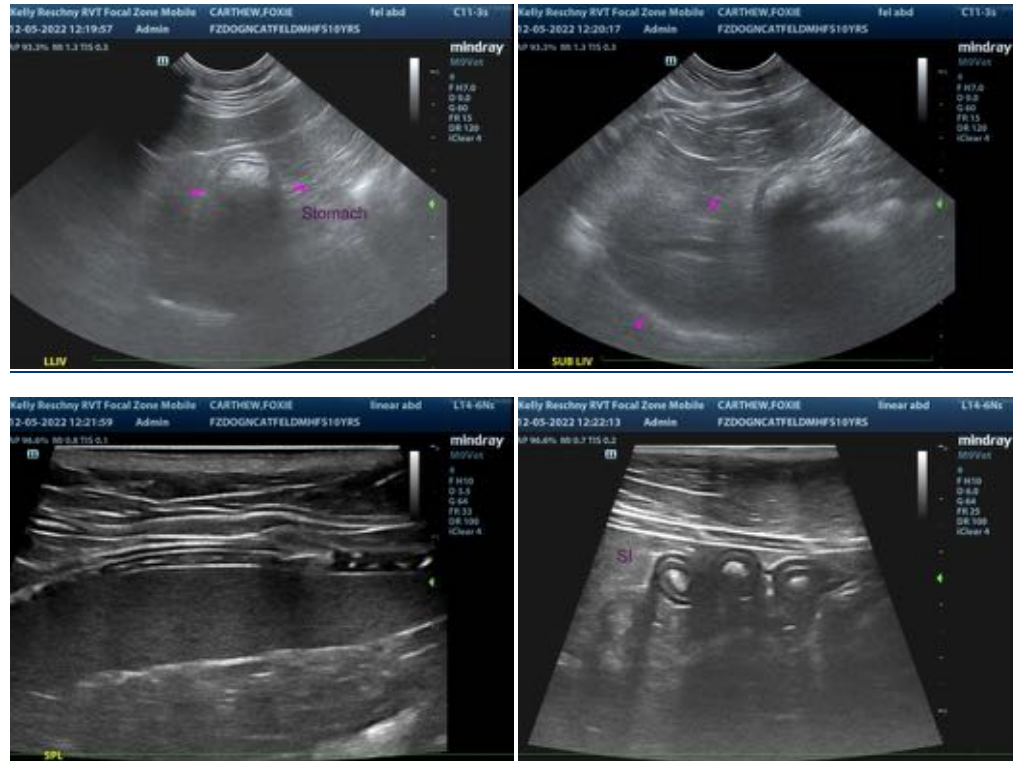
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**REFERRING VET**

Nick

**DATE**

12/5/22



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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