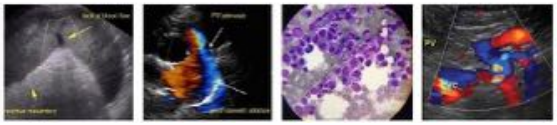


PATIENT

Simon Kilner

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

6.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: +++ vomiting. Has been on Sulcrate and Metronidazole.
Abnormal PE/Chem/CBC/UA Results: CBC normal other than mild increased in Retics, Chem NSF other than low normal GGT and SNAP fPL abnormal. U/A Cysto - very cloudy, Sp grav 1.036, pH 6.5, protein 5.0, blood 250 ++

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The dorsal wall is thickened (up to 0.62 cm) with an irregular mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. 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.

The right kidney is normal size (3.66 cm in length); normal shape and architecture with smooth peripheral margins. 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.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.90 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.70 cm hyperechoic nodule is observed at the cranial aspect. 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.

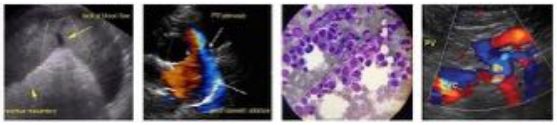
Gastrointestinal

The 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 normal to mildly thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Simon Kilner

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

6.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

DATE

2/7/23

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.70 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a low possibility of emerging neoplasia (i.e., mast cell tumor).
- Bilateral chronic renal changes.
- The urinary bladder wall changes may be secondary to cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's urinalysis findings and clinical history is recommended.

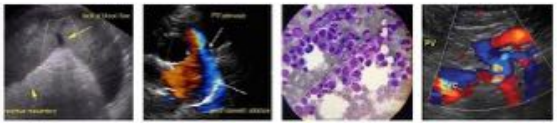
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to any anesthetic event.

Regarding the urinary bladder wall changes, a urine culture and sensitivity should be considered if the clinical suspicion for an infection is high.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

Simon Kilner

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

15 Yrs.

WEIGHT

6.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

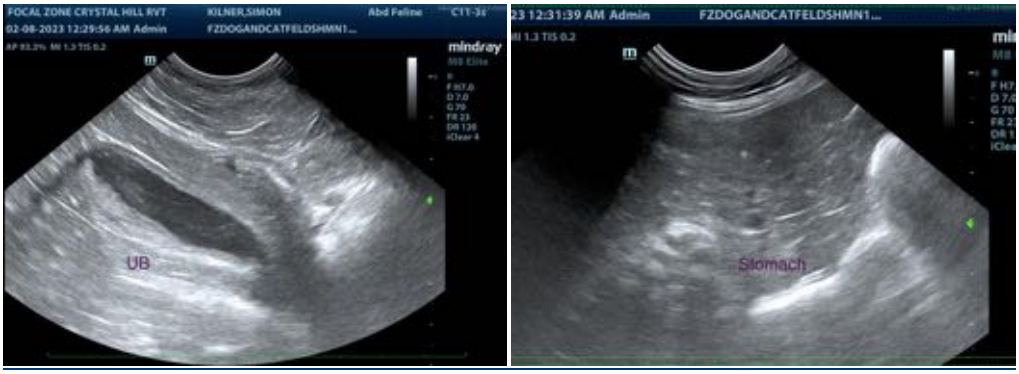
Crystal Hill

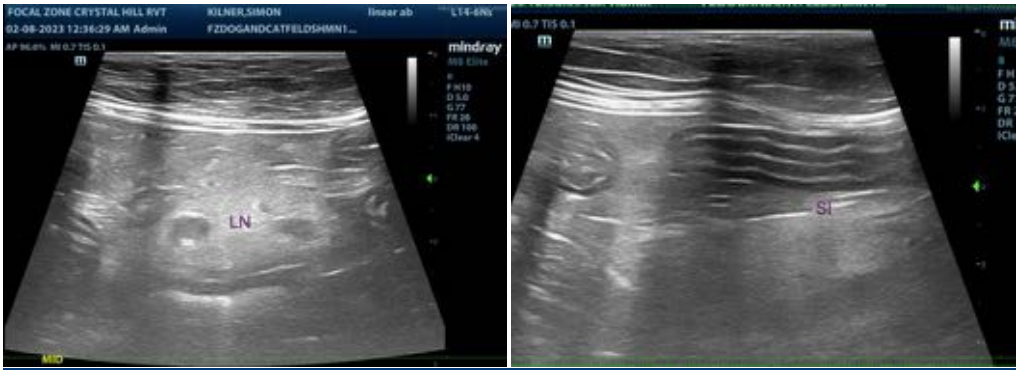
HOSPITAL NAME

Dog and Cat Clinic of Niagara

REFERRING VET

Dr. Haidy





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)
info@SonoPath.com

DATE
2/7/23