



PATIENT

Abigail Leeming

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

5.7 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

Dr. Bile

DATE

4/18/22

PRESENTING CLINICAL SIGNS

History: Recurrent diarrhea for last 3 weeks. Responds to metronidazole but will relapse after stopping. Low urine sp gravity(1.018) and elevated SDMA. Intermittent pollakiuria. High stress in hospital, was given Gabapentin this morning.

Abnormal PE/Chem/CBC/UA Results: Elevated SDMA and Potassium. Low Sp gravity, rest of bloodwork and urinalysis normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 is normal.

The left kidney is normal size (3.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.97 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. The parenchyma is hypoechoic relative to the spleen. A 0.94 cm septated cystic area is observed deep on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A bi-lobed confirmation is suspected. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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 thickness is normal 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 colonic wall is normal. No obstructive disease is noted.

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 prominent mesenteric lymph nodes are visualized, the largest measuring 0.97 cm in length. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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- Inflammatory bowel disease pattern with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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- Minor bilateral, non-specific age-related renal changes.

Secondary Findings:

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- The cystic area within the liver may represent a benign cyst, biliary cystadenoma or less likely, biliary cystadenocarcinoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Serum cobalamin, folate, PLI and TLI.
- A 6-week limited antigen diet trial to assess for food allergies.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- If biopsies are not pursued, continuation of metronidazole can be considered as a low-grade anti-inflammatory for inflammatory bowel disease, as long as it continues to be tolerated by the patient. Alternatively, corticosteroids can be considered (if metronidazole becomes ineffective) as empirical treatment as long as the client understands the risk of treatment without a definitive diagnosis.
- Regarding the pollakiuria, consider a urine culture and sensitivity to assess for an occult urinary tract infection.

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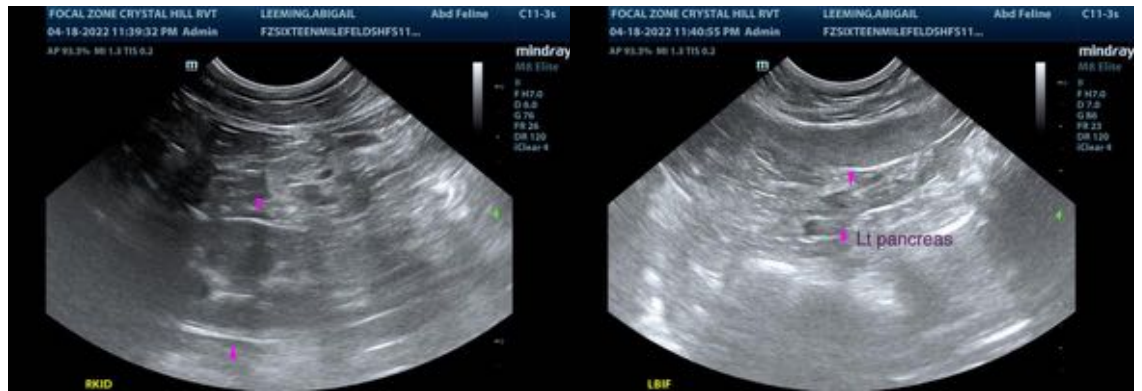
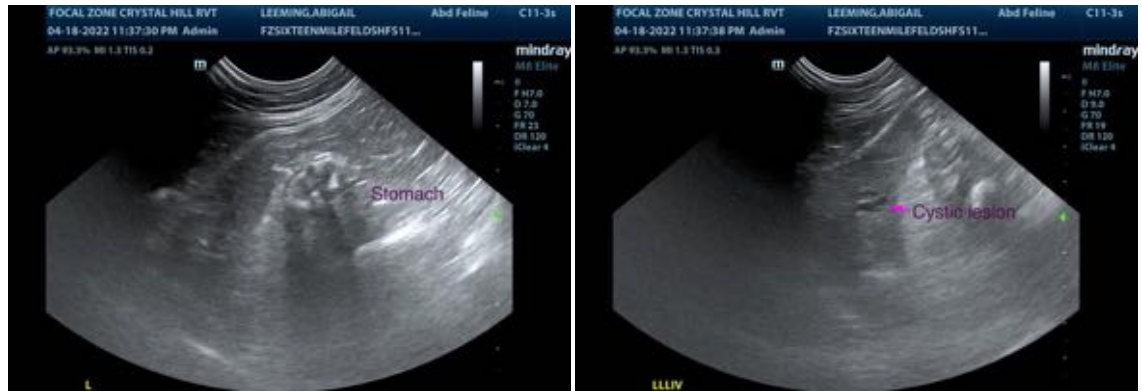
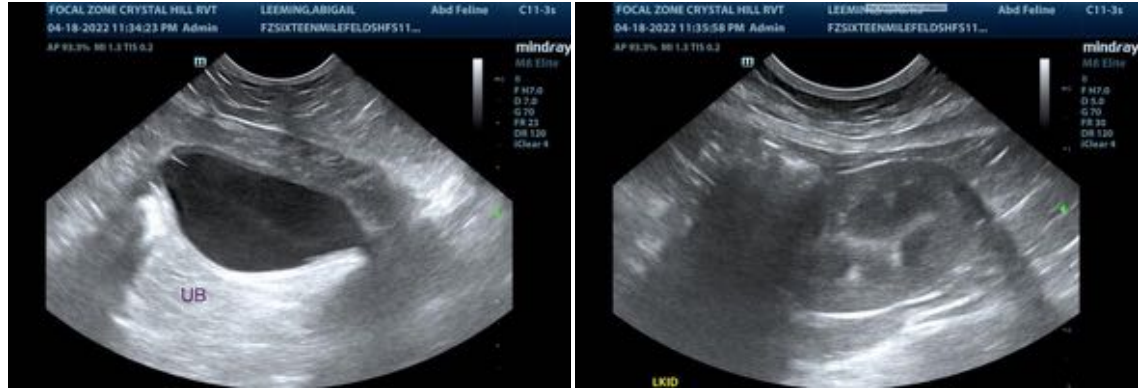
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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