



PATIENT **PRESENTING CLINICAL SIGNS**

Ophie Webber History: lethargic, loss of appetite, vomiting every few days meds: mirtazapine

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 is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Domestic shorthair

SEX

Female, spayed

The left kidney is normal size (3.55 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 hydronephrosis. Renal vasculature is normal.

AGE

2 yrs.

The right kidney is normal size (3.77 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

7.47 kg.

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.58 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.

IMAGING PERFORMED BY

Kelly Reschny

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 is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Tansley Woods AH

Gastrointestinal

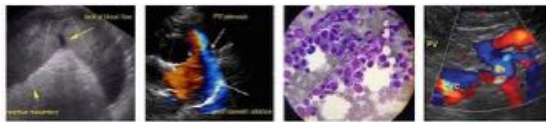
REFERRING VET

Dr. Guatto

The gastric lumen is distended with ingesta, consistent with a post prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. A >3 cm segment of small intestine is thickened (up to 0.68 cm), irregular and hypoechoic with suspected loss of the normal layering pattern. Within this segment, shadowing material is observed within the lumen. The mesentery effacing the serosal surface in this region is hyperechoic. In the remaining small intestinal segments, the lumen is empty and the wall is normal to mildly thickened (up to 0.29 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments. The colonic wall is normal.

Pancreas

DATE
14878



PATIENT

Ophie Webber

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

Free Abdomen

SPECIES

Feline

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are suspected, the largest measuring 2.73 cm in length.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Female, spayed

- The focal small intestinal wall thickening could be consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma) or severe inflammatory process. The shadowing material within the lumen in this segment may represent foreign material (i.e., hair, other) or less likely, chyme. Adjacent peritonitis is present. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

AGE

2 yrs.

- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

WEIGHT

7.47 kg.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of a thickened small intestinal segment, if accessible and if clotting status is appropriate. A 25 gauge needle should be used. If the area is inaccessible or if cytology results are inconclusive, an abdominal exploratory with biopsy of this region and assessment for intraluminal foreign material is recommended.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.

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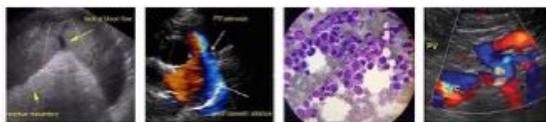
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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