

**PATIENT PRESENTING CLINICAL SIGNS**

Taffy Dutz History: Vomiting and needing encouragement to eat. Seems dull and lethargic. No meds.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

*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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Domestic shorthair

The left kidney is normal size (3.53 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

SEX

Female, spayed

The right kidney is normal in size (4.28 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

9 Yrs.

*Adrenal Glands*

WEIGHT

13 lbs.

The left adrenal gland is normal in size (0.34 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.

**INTERPRETED BY**

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

*Spleen*

The spleen is normal in size (1.01 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**

Crystal Hill

*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. A scant amount of aggregated echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Dr. Wilson

*Gastrointestinal*

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal to moderately thickened (up to 0.71 cm) with apparent retention of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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**DATE**

8/17/21



**PATIENT**

*Pancreas*

Taffy Dutz

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SPECIES**

Feline

*Free Abdomen*

**BREED**

Domestic shorthair

There is no evidence of free fluid. A 1.21 cm lymph node is observed in the right cranial quadrant. A few prominent lymph nodes are also observed at the ileocecal colic junction. Surrounding mesentery is hyperechoic.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The gastric and small intestinal wall changes are most consistent with an inflammatory process with potential for emerging neoplasia (i.e., lymphoma). Cranial peritonitis is present, likely secondary to gastric pathology.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

9 Yrs.

**WEIGHT**

13 lbs.

**Secondary Findings:**

- Bilateral age-related renal pathology with non-obstructive left nephroliths and right dystrophic mineralization.

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(*Small Animal Internal  
Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- To get a definitive diagnosis, biopsies of the stomach and small intestinal are recommended, either endoscopically or surgically.
- A malabsorption panel would also be useful to further evaluate for pancreatitis and maldigestion/malabsorption.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.

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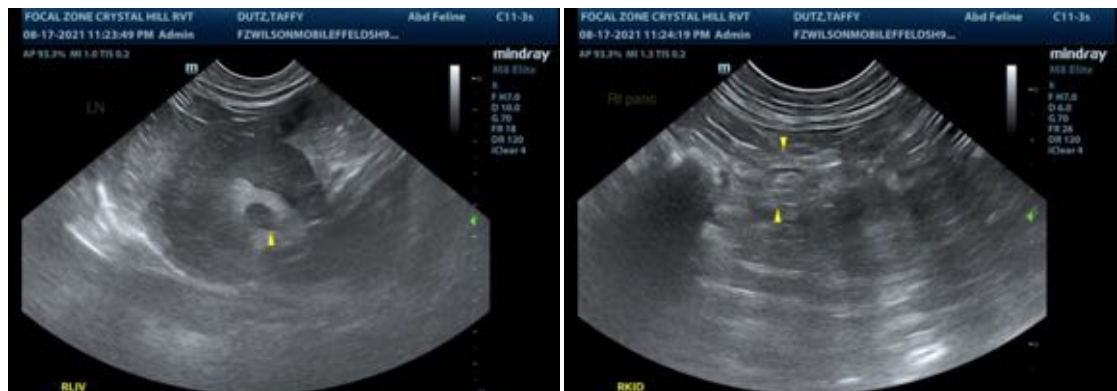
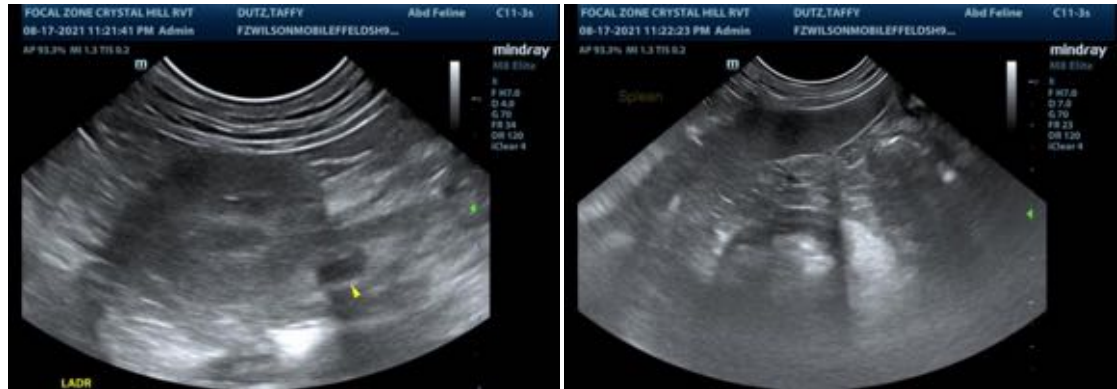
Dr. Wilson

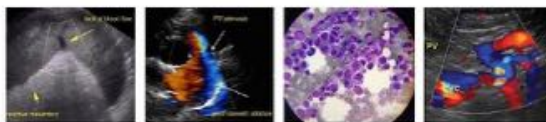
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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