


**PATIENT**

Claire Griffin

**PRESENTING CLINICAL SIGNS**

History: Weight loss, anxiety and overgrooming behaviors. Was on Pred for trials over 12/2019 for chronic weight loss and IBD? Weaned off Pred Feb 2021. Has been getting Vit B injections. Anorexia, not eating started 24 hours ago.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork NSF

**BREED**

Domestic Longhair

**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. A scant amount of echogenic debris is observed within the lumen. 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.

**SEX**

Female, spayed

The left kidney is normal size (3.26 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 hydronephrosis. Renal vasculature is normal.

**AGE**

12 yrs.

The right kidney is normal size (3.49 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

3.13 kg.

**Adrenal Glands**

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

**INTERPRETED BY**

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

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

The spleen is contracted (0.41 cm in width) with normal curvilinear peripheral contours and homogeneous parenchyma. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 Clinic

**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.

**REFERRING VET**

Dr. Bridge

**Gastrointestinal**
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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 and thickening of the submucosal layer in most

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segments. Discreet masses are not identified. The colonic wall is normal. The lumen of the descending colon contains shadowing fecal material. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Feline

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Domestic Longhair

**Free Abdomen**

There is no obvious evidence of free fluid. A few prominent mid-abdominal lymph nodes are visualized, the largest measuring 1.15 cm in length. A prominent cranial abdominal lymph node is also seen.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with 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 contracted spleen is consistent with patient dehydration.
- Minor age-related renal pathology.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- The following diagnostics/therapeutics can be considered:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  3. 6-week limited antigen diet trial
  4. Three-view thoracic radiographs to assess for occult neoplasia.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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Medicine*)

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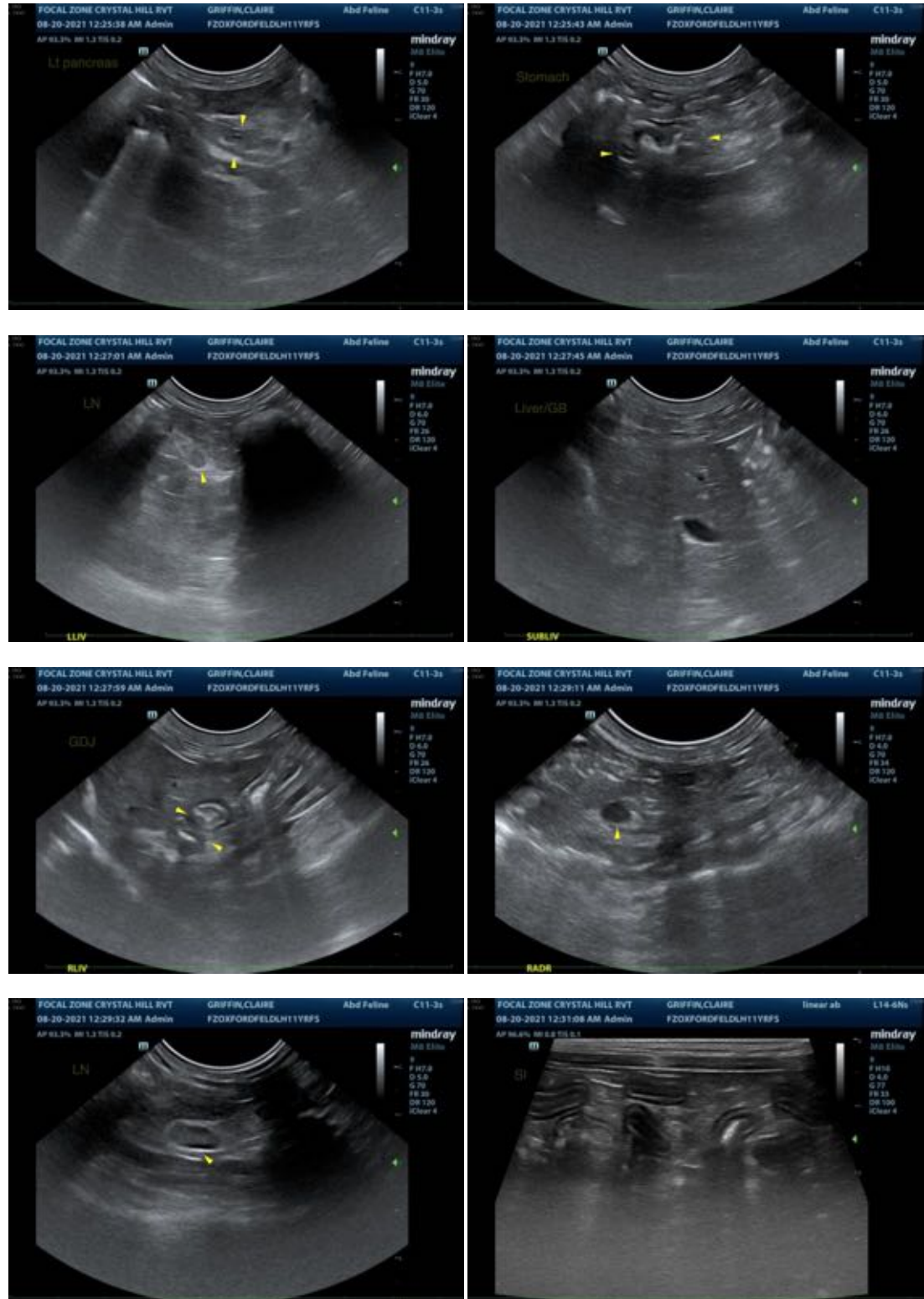
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The information and recommendations provided are based on the images presented by the referring



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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.

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Feline

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Andrea.nicastro@sonopath.com

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