

**PATIENT**

Willow Traylor

**PRESENTING CLINICAL SIGNS**

History: Weight loss, occasional diarrhea. No current meds.  
Abnormal PE/Chem/CBC/UA Results: wnl. Urine cysto pending.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*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 proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

The left kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

**AGE**

6 Yrs.

The right kidney is normal size (4.19 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 hydroureter. Renal vasculature is normal.

**WEIGHT**

Not provided

*Adrenal Glands*

The left adrenal gland is normal in size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.83 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**

Shari Reffi CVT

*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.

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon

*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

**INVOICE**

14844

**DATE**

4/25/23



**PATIENT**

Willow Traylor

the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Feline

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.

**BREED**

Domestic mediumhair

**Free Abdomen**

There is no obvious evidence of free fluid. A few prominent caudal abdominal lymph nodes are visualized near the aortic trifurcation, the largest measuring 1.59 cm in length. The nodes are hypoechoic. Surrounding mesentery is hyperechoic.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6 Yrs.

**Primary Findings:**

- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma). A benign process is favored.

**WEIGHT**

Not provided

**Secondary Findings:**

- Urinary bladder debris could be consistent with cells, crystals, exfoliated material, lipid droplets and/or mucous.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon

- A fecal evaluation for ova/Giardia, if not already performed.
- Prophylactic deworming with Fenbendazole is recommended.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.
- Initiation of a 2–4-week limited antigen or hydrolyzed protein diet trial is recommended to assess for food allergies.
- Also consider initiation of a probiotic (i.e., Visbiome, Proviabio) +/- a fiber supplement.
- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.

**INVOICE**

14844

**DATE**

4/25/23



**PATIENT**

Willow Traylor

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

6 Yrs.

**WEIGHT**

Not provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

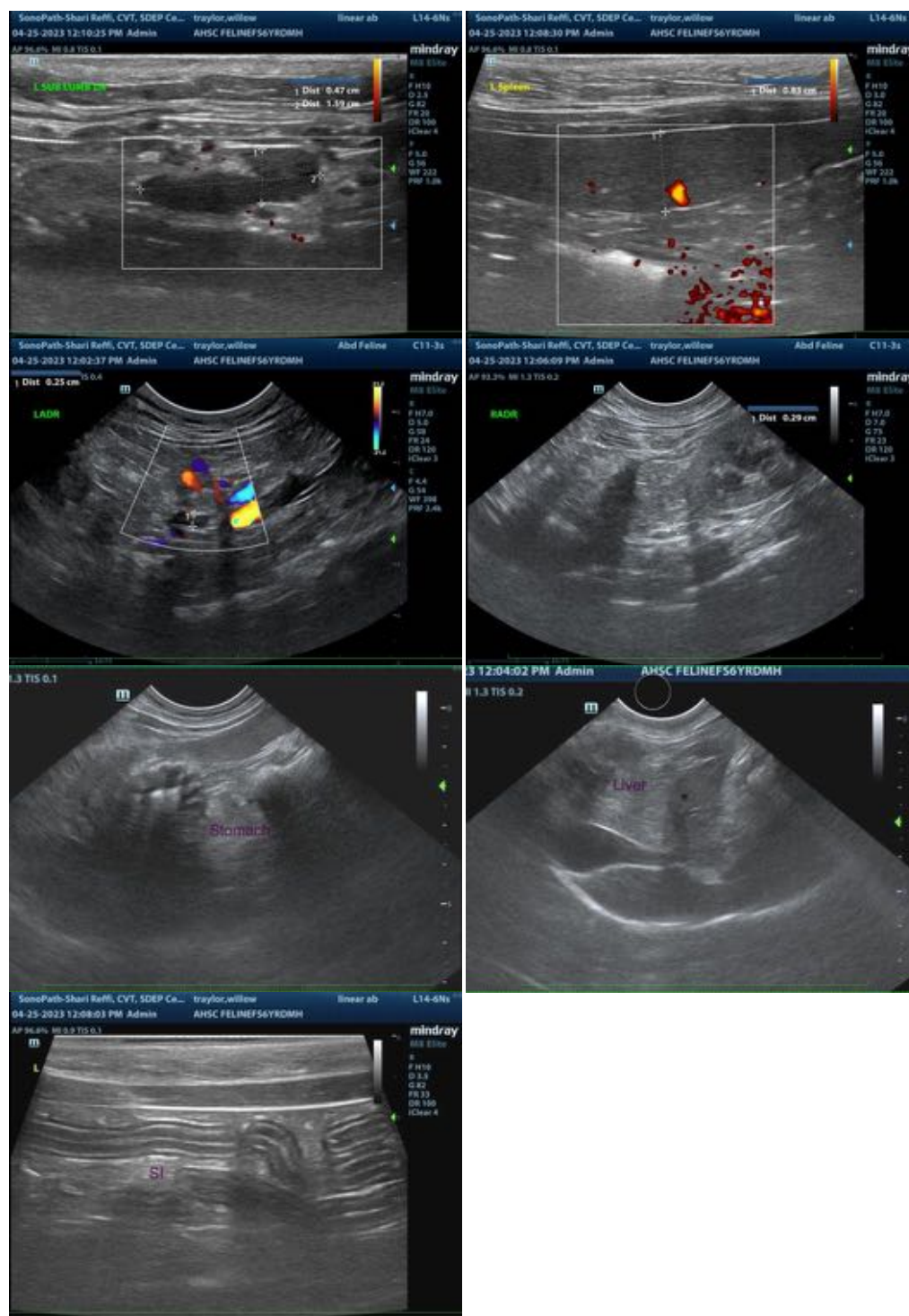
Shari Reffi CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon



**INVOICE**

14844

**DATE**

4/25/23

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



**PATIENT**

can be of any further assistance please contact me.

Willow Taylor

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

6 Yrs.

**WEIGHT**

Not provided

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

Dr. Scairpon

**INVOICE**

14844

**DATE**

4/25/23