



PATIENT

Kittie Vargas

PRESENTING CLINICAL SIGNS

History: Patient presents for mild lethargy, ADR, intermittent vomiting and inappetence. Current on a course of Prednisone. Blood work WNL.

SPECIES

Felinle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic longhair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to 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.

SEX

Female, spayed

The left kidney is normal size (3.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

13 Yrs.

The right kidney is normal size (2.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

Adrenal Glands

The left adrenal gland is normal in size (0.27 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.82 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 Vazquez, 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.

HOSPITAL NAME

Companion AH
(Parispany)

REFERRING VET

Dr. Tsai

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. The ileum is borderline thickened (up to 0.40 cm) with retention of the normal layering pattern. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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DATE

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Pancreas

Kittie Vargas

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.

SPECIES

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Free Abdomen

There is no evidence of free fluid. 1-2 colic lymph nodes are visible. Surrounding mesentery is hyperechoic.

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SEX

Female, spayed

Primary Findings:

- Borderline thickening of the ileum. This may represent an inflammatory process, a normal variation or emerging neoplasia.

AGE

13 Yrs.

Secondary Findings:

- Minor, age-related renal changes.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical signs, consider the following:
 1. Three-view thoracic radiographs to assess for occult disease in the chest.
 2. A fecal evaluation for ova/Giardia.
 3. T4/free T4 by equilibrium dialysis, if not already performed.
 4. Feline leukemia and FIV testing, if not already performed.
 5. GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M)
 6. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be warranted.

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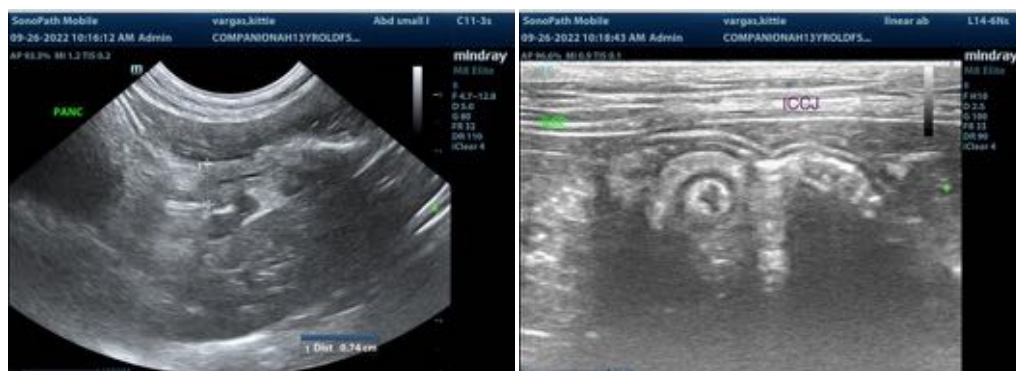
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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