

**PATIENT PRESENTING CLINICAL SIGNS**

Nemo Reese

History: Pet presented for ultrasound today due to history of decrease appetite and weight loss. Owner also mentioned that he had an event in the summer that she described like a stroke, since then he has been acting different (appears lost around the house and keeps himself mainly in the bedroom. Owner has been trying Mirtazapine transdermal, Cerenia and pet's appetite is not improving. Likes to lick wet food and will some, but not enough. On PE, there is a grade 3/6 murmur. thin body condition has lost 0.5 lbs since December  
Abnormal PE/Chem/CBC/UA Results: BW from December 2021 BUN: 55 Potassium: 3.3 PLT: 193, clumping present Neutrophils: 9815 Eos: 1208 UA: SG: 1.039 Protein: 1+ T4: 2.1

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

6.9 Lbs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness and the mucosal surface is smooth. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.77 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.75 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

**Adrenal Glands**

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

**Spleen**

The spleen is normal in size (0.53 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.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance with a few small (up to 0.50 cm) hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 is normal to mildly thickened (up to 0.34 cm). Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**Pancreas**

The left limb is visible with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.25 cm in diameter). There is no evidence of peripancreatic effusion.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Dr Lynette Reyes

**HOSPITAL NAME**

Chain of Lakes Animal  
Clinic

**REFERRING VET**

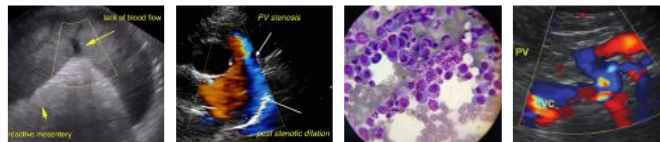
Dr Lynette Reyes

**INVOICE**

10111

**DATE**

1/6/22



**PATIENT**

Nemo Reese

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic pancreatitis.
- Bilateral age-related nephropathy.
- The hepatic parenchymal changes are non-specific and could be secondary to inflammatory/immune-mediated disease, hepatic lipidosis, infiltrative neoplasia (less likely), other hepatopathy.

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**Secondary Findings**

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

**WEIGHT**

6.9 Lbs.

\*Given the sonographic changes, "triaditis" is a consideration in this patient.

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Internal Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the presence of neurologic signs, a baseline blood pressure measurement is recommended to assess for systemic hypertension. Also consider consultation with a board-certified neurologist.
- Regarding the weight loss, consider the following diagnostics:
  1. Malabsorption panel including serum cobalamin, folate TLI and PLI.
  2. Fecal evaluation for ova and Giardia
  3. Three-view thoracic radiographs to assess for occult disease in the chest
  4. +/- fine-needle aspirate of the liver (if clotting status is appropriate).
  5. Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. However, the patient's concurrent issues must be taken into account when considering an anesthetic procedure.
- Given the proteinuria, also consider a UPC.

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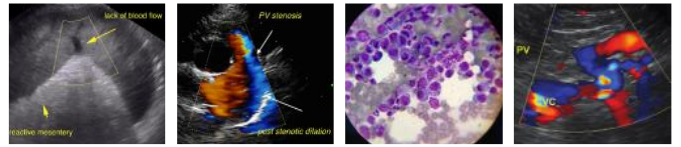
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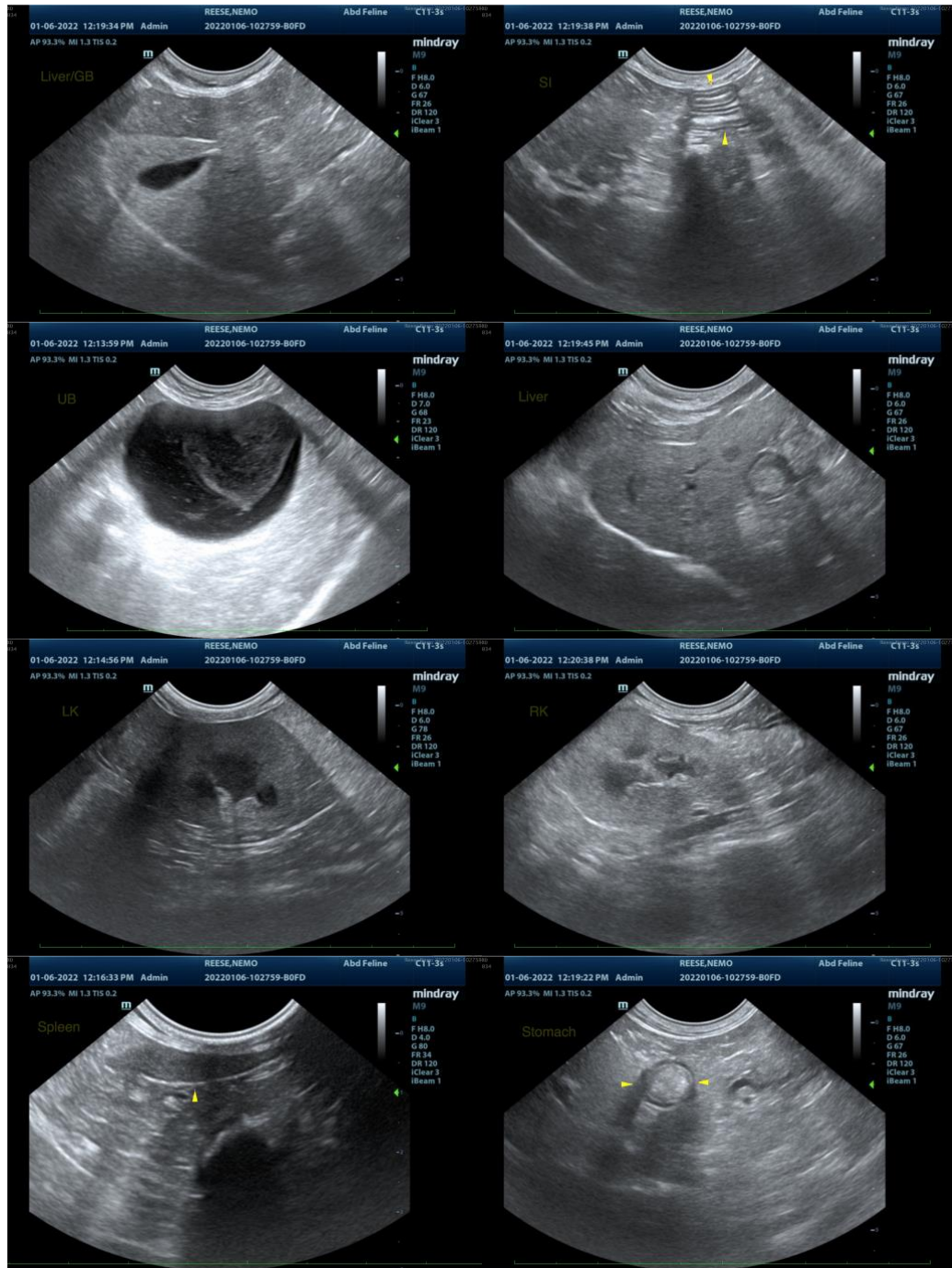
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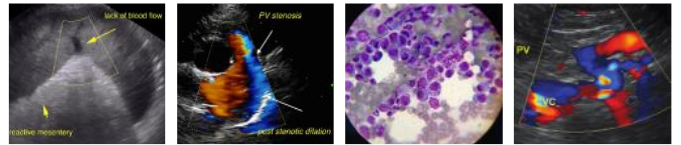
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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