

PATIENT PRESENTING CLINICAL SIGNS

Lando Junge
History: Chronic, intermittent vomiting.
Abnormal PE/Chem/CBC/UA Results: Labs and exam nsf except for high BCS.

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 is moderately distended. A scant amount of suspended 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.

BREED

DSH

SEX

Neutered Male

The left kidney is normal size (4.09 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.

AGE

7 years

The right kidney is normal size (4.04 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

13.5 lbs

Adrenal Glands

The left adrenal gland is normal size (0.48 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 Nicastro, DMV,
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(Small Animal
Internal Medicine)

Spleen

The spleen is normal in size (1.10 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.

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Dr. Sorbo

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.

HOSPITAL NAME

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The gall bladder lumen is moderately distended. A bilobed conformation is present. The wall is normal in thickness. The cystic/common bile ducts are visible/tortuous, +/- borderline dilated (0.26 cm in diameter).

REFERRING VET

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Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric outflow tract/proximal duodenum, a focal (2.30 cm) area of circumferential wall thickening (up to 0.57 cm) is observed. There is questionable retention of the normal layering pattern in this region. The remaining small intestinal walls are normal to mildly thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption of the normal 1:3 muscularis to mucosal ratio and thickening of the submucosal layer in most segments. The colonic wall is normal.

INVOICE

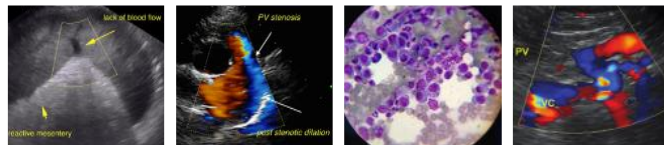
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Pancreas

The left limb is largely isoechoic relative to surrounding omental fat. No obvious pathology is observed in this region. (See "Other" category).



PATIENT

Lando Junge

Free Abdomen

There is no evidence of free fluid. A prominent (1.13 cm), epigastric lymph node is visualized. Surrounding mesentery is hyperechoic.

SPECIES

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Other

A 1.44 x 0.71 cm irregular hypoechoic nodule/area is observed in the right cranial quadrant. Surrounding mesentery is hyperechoic. (See "Other" category).

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bowel wall thickening in the region of the pyloric antrum/duodenum could be consistent with severe inflammation or emerging neoplasia (i.e., lymphoma, adenocarcinoma). The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The hypoechoic lesion in the right cranial quadrant may represent an area of inflamed pancreas in the right limb, or possibly a prominent lymph node. Regional peritonitis is present.
- The prominent epigastric lymph node may represent reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.

SEX

Neutered Male

AGE

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Secondary Findings

- Mild degenerative renal changes
- Bi-lobed gall bladder - incidental

WEIGHT

13.5 lbs

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Given the chronic vomiting, a malabsorption panel including serum cobalamin and folate PLI and TLI as well as a fecal evaluation for ova and Giardia are recommended.
- Given the bowel changes, particularly in the region of the pyloric antrum/proximal duodenum, biopsies (i.e., endoscopic or surgical), should be considered. Surgical biopsies may be more likely to yield a definitive diagnosis.

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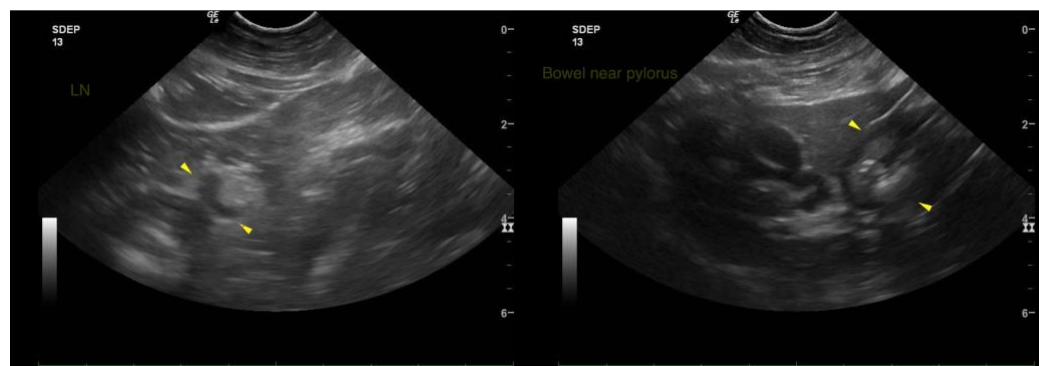
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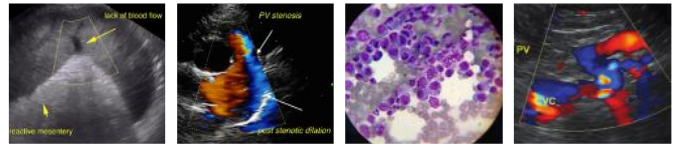
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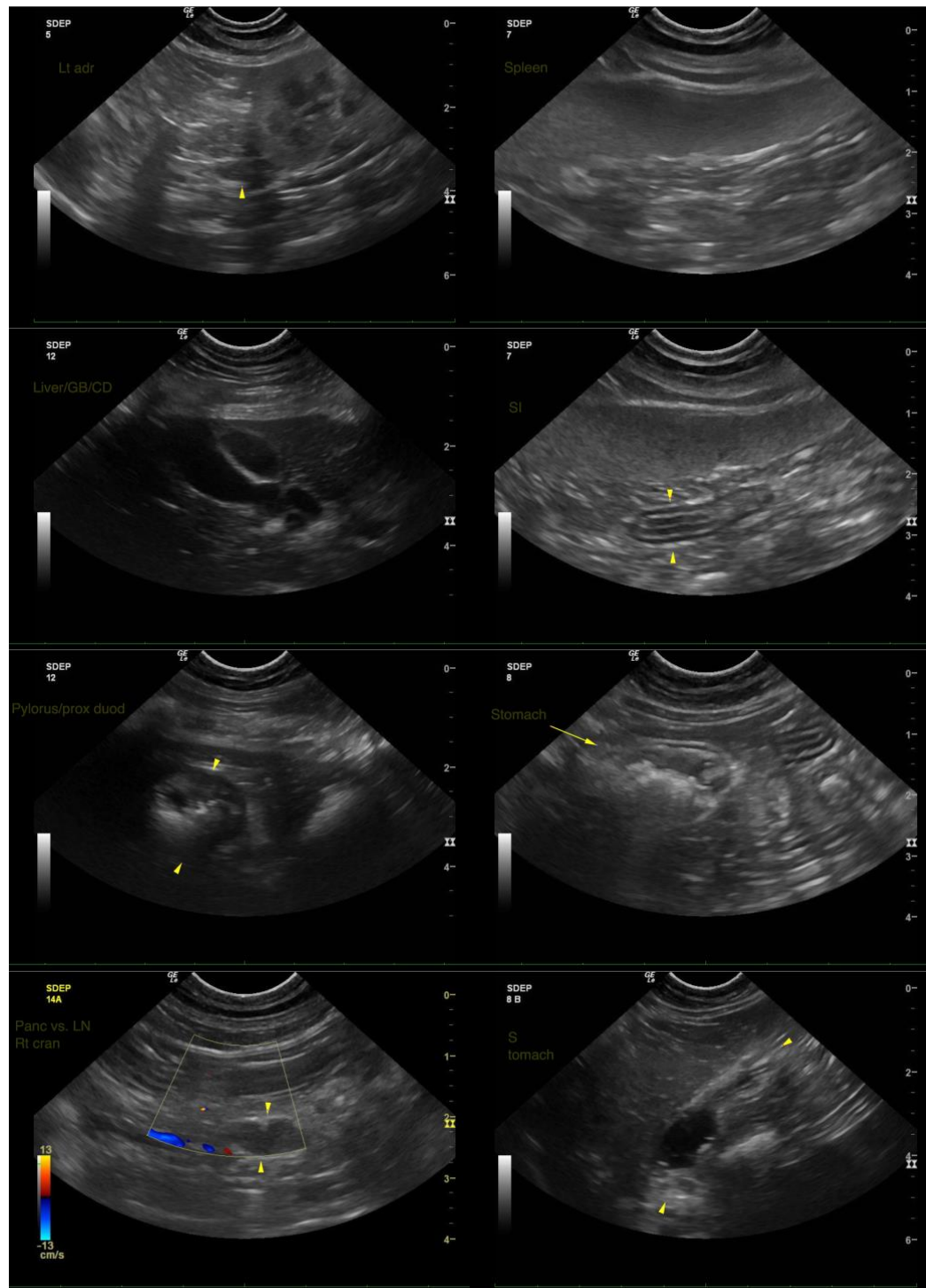
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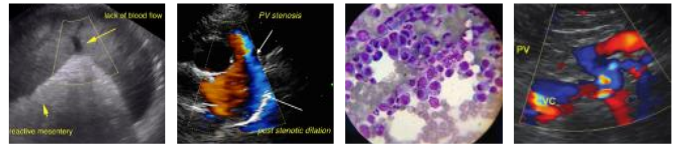


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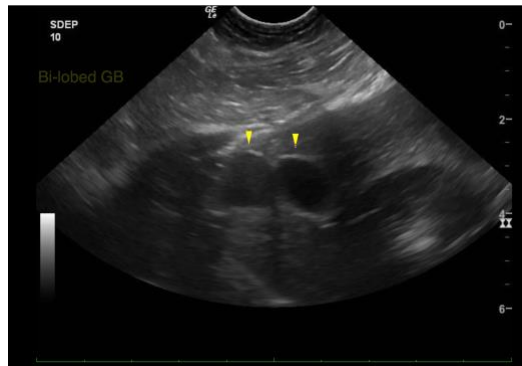
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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