

PATIENT

Seward Newenham

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years, 7 mos

WEIGHT

4.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho AH (VCA)

REFERRING VET

Shelia Newenham, DVM

INVOICE

12061

DATE

1.18.23

PRESENTING CLINICAL SIGNS

History: Last week had poor appetite and some vomiting and regurgitation and hair balls. P is acting completely normal and physical exam was normal. Starting last Monday P has not been wanting to eat and then a few days ago started to eat again. Overnight (1/17) did not want to eat, would approach food and seemed somewhat nauseous.

Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable. CBC/Chem - Cre 1.6, SDMA 11 UA pending Retroviral test pending

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 is mildly to moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.41 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is mildly hyperechoic relative to the spleen. 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.

The right kidney is normal in size (3.64 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is mildly hyperechoic relative to the spleen. 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.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 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.

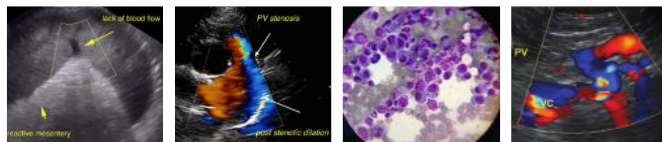
Liver

The liver is subjectively normal in size with normal 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.

Gastrointestinal

The gastric lumen is moderately distended with ingesta and soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis:



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mucosal ratio with a >1:1 ratio in some segments. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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.

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Free Abdomen

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

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- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma. The shadowing material within the gastric lumen may represent foreign material (i.e., hair) or less likely, ingesta

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Secondary Findings

- Minor bilateral age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Fecal evaluation for ova and Giardia
- 6-week limited antigen or hydrolyzed protein diet trial
- Ultimately, endoscopic, or surgical GI biopsies would be necessary to get a definitive diagnosis. If pursued, thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet), as long as the client understands the risks of treatment without a definitive diagnosis.

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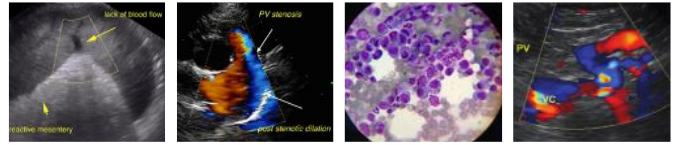
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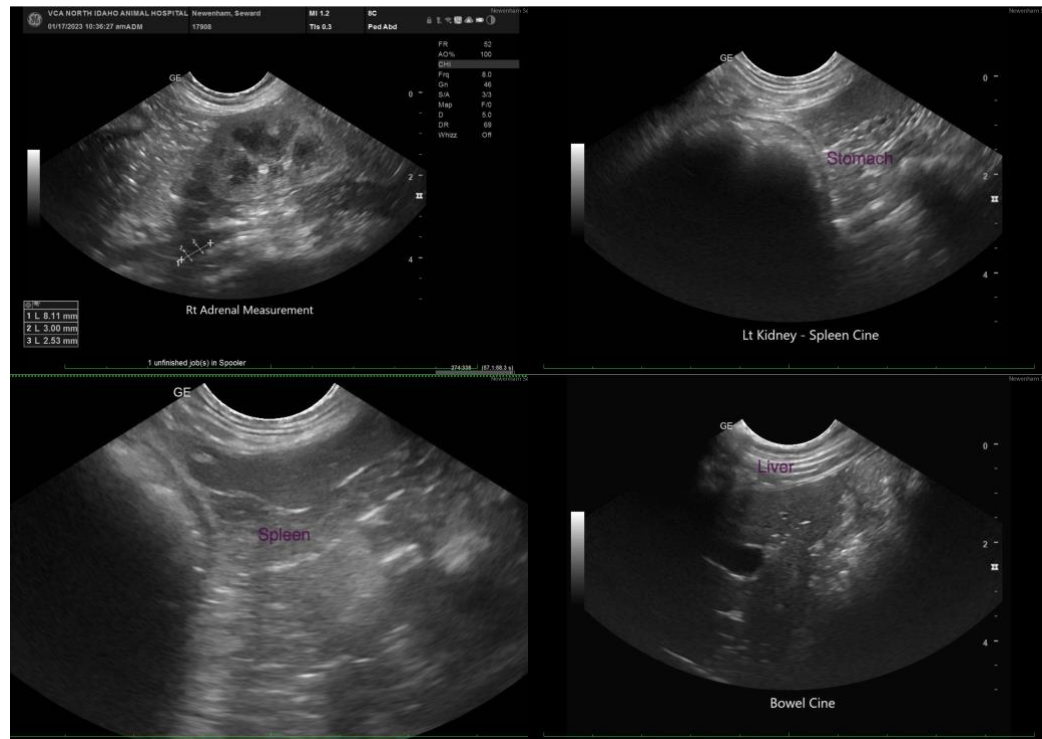
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com