



PATIENT

Luke Martin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/15/2012

WEIGHT

6.86 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro,
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(Small Animal Internal
Medicine)

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Nawa

INVOICE

12064

DATE

1.19.23

PRESENTING CLINICAL SIGNS

History: Chronic GI upset that has worsened over time. Consistent diarrhea for the last year. Occasional blood and mucus noted in the stool. Has tried deworming, probiotics, calorie supplement. Owner has noticed weight loss since May. Starting to leak stool and is straining excessively. Otherwise, patient seems to be doing well. Eating and drinking fine. No vomiting.

Abnormal lab-work values: EOS 19
Current Medications: Probiotic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (4.35 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. 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 upper limits of normal size (4.56 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. 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 (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.76 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.

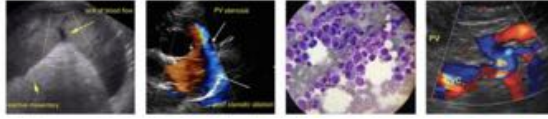
Liver

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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

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 segmentally dilated with gas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The muscularis layer at the ileoceccocolic



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junction is prominent. The wall of the descending colon is moderate thickened (up to 0.41 cm) and slightly irregular, with questionable retention of the normal layering pattern. The colonic lumen contains some shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

The limbs and base of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely mildly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

Trace free fluid is observed. Several prominent lymph nodes are observed throughout the mid- to caudal abdomen (the largest measuring 0.59 cm in length).

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The colonic wall changes could be consistent with an inflammatory process or emerging neoplasia (i.e., lymphoma).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia, or infiltrative neoplasia (i.e., lymphoma).

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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild bilateral chronic age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, GI biopsies (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis. Other diagnostics considerations include the following:
 1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
 2. Initiation of a fiber supplement (i.e., Metamucil or Konsyl)
 3. Limited antigen or hydrolyzed protein diet
 4. Thoracic radiographs (to assess for lymphadenopathy in the chest), particularly if the patient is to undergo anesthesia
 5. Feline leukemia and FIV testing (if not already performed)

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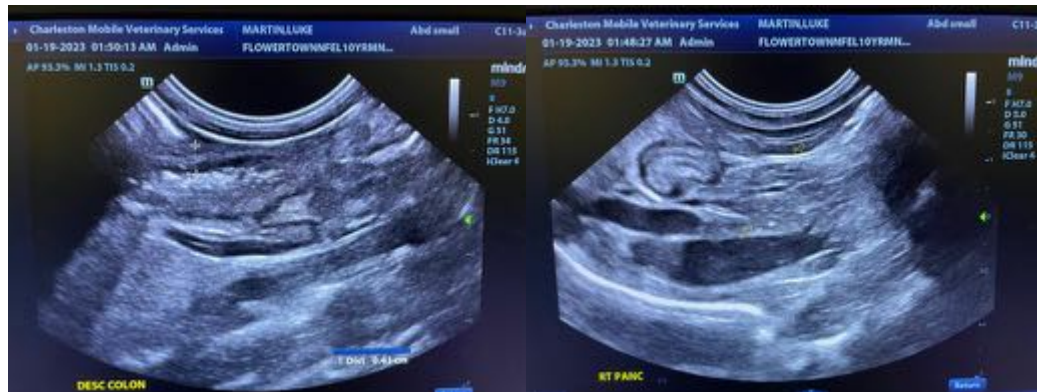
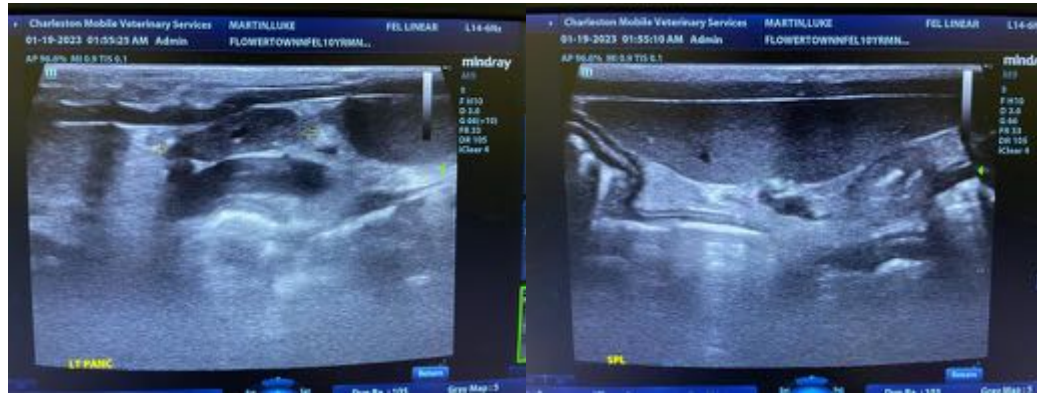
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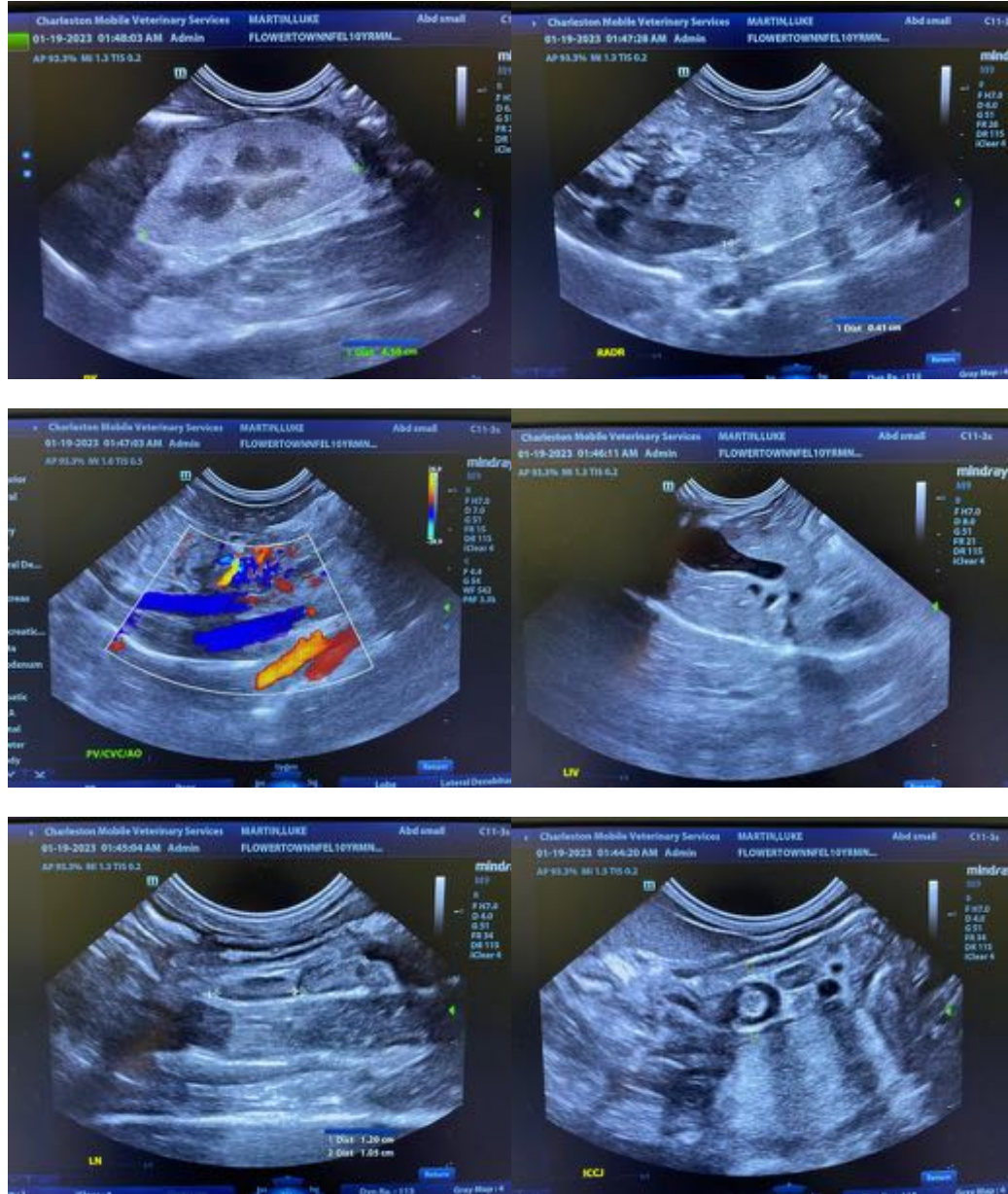
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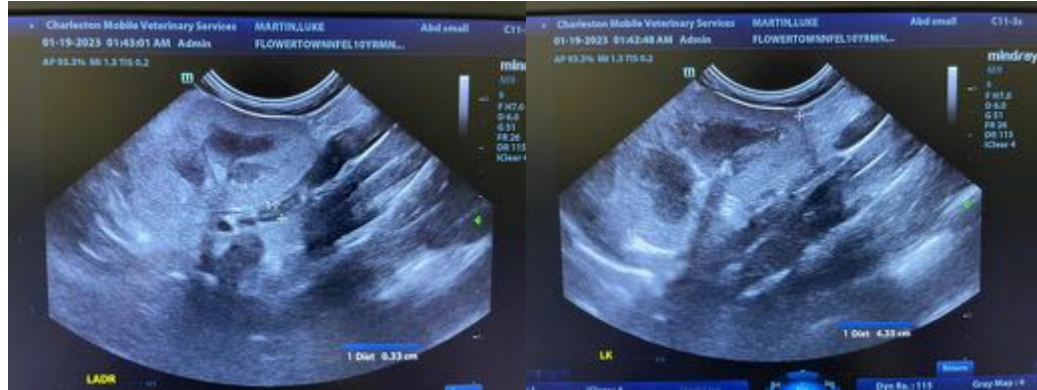
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com