



**PATIENT**

Shaw Humphrey

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Months

**WEIGHT**

6.6 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great &  
Small VC, Corvallis, OR

**REFERRING VET**

Chantal Litalien

**INVOICE**

13520

**DATE**

1/20/22

**PRESENTING CLINICAL SIGNS**

History: Adopted from shelter 4 months ago; unremarkable exam @ that time. Felv/FIV negative @ shelter. Seen again 11/16/21 for acute onset increased RR/RE. Thoracic rads taken @ that time: No obvious fb in airway. Mild interstitial pattern with hyperinflated airways indicative of Asthma or chronic airway disease. Did have a mild cough/gag episode when drawing blood. Bloodwork @ that time unremarkable Prescribed short course of steroids and profender. Breathing concerns resolved. Examined again today for lethargy, weight loss and irregular BM's. No hx of vomiting but intermittent diarrhea since profender was administered.

Abnormal PE/Chem/CBC/UA Results: Significant weight loss, MCS atrophy w/ sunken orbits OU; palpably thickened SI on exam. Bloodwork recheck 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 lumen is moderately distended with mostly 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.

The left kidney is normal size (3.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.31 cm cranial pole, 0.27 cm caudal, 1.34 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm cranial, 0.22 cm caudal, 1.16 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.65 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.



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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.

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**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 not dilated. The small intestinal wall is diffusely thickened (up to 0.32 cm) with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosa ratio with a > 1:1 ratio in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains liquid appearing fecal material. There is no obvious evidence of obstruction.

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**Pancreas**

The left limb of the pancreas is visible and normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

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**Free Abdomen**

There is no obvious evidence of free fluid. A few prominent, irregular lymph nodes are observed in the mid abdominal cavity, the largest measuring 2.03 cm in length.

**WEIGHT**

6.6 Lbs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bowel pattern consistent with severe inflammatory bowel disease or emerging neoplasia.
- The abdominal lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia (i.e., lymphoma).

**Secondary Findings**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a fine needle aspirate of the prominent abdominal lymph nodes, if accessible and if clotting status is appropriate.
- In order to get a definitive diagnosis, endoscopic or surgical gastrointestinal biopsies would be necessary. Surgical biopsies would be ideal, as all areas of bowel can be accessed with this method. Three-view thoracic radiographs should be performed prior to anesthesia.
- Other diagnostic considerations include a malabsorption panel (i.e., serum, cobalamin, folate, TLI and PLI) as well as a fecal evaluation for ova and Giardia. Also consider prophylactic deworming with Fenbendazole.

**INTERPRETED BY**

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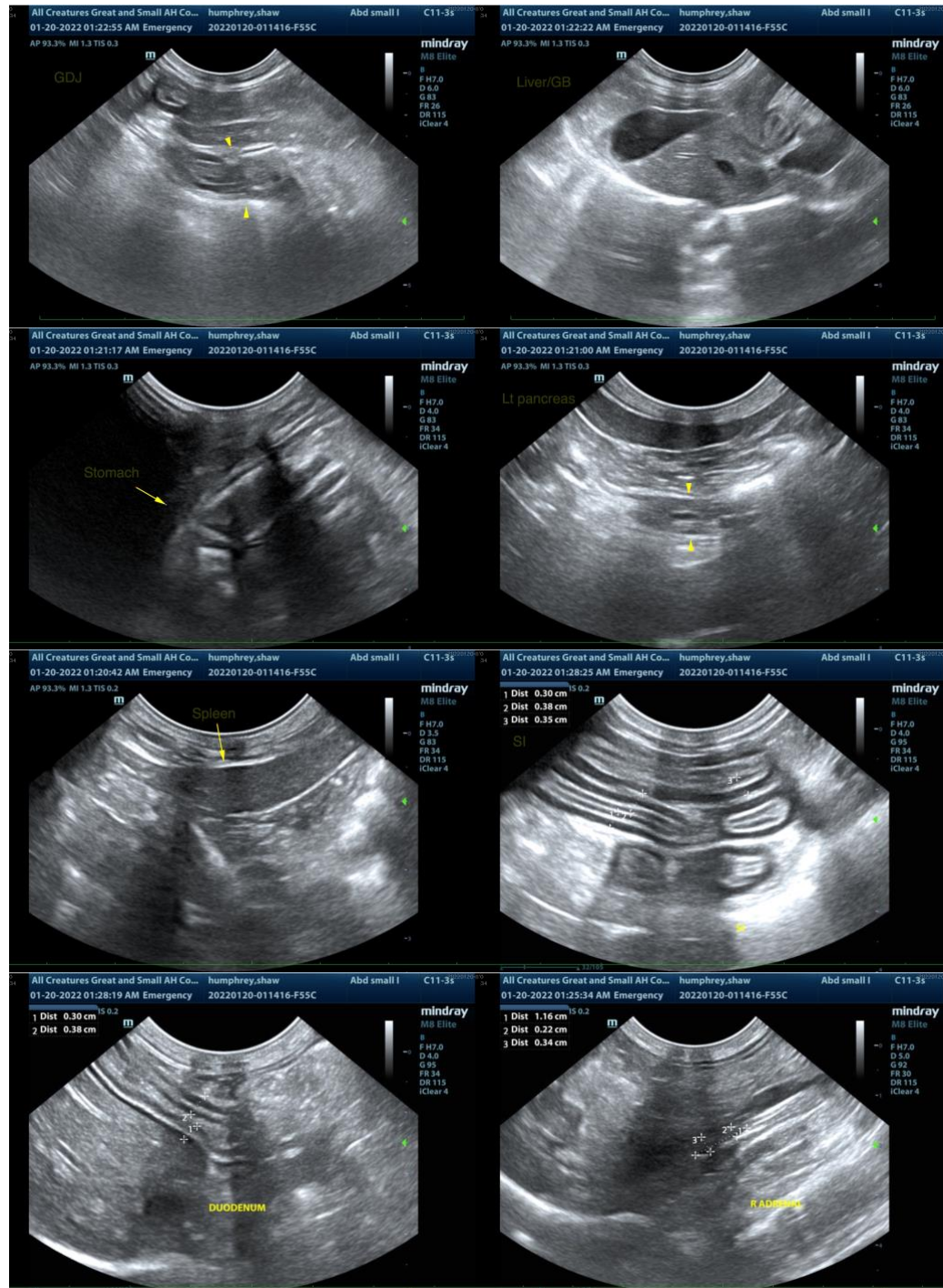
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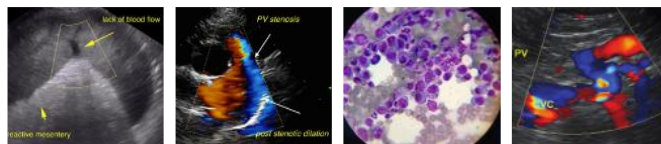


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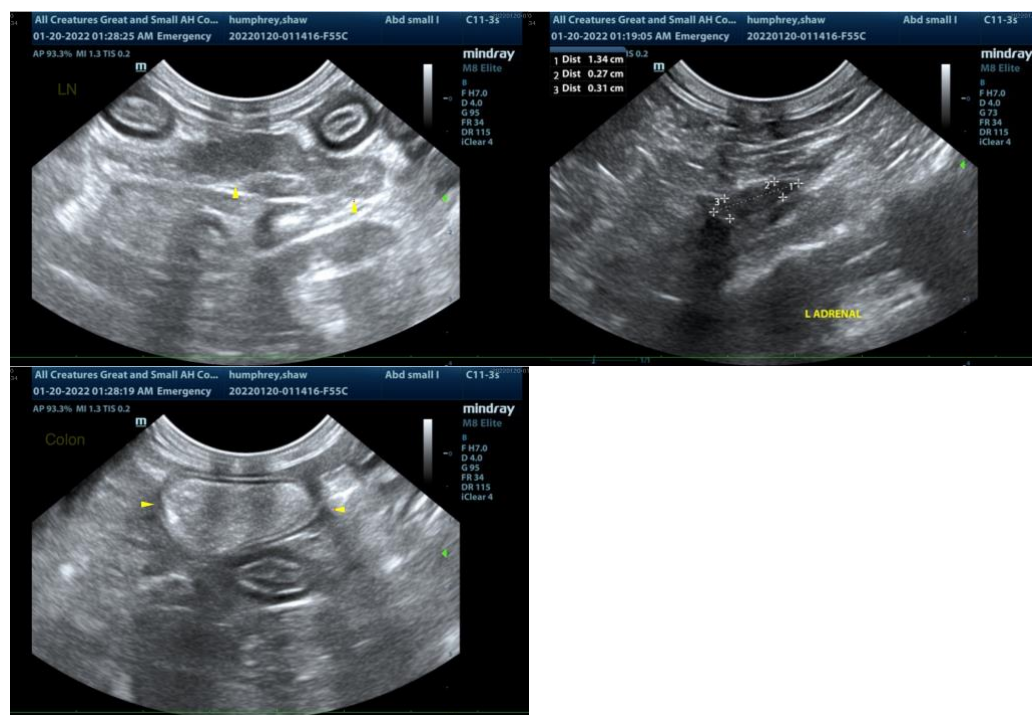
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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