



**PATIENT PRESENTING CLINICAL SIGNS**

Sue Lake History: chronic soft stools and diarrhea- hyperthyroid- weight loss-- - neg fecal- MEDS: convenia, vitB12, Dex sp, hills ZD, methimazole  
Abnormal PE/Chem/CBC/UA Results: LABS unremarkable

**SPECIES**

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 small 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

The left kidney is normal size (3.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**SEX**

Neutered Male

The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelctasia is present. There is no evidence of nephroliths infarcts or hydroureter. Renal vasculature is normal

**AGE**

12 years

**Adrenal Glands**

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

s7.6 lbs

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
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**Spleen**

The spleen is normal in size (0.68 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**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.

**HOSPITAL NAME**

Truckee Meadows  
Veterinary Hospital

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not. The duodenal papilla is visible and is normal in thickness (0.36 cm in width).

**REFERRING VET**

Dr. Rachel Kuester

**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. A few segments of jejunum are thickened (up to 0.40 cm), with a loss of the normal layering pattern, the largest measuring 3 cm in length. In the remaining segments, there is evidence of disruption of the normal 1:3 muscularis to mucosal ratio in some regions. The ileocecolic junction and colonic wall are normal. The colonic lumen contains liquid-appearing fecal material. There is no obvious evidence of obstruction.

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**Pancreas**

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

**Free Abdomen**

There is no obvious evidence of free fluid. Several prominent mesenteric lymph nodes are visualized. Several prominent, slightly rounded hypoechoic mesenteric lymph nodes are visualized, the largest measuring 1.67 cm in length. Surrounding mesentery is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The small intestinal wall changes are most consistent with infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe inflammatory bowel disease.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia or reactive lymphadenitis. Regional peritonitis is present.

**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.
- Minor age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, fine-needle aspirate of one of the enlarged abdominal lymph nodes is recommended. Otherwise, surgical gastrointestinal and abdominal lymph node biopsies would be necessary to get a definitive diagnosis.





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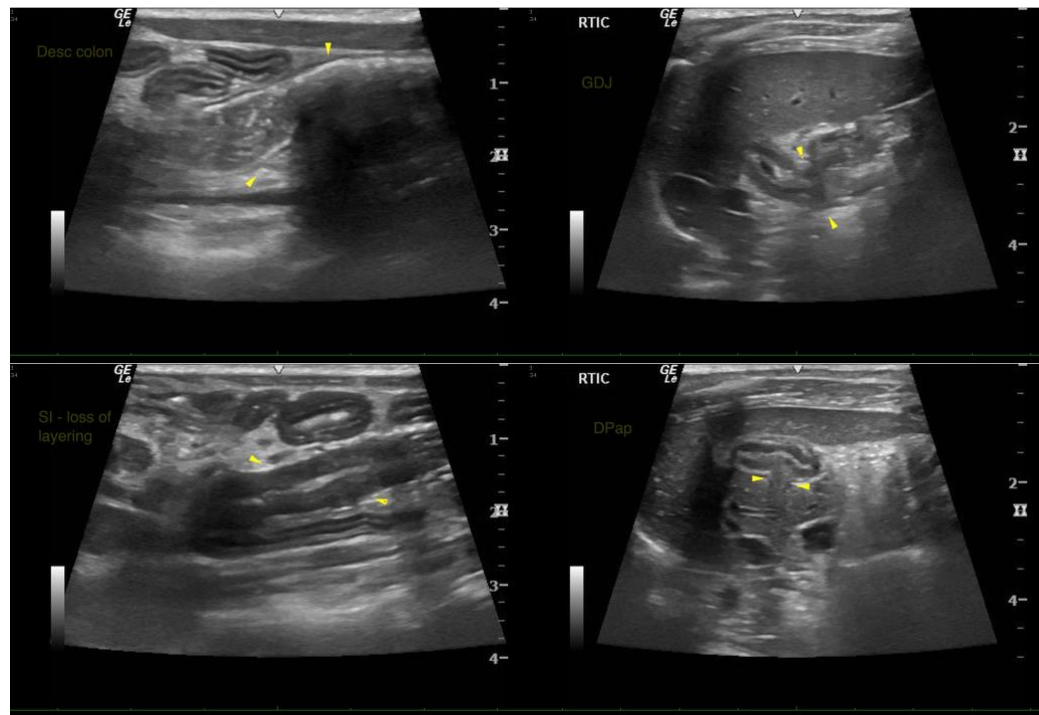
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Andrea Nicastro, DVM,  
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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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