



PATIENT

Loki Ibragic

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

8 years 4 months

WEIGHT

8.27 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg
Village

REFERRING VET

Dr. Jarrett

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PRESENTING CLINICAL SIGNS

History: Weight loss, decreased appetite, and vomiting.

Abnormal PE/Chem/CBC/UA Results: CHEM: BUN 14, GGT 5, GLOB 5.3, K+ 3.4 (01/13/2022). CBC: WBC 29.06, Lymphocyte 0.84, Monocyte 1.87, Neutrophil 26.3, RDW 19.5, MPV 11.6 (01/13/2022).

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 mildly to 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.

The left kidney is normal size (4.43 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.75 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (1.23 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

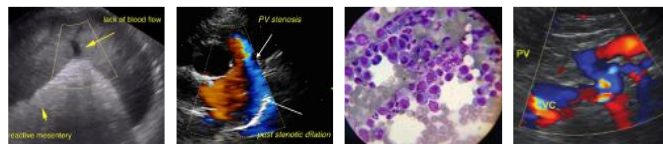
The right adrenal gland is normal in size (0.62 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.31 x 0.22 cm hyperechoic nodule is observed at the caudal aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. There is a subtle increase in portal markings. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is thickened (up to 0.22 cm) and hyperechoic. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile duct walls are diffusely thickened. The common bile duct is not overtly dilated (0.17 cm in diameter) and can be followed to the level of the



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duodenal papilla which measures 0.42 cm in width. There is no obvious evidence of intraluminal obstruction.

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Gastrointestinal

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The gastric lumen is mildly distended with ingesta. 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 mildly to moderately thickened (up to 0.39 cm) with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio and evidence of mucosal fogging. Discrete masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter).

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Free Abdomen

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Trace free fluid is observed. A 1.29 x 0.78 cm cranial abdominal lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, the largest measuring 3.33 cm in length. A few of the nodes are mottled in appearance.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic pancreatitis.
- The gallbladder/bile duct and hepatic changes are most consistent with cholecystitis/cholangitis/cholangiohepatitis, respectively.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Secondary Findings:

- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma) with low potential for emerging neoplasia.

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*Given the sonographic changes, "triaditis" is suspected in this patient.

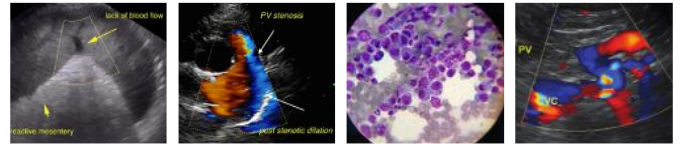
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel including serum cobalamin, folate, TLI and PLI.

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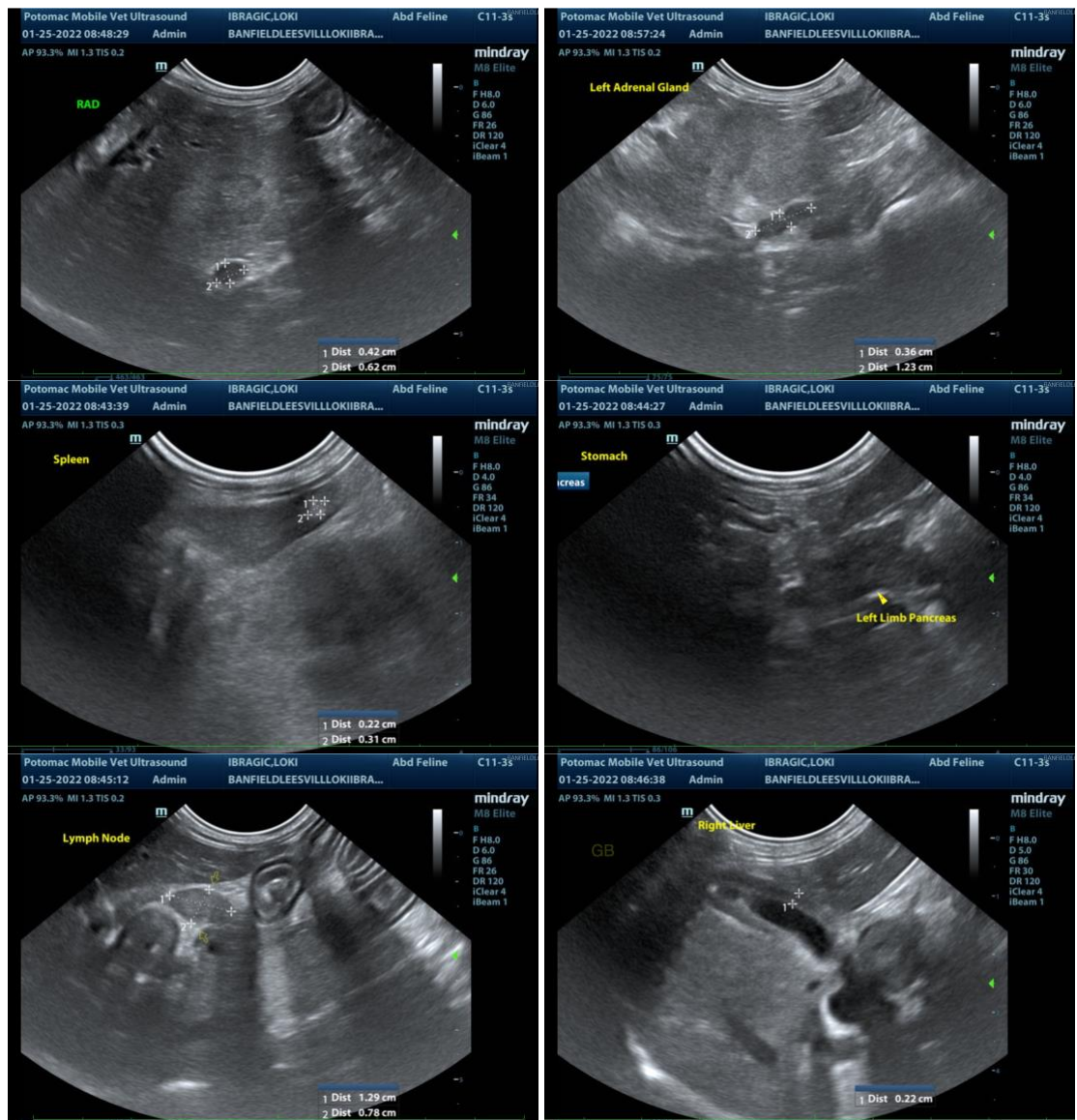
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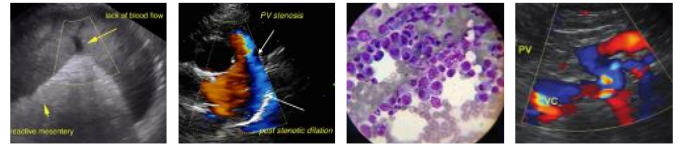
- Further testing for feline infectious diseases (i.e., feline leukemia, FIV, FIP and Toxoplasmosis).
- Fecal evaluation for ova and Giardia.
- A 6-week limited antigen diet trial to assess for food allergies
- Fine needle aspirate of the mesenteric lymph nodes can be considered (if accessible) to further assess for lymphoma.
- Ultimately, endoscopic or surgical gastrointestinal +/- hepatic biopsies will likely be necessary to get a definitive diagnosis. If biopsies are pursued, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status prior to anesthesia.



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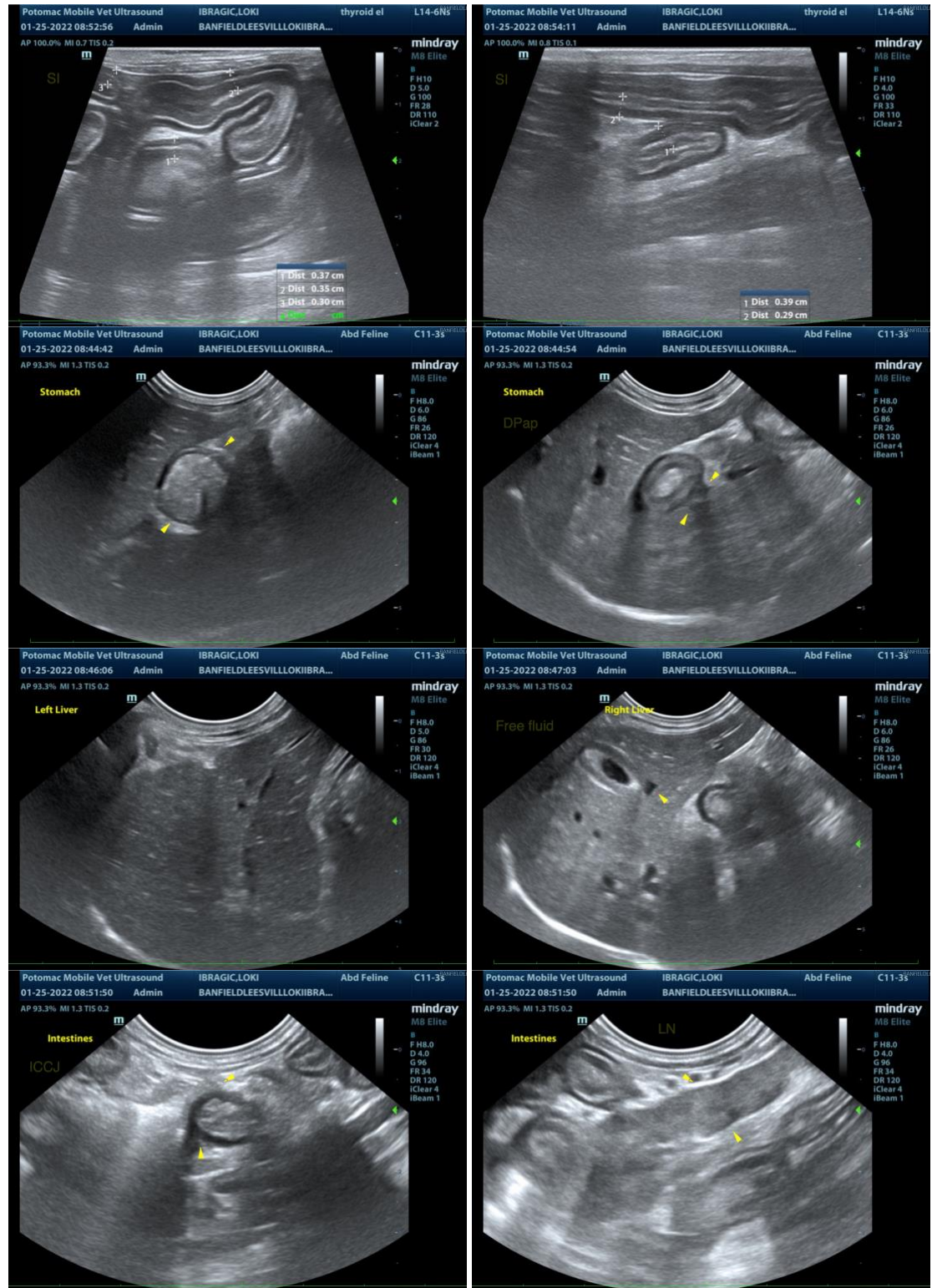
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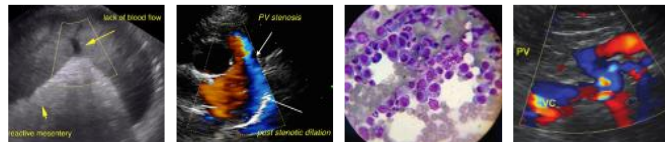


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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