



**PATIENT**

Stinky Dreschler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 years, 5 mos

**WEIGHT**

9.7 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Villari

**INVOICE**

12091

**DATE**

1.25.23

**PRESENTING CLINICAL SIGNS**

History: Repeat AUS-Prior possibility of emerging lymphoma. Weight loss, intermittent vomiting. History of hyperthyroidism treated with radioactive iodine

Abnormal PE/Chem/CBC/UA Results: 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 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 in size (3.82 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A medullary rim sign is visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A medullary rim sign is visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.89 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is mildly to moderately distended with ingesta and soft, shadowing material. 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 chyme. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a 1:1 ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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## Pancreas

The left limb of the pancreas is 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. A few mesenteric lymph nodes are visualized (the largest measuring 0.50 cm in length). Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

### Secondary Findings

- Minor age-related pancreatic remodeling in the left limb.
- Bilateral chronic age-related renal changes.

\*Changes are similar to the previous sonogram.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- As discussed in the previous ultrasound report, the following recommendations can be considered:
  1. GI panel including serum cobalamin and folate, TLI and PLI
  2. Fecal evaluation for ova and Giardia (if not already performed)
  3. Limited antigen or hydrolyzed protein diet trial
  4. Heartworm testing (antigen and antibody)
  5. Endoscopic or surgical GI biopsies would likely be necessary to get at definitive diagnosis. If pursued, thoracic radiographs should be performed prior to any anesthetic event.





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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