



**PATIENT**

Jackson Follen

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

12 Yrs.

**WEIGHT**

10.76 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Hill

**INVOICE**

12769

**DATE**

**PRESENTING CLINICAL SIGNS**

History: 2 pound weight loss since 03/2021. Vomiting and diarrhea for 4 days mid-December. Was anorexic until mirataz and cerenia were started last week. Diarrhea resolved with metronidazole. Mild periodontal disease and not grooming himself well, but otherwise normal PE. Abnormal PE/Chem/CBC/UA Results: fecal test: negative. IRIS stage 2 is stable: creatinine 2.0 (previously was 2.2 in March 2021).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is subjectively normal size with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.00 cm in length); normal shape and architecture with smooth peripheral margins. 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 (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.67 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 fluid distended (mild). The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileum is diffusely thickened (up to 0.73 cm) with questionable retention of the normal layering pattern. The colonic wall is normal. No obstructive disease is noted.

**Pancreas**

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. A 1.46 x 1.15 cm bi-lobed cystic structure appears to be arising from the pancreatic tissue near the body/right limb. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

**Free Abdomen**

There is no evidence of free fluid. Several prominent colic lymph nodes are visualized, the largest measuring 1.56 cm. Surrounding mesentery is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The ileal thickening could be consistent with infiltrative neoplasia (i.e., round cell tumor) or inflammatory bowel disease. The diffuse small intestinal wall changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma. The regional lymphadenopathy could be consistent with reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia. Regional peritonitis is also present.
- The pancreatic changes are suggestive of chronic pancreatitis. Pancreatic cysts are suspected. However, the cystic structures could instead be arising from mesentery or lymph node.

**Secondary Findings:**

- Bilateral, age-related renal changes with left non-obstructive nephrolithiasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- GI biopsies would ultimately be necessary to get a definitive diagnosis. Surgical biopsies would be ideal so that the ileum and all other portions of the GI tract can be accessed.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended as well as a fecal evaluation for ova and Giardia. Also consider prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.



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- Three-view thoracic radiographs are recommended prior to any anesthetic event.

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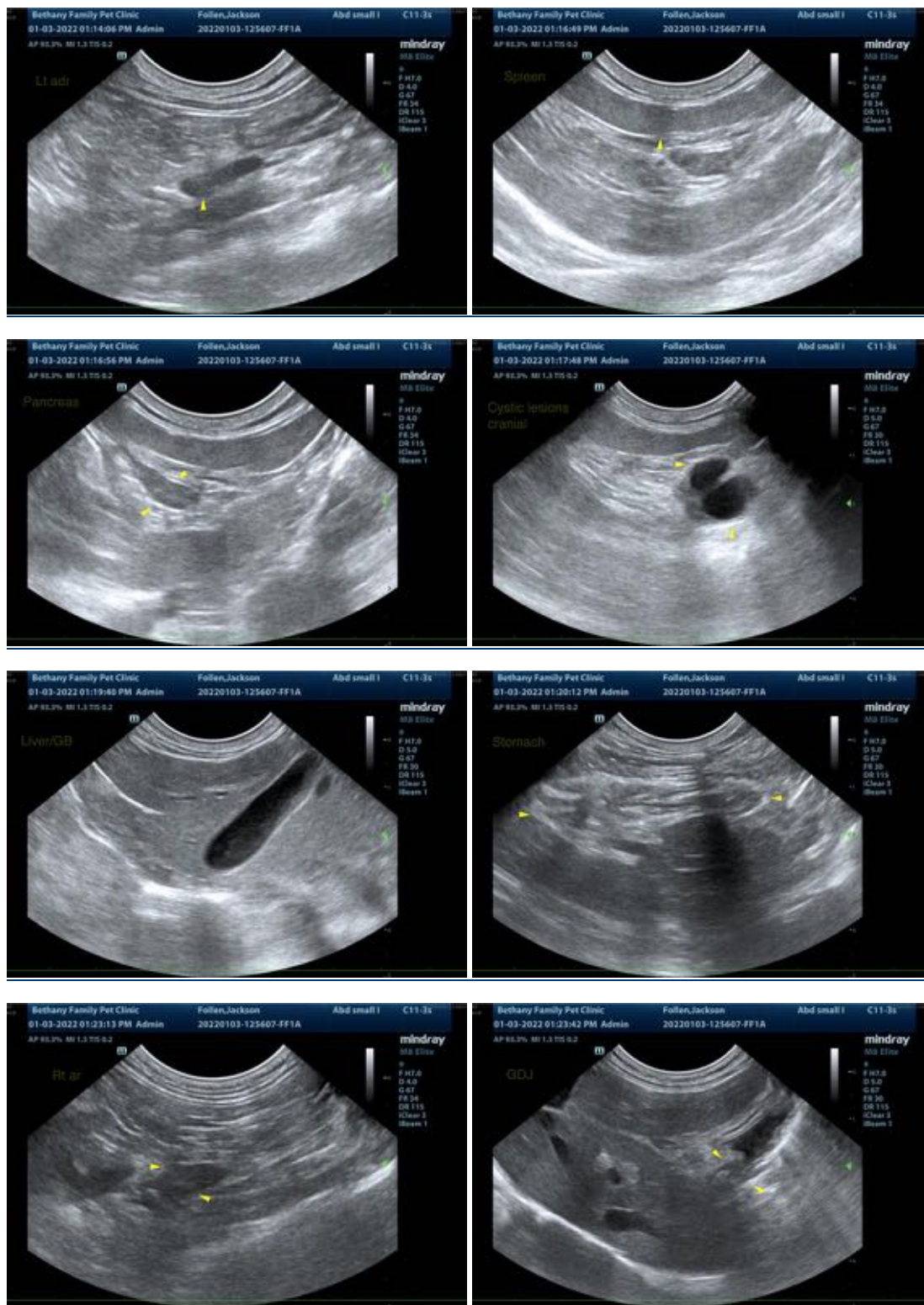
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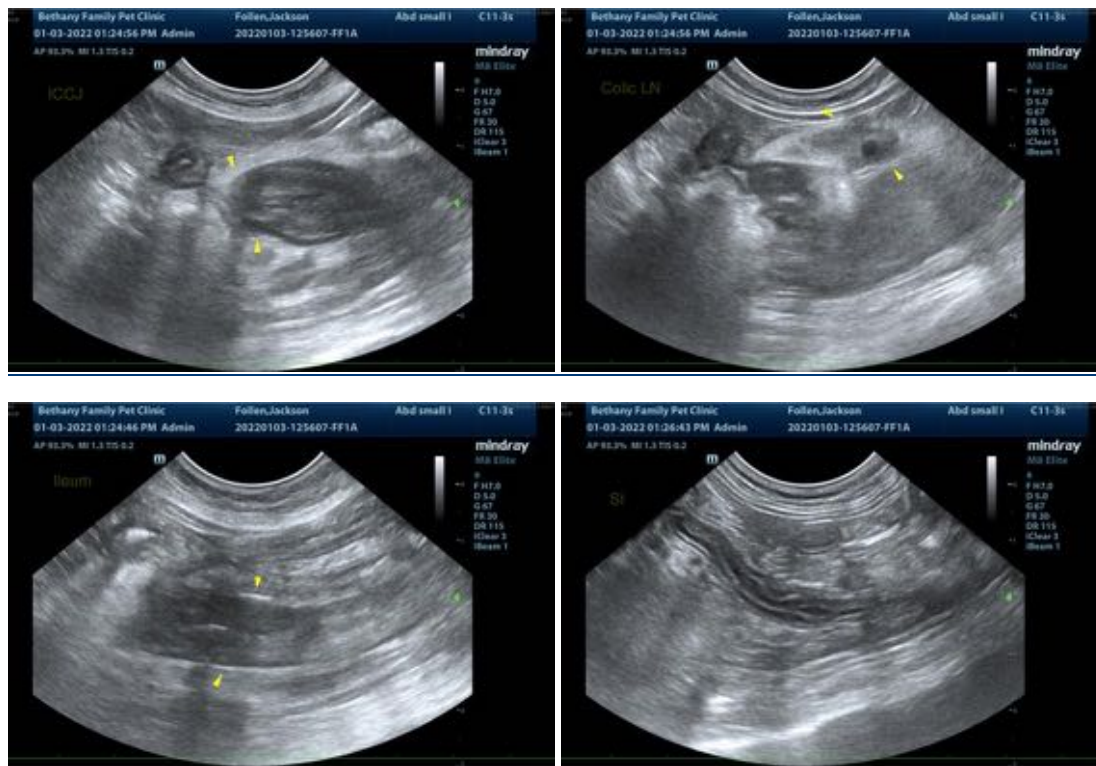
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com