



**PATIENT**

Miss Kitty Nelner

**SPECIES**

Feline

**BREED**

Domestic mediumhair

**SEX**

Female, spayed

**AGE**

11 Yrs.

**WEIGHT**

4.45 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hayley Biederbeck

**HOSPITAL NAME**

LomsnesVH

**REFERRING VET**

Dr. Hayley Biederbeck

**INVOICE**

12770

**DATE**

**PRESENTING CLINICAL SIGNS**

History: Ultrasound for neighboring clinic Chronic diarrhea, now has blood. Vomiting was weekly in past. Was on whiskas, switched to kirkland. Tried probiotics and no effect  
Abnormal PE/Chem/CBC/UA Results: Tense abdomen, otherwise nsf on exam

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder lumen is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No cystic calculi are seen. The region of the trigone is normal.

The left kidney is normal size (3.75 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.

The right kidney is normal size (3.72 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.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. 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 gall bladder lumen is mildly to moderately distended with anechoic contents. The wall is variably thickened (up to 0.33 cm) and hyperechoic. The cystic and common bile ducts are normal.

**Gastrointestinal**

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is diffusely thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The muscularis layer at the ileocecal colic junction is thickened/prominent. The colonic wall is normal. No obstructive disease is noted.



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**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**Free Abdomen**

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

**Secondary Findings:**

- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis or infiltrative neoplasia (i.e., round cell tumor).
- The thickened gallbladder wall could be due to cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- Urinary bladder debris.
- Minor age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following diagnostic/treatment recommendations can be considered:

1. Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
2. Serum cobalamin, folate, PLI and TLI
3. A fecal evaluation for ova/Giardia
4. A 6-week limited antigen diet trial to assess for food allergies
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs should be performed prior to anesthesia.



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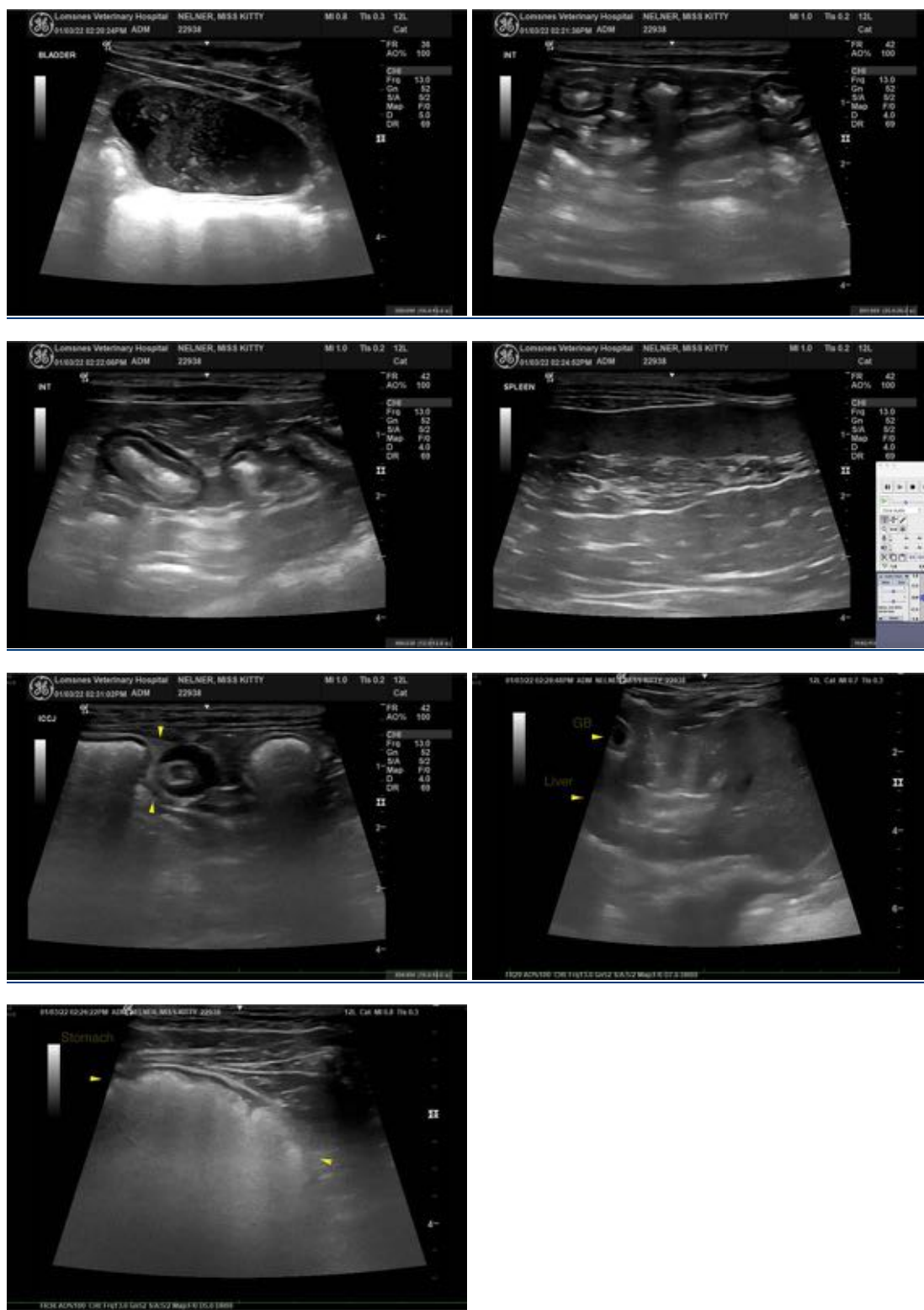
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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