



PATIENT PRESENTING CLINICAL SIGNS

Trent Canape
History: See previous history from Christmas Eve. Went to E clinic and has been doing ok since but, e clinic recommended recheck ultrasound for some reason and o elected for this. He has been doing better since then but, not 100%.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Kierra Hanrahan

INVOICE

12007

DATE

1.3.23

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 is mildly distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (4.14 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.80 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.74 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal wall is diffusely thickened (up to 0.32 cm). In most segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. There is thickening of the submucosal layer in some regions. In one focal region of jejunum, there is questionable loss of the normal layering pattern. The mesentery adjacent to the serosal surface in this region is hyperechoic. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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

Trace free fluid is observed. On to two prominent lymph nodes are observed in the midabdominal region (the largest measuring 0.83 cm in length). Surrounding mesentery is reactive/hyperechoic.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. Changes are similar to the previous sonogram.
- Mid-abdominal peritonitis is present (likely secondary to bowel and lymph node pathology).

Secondary Findings

- Bilateral chronic age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*Findings are similar to previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and small intestinal changes, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI and PLI
 3. A 6-week limited antigen or hydrolyzed protein diet trial
 4. Initiation of a probiotic
 5. Surgical gastrointestinal and abdominal lymph node biopsies. If surgery is pursued, thoracic radiographs should be performed prior to anesthesia to evaluate cardiopulmonary status.





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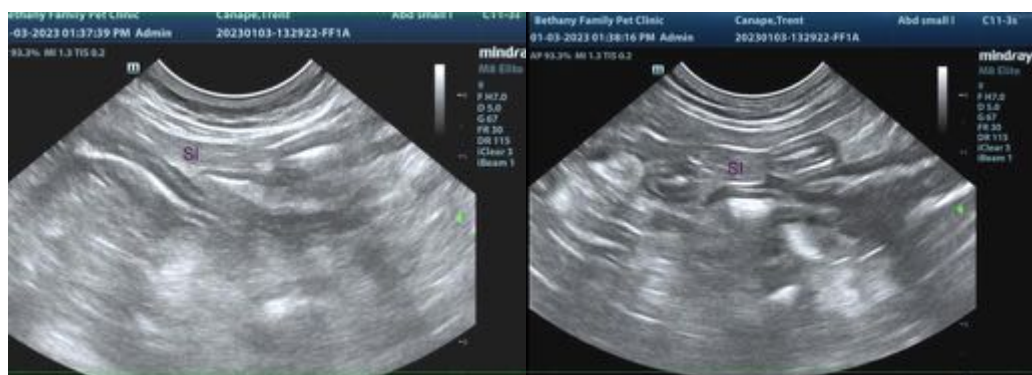
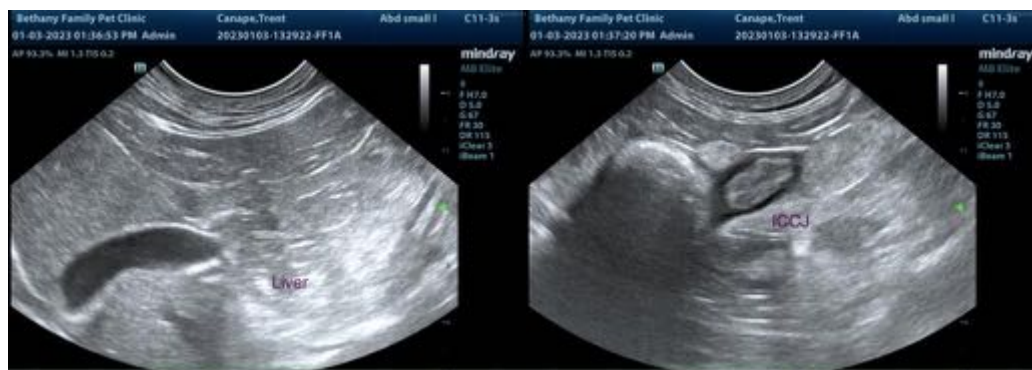
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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