



## PATIENT PRESENTING CLINICAL SIGNS

**Digua Huang** History: Chronic enteropathy responded to zd diet, diagnosed and treatment started 2 months ago  
Weight loss noticed, 1 pound over 2 months despite of ok appetite

**SPECIES** Small plaque lesion on upper lip just noticed  
Severely matted hair, flaky skin with no other skin lesion  
Feline Occasional diarrhea

**BREED** Abnormal PE/Chem/CBC/UA Results: Decreased HCT (57% 2 months ago given 5-7% dehydration, 37% today euhydrated) non regenerative. Crea 1.8-0.8. T4 normal. ProBNP normal 2 months ago. the rest of chem and lytes are normal.  
DSH

## SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male **Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**AGE**

12

**WEIGHT**

7

The left kidney is normal in size (3.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is size (3.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

## INTERPRETED BY

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

### Adrenal Glands

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

## IMAGING PERFORMED BY

Shen Li

### Spleen

The spleen is prominent-in-size (0.92 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## HOSPITAL NAME

Dr. Shen Li Vet Svc

### 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.

## REFERRING VET

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The gallbladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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### Gastrointestinal

The gastric lumen is mildly-to-moderately fluid-distended. gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

## DATE

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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.



**PATIENT**

Digua Huang

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

- Retained gastric fluid
- Bilateral nonspecific age-related renal changes
- The mild splenomegaly may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Given the patient's clinical history of diarrhea and weight loss, consider the following:
  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Prophylactic deworming with fenbendazole
  3. GI panel including serum cobalamin and folate, TLI and PLI
  4. Consider transitioning to a different elimination diet (i.e., hydrolyzed protein or hypoallergenic).
  5. Ultimately, endoscopic or surgical GI biopsies may be warranted.
- Regarding the borderline elevated creatinine, consider the following:
  1. Urinalysis
  2. Baseline blood pressure measurement
  3. +/- urine culture and sensitivity

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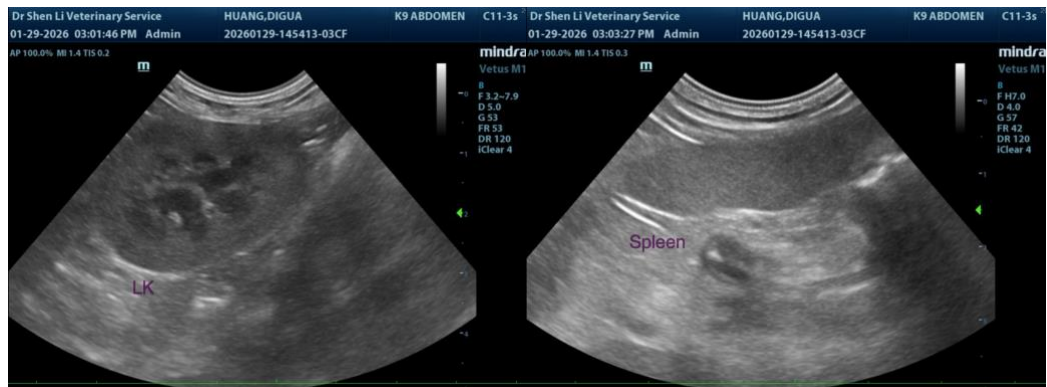
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**SPECIES**

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**BREED**

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**SEX**

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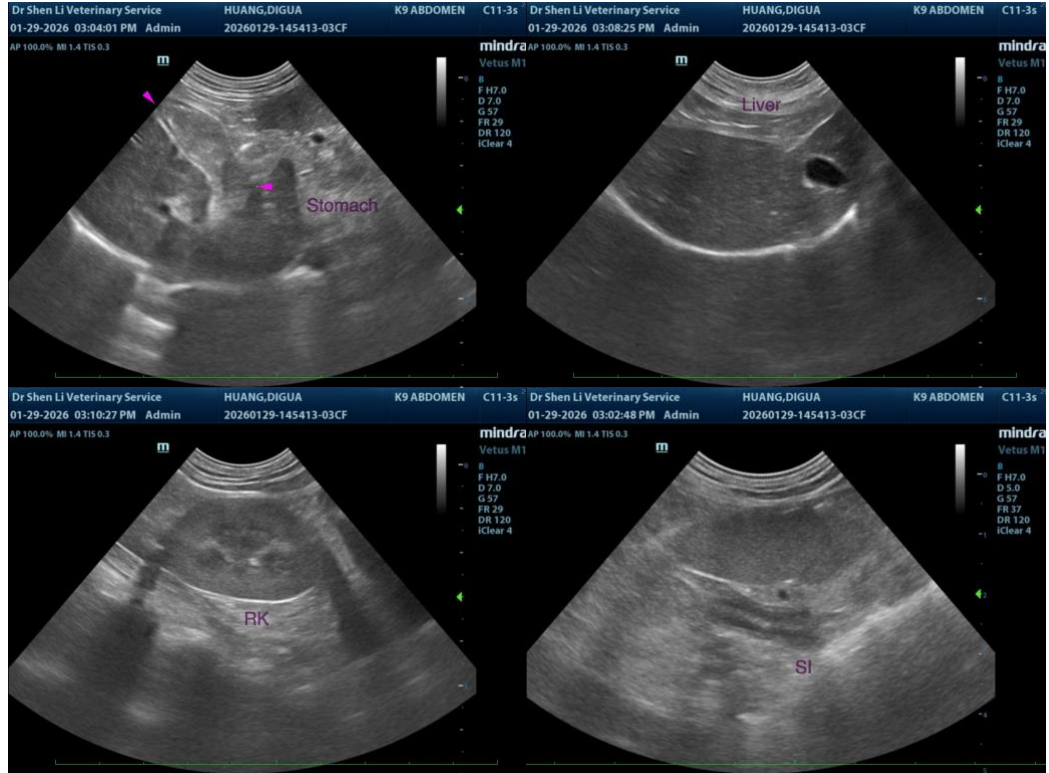
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)



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Feline

## BREED

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## SEX

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