



**PATIENT**

Darwin Patton

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Male, neutered

**AGE**

5.5 Yrs.

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Pamela ahrrigan, RDCS

**HOSPITAL NAME**

VCA Hanson AH

**REFERRING VET**

Dr. Valerie Whalen

**INVOICE**

14036

**DATE**

10/3/22

**PRESENTING CLINICAL SIGNS**

History: Grade I/VI murmur, CBC/mini chem and pro BNP normal - routine screen/baseline echo. 1 lb weight loss over approx. 6 weeks along with recent diarrhea despite good appetite (since starting Atopica for atopy - chosen due to low grade heart murmur) - Atopica stopped and diarrhea has resolved; pet seems to be gaining weight back. For atopy, substituted prednisolone, tapering dose. Having bi-cavity ultrasound exams.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.86 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. Renal vasculature is normal.

The right kidney is normal size (3.99 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. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.71 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 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 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in



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the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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## Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

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## Free Abdomen

There is no evidence of free fluid. 1-2 colic lymph nodes are visible, the largest measuring 1.08 cm in length.

## SEX

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## ULTRASONOGRAPHIC FINDINGS

### AGE

5.5 Yrs.

- The small intestinal wall pattern is most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The pancreatic changes are suggestive of age-related remodeling/fibrosis. Mild chronic pancreatitis may also be present, particularly if the patient's clinical history is supportive of this diagnosis.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient has a history of gastrointestinal signs, further workup (i.e., malabsorption panel, fecal evaluation for ova and Giardia, hypoallergenic diet trial +/- GI biopsies) may be warranted.
- Given the history of a heart murmur, an echocardiogram, thoracic radiographs, blood pressure +/- ECG should be considered.

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## REFERRING VET

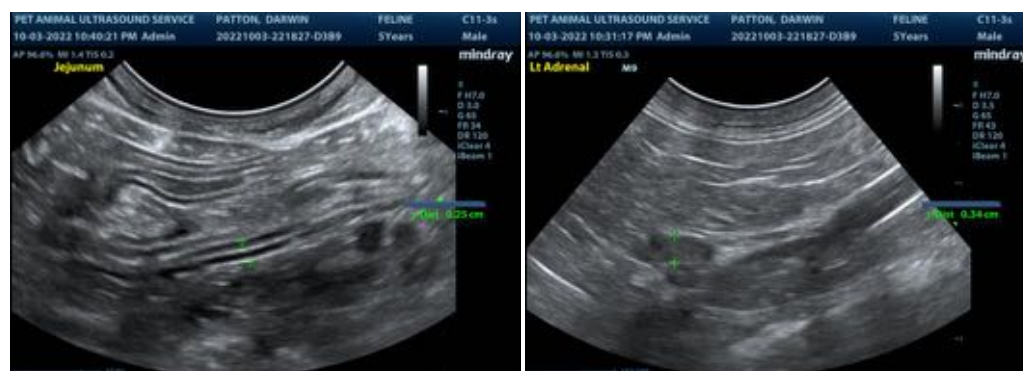
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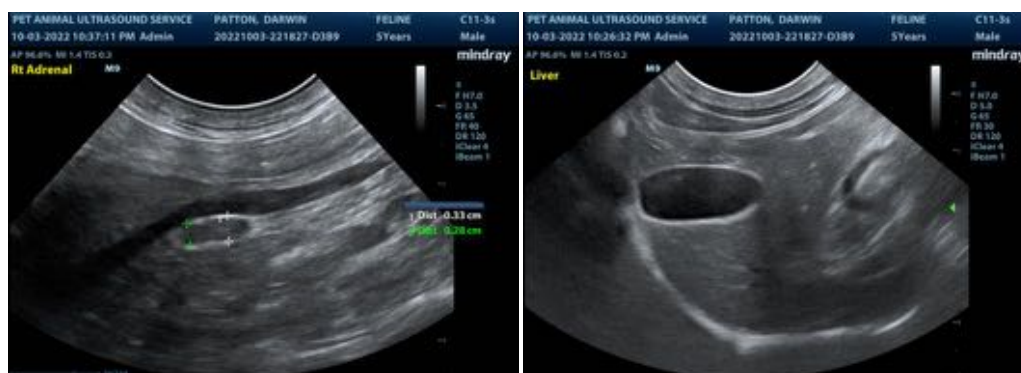
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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