Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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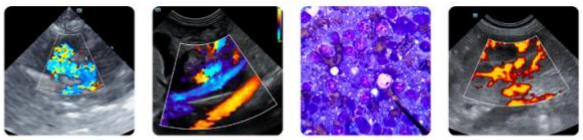

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Spooki Petak

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

1y3m

WEIGHT

5.7lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghiorzi

INVOICE

22259

DATE

11-14-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic diarrhea since he was a kitten (may have had 2 months of normal stools all of his life); Hx of coccidia - negative Keyscreen from 11/05/2025. Decreased appetite, lethargy, acute vomiting, diarrhea with some blood; weight loss. Prednisone was started on steroids as the owner was contemplating euthanasia. Has improved somewhat since then.

Abnormal lab-work values: WBC 63.000, neutrophilia 56000, monocytosis 1260, eosinophilia 1260 (lymphocytes 4400); Albumin 2.3. TP 4.9. Glycemia 193. Negative fecal Keyscreen.
Current Medicationa: Xerenia, metronidazole, Clavamox, Orbax, Proviable, steroids. Recommended RC HP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.31 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.48 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet

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masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains soft-appearing fecal material No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Lymph Nodes

A 1.48 x 0.71 cm lymph node is observed in the left mid-to caudal abdomen. In addition, one-to-two prominent mesenteric lymph nodes are seen (one measuring 2.58 x 0.81 cm). Surrounding mesentery is mildly hyperechoic. A 0.74 cm gastric lymph node is also seen.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging small cell lymphoma. It is possible that the recent initiation of corticosteroids may be masking underlying GI pathology.
- The pancreatic changes are suggestive of mild acute or chronic active pancreatitis.
- The prominent abdominal lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, if not already performed. Prophylactic deworming with fenbendazole is also recommended.
- A GI panel including serum cobalamin and folate, TLI and PLI is recommended. If not pursued, continuation of cobalamin supplementation should be considered to address possible maldigestion/malabsorption. Initiation of a limited antigen or hydrolyzed protein diet is also recommended as empirical treatment for inflammatory bowel disease.
- Ultimately, GI biopsies would be useful in getting a diagnostic. If pursued, the patient should borderline enlarged weaned off corticosteroids prior to obtaining tissue samples. If biopsies are not pursued, continuation of corticosteroid therapy is recommended, as long as the client understands the risks of treatment without a definitive diagnosis.

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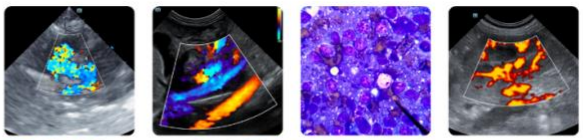

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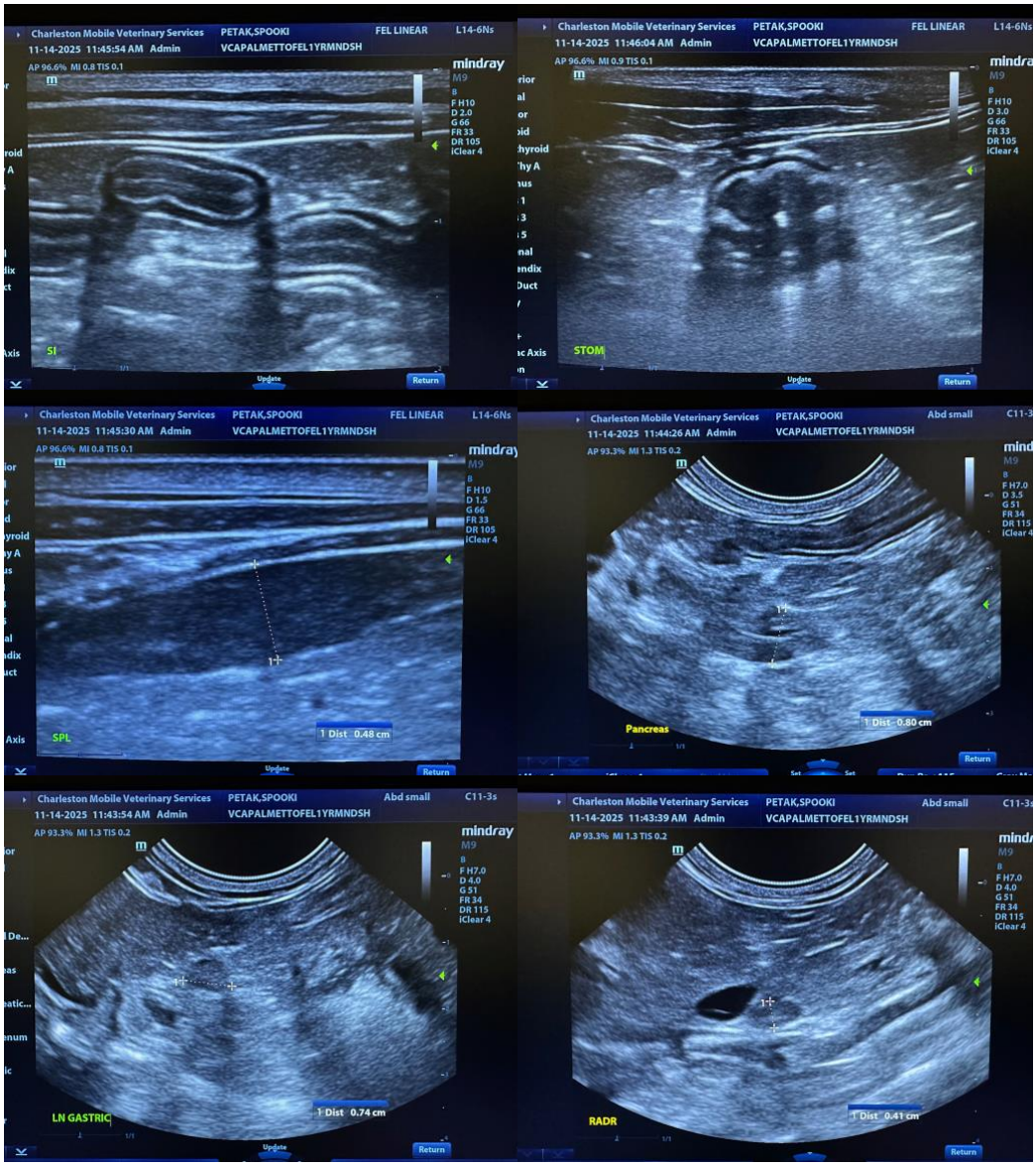

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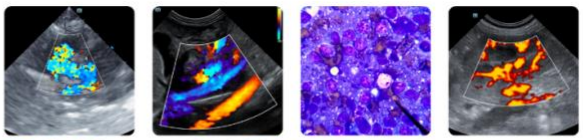

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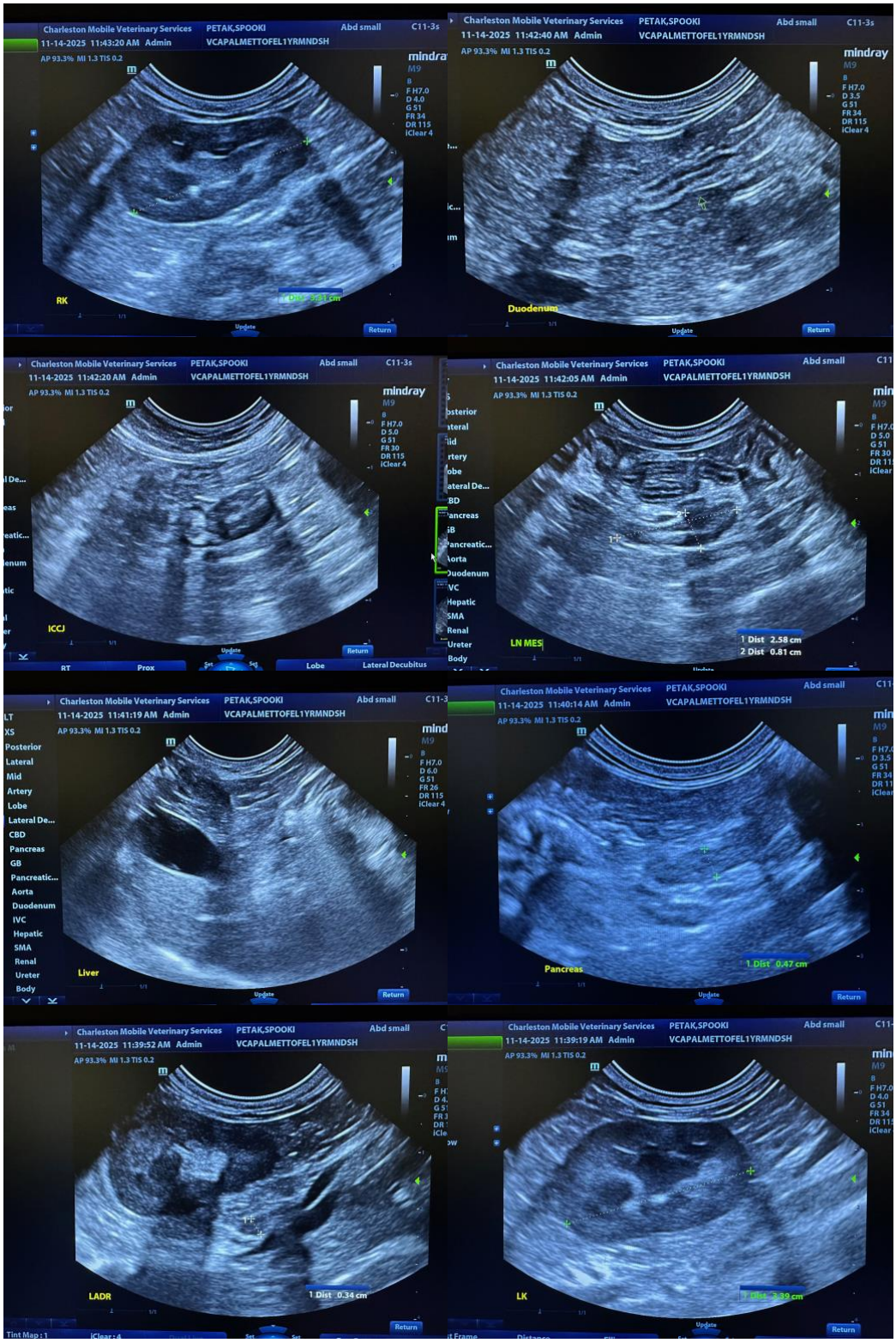

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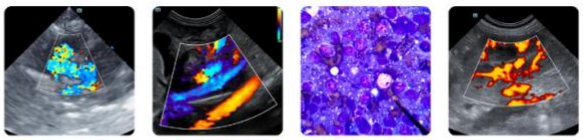

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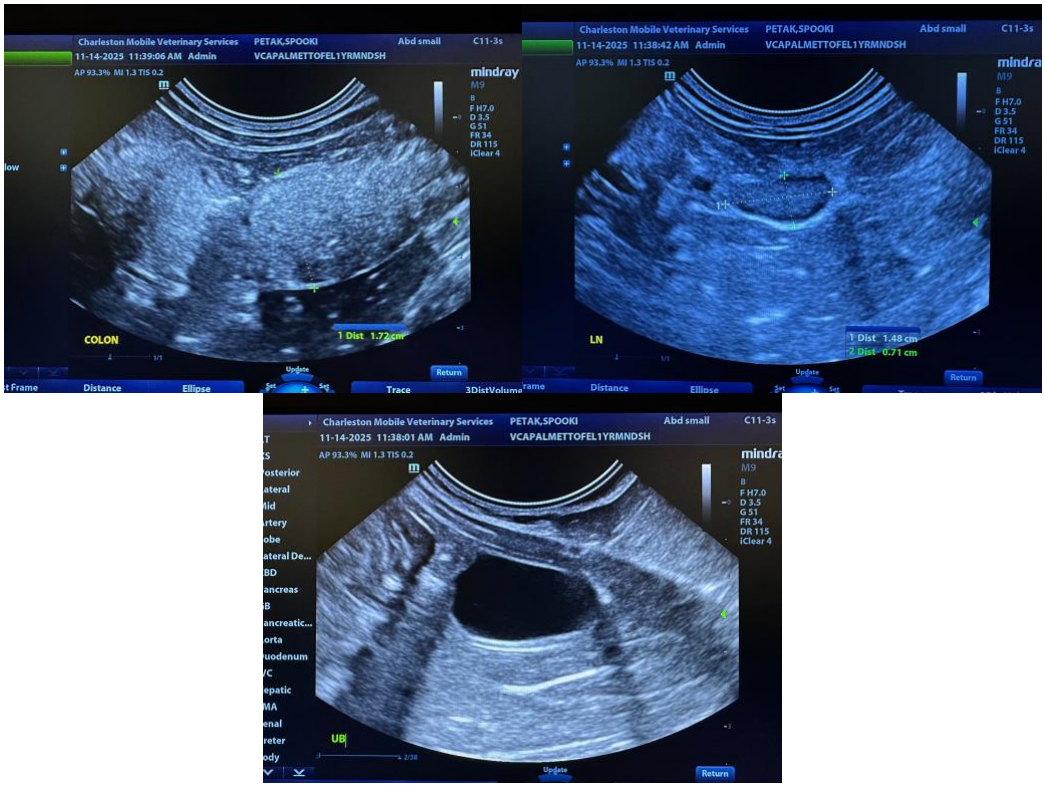

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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