

PATIENT

Bubba Lamet

PRESENTING CLINICAL SIGNS

History: Long history of a megacolon managed with diet and Miralax. Wellness exam on 11/4, patient had lost 4 pounds since last exam in 2/18. Also vomiting intermittently. CBC / Chem - BUN 38, Creat 2.0, else wnl. U/A - SpGr 1.015, else wnl. T4 2.3

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The left kidney is normal in size (4.20 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

AGE

15.5 Yrs.

The right kidney is normal size (3.90 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

9.1 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm cranial; 0.36 cm caudal; 1.08 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.85 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 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.

IMAGING PERFORMED BY

Dr. Tam Mengine

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance. There is a questionable 3.29 x 2.79 cm hyperechoic, irregular, swelling/mass effect at the caudal aspect. 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.

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

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 is normal to mildly thickened (up to 0.28 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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11/16/21



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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.

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Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.99 cm in length. Surrounding mesentery is hyperechoic.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Neutered Male

- The small intestinal wall changes are consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Caudal liver swelling/mass. Differentials include tumor, inflammatory focus, granuloma, other.
- The diffuse hepatic parenchymal changes are most consistent with age-related remodeling.

AGE

15.5 Yrs.

Secondary Findings:

WEIGHT

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- Bilateral non-specific age-related renal changes with dystrophic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the hepatic swelling/mass is recommended if clotting status is normal. A 25-gauge needle should be used.
- Other diagnostic considerations include the following:
 1. GI panel (send to Texas A&M).
 2. A fecal evaluation for ova/Giardia.
 3. Limited antigen diet trial.
 4. +/- endoscopic or surgical gastrointestinal biopsies.

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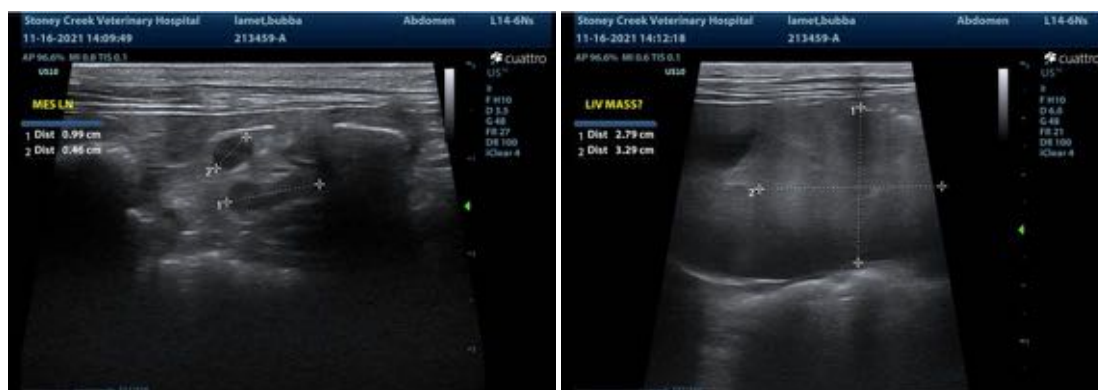
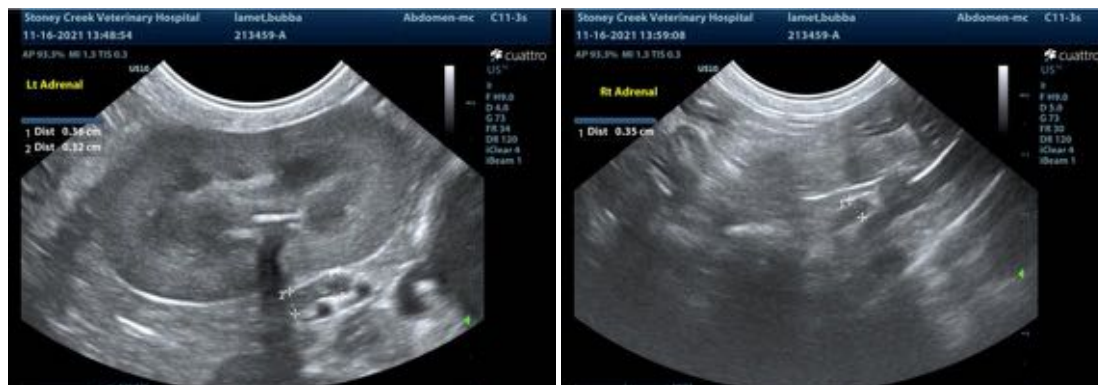
Dr. Tam Mengine

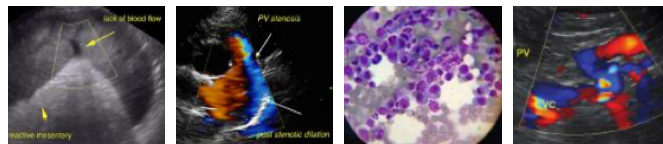
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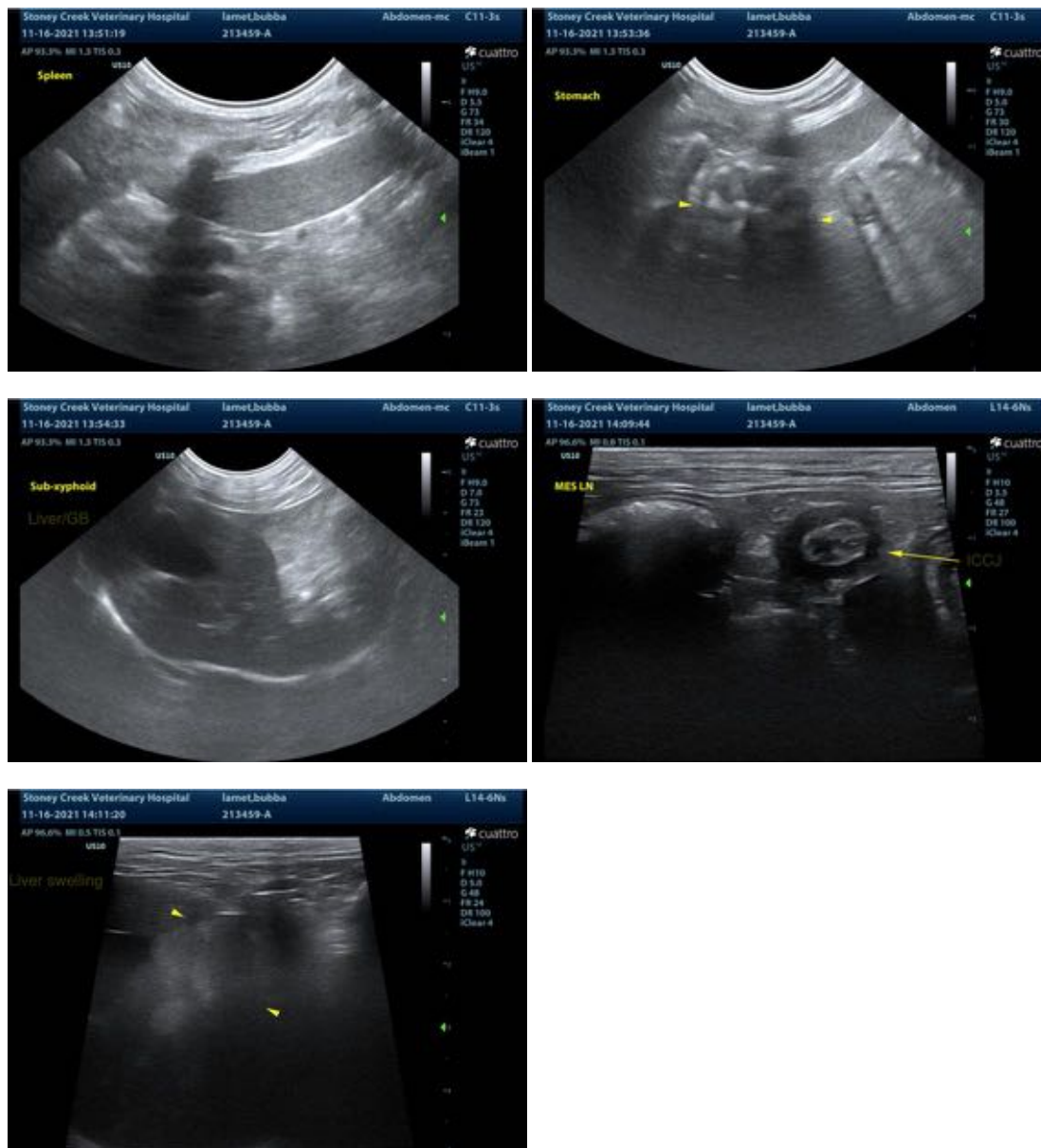
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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