



PATIENT

Nemo Spacklin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Months

WEIGHT

3.51 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Mahalo VH

INVOICE

12776

DATE

12/1/21

PRESENTING CLINICAL SIGNS

History: Seven-month history of diarrhea. CBC and Chem panel are normal. Nemo has received metronidazole, B12, panacur, probiotics, and milbemax over the past 6 weeks with no improvement in stool quality.

Abnormal PE/Chem/CBC/UA Results:

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 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 2.0 cm, are normal.

The left kidney is normal size (3.64 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.38 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated, and no obvious pathology is observed.

Spleen

The spleen is normal in size (0.77 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 is moderately distended. A bilobed conformation is suspected. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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. A segment of jejunal wall is thickened (up to 0.36 cm) with disproportionate thickening of the mucosal layer. Another segment of small intestine is hyperperistaltic. There is retention of the normal layering



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pattern throughout the bowel. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.83 cm in length.

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ULTRASONOGRAPHIC FINDINGS

- The segmental jejunal wall thickening is most consistent with an inflammatory process with potential for emerging neoplasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider a GI panel (send to Texas A & M) to further assess for maldigestion/malabsorption and underlying pancreatic disease (i.e., exocrine pancreatic insufficiency).
- Also consider a 6- week limited antigen diet trial if the above diagnostics are inconclusive.
- Surgical biopsies would be necessary to get a definitive diagnosis.
- If surgical biopsies are not to be pursued, a recheck ultrasound is recommended in 7-10 days to re-evaluate the thickened bowel segment.

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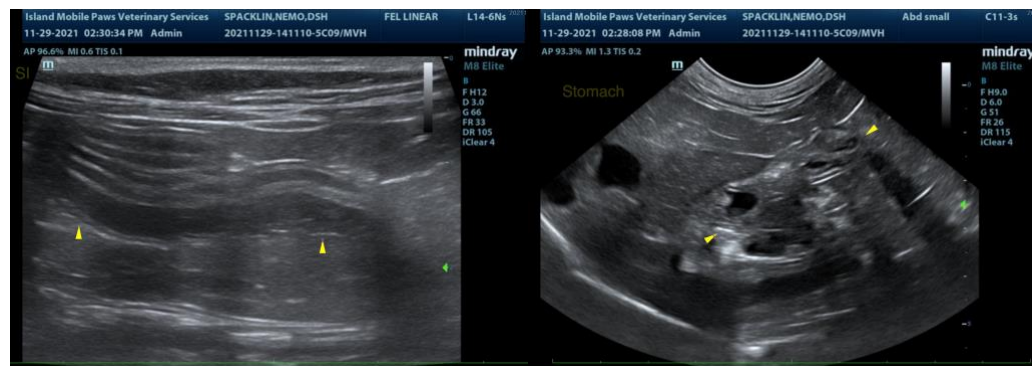
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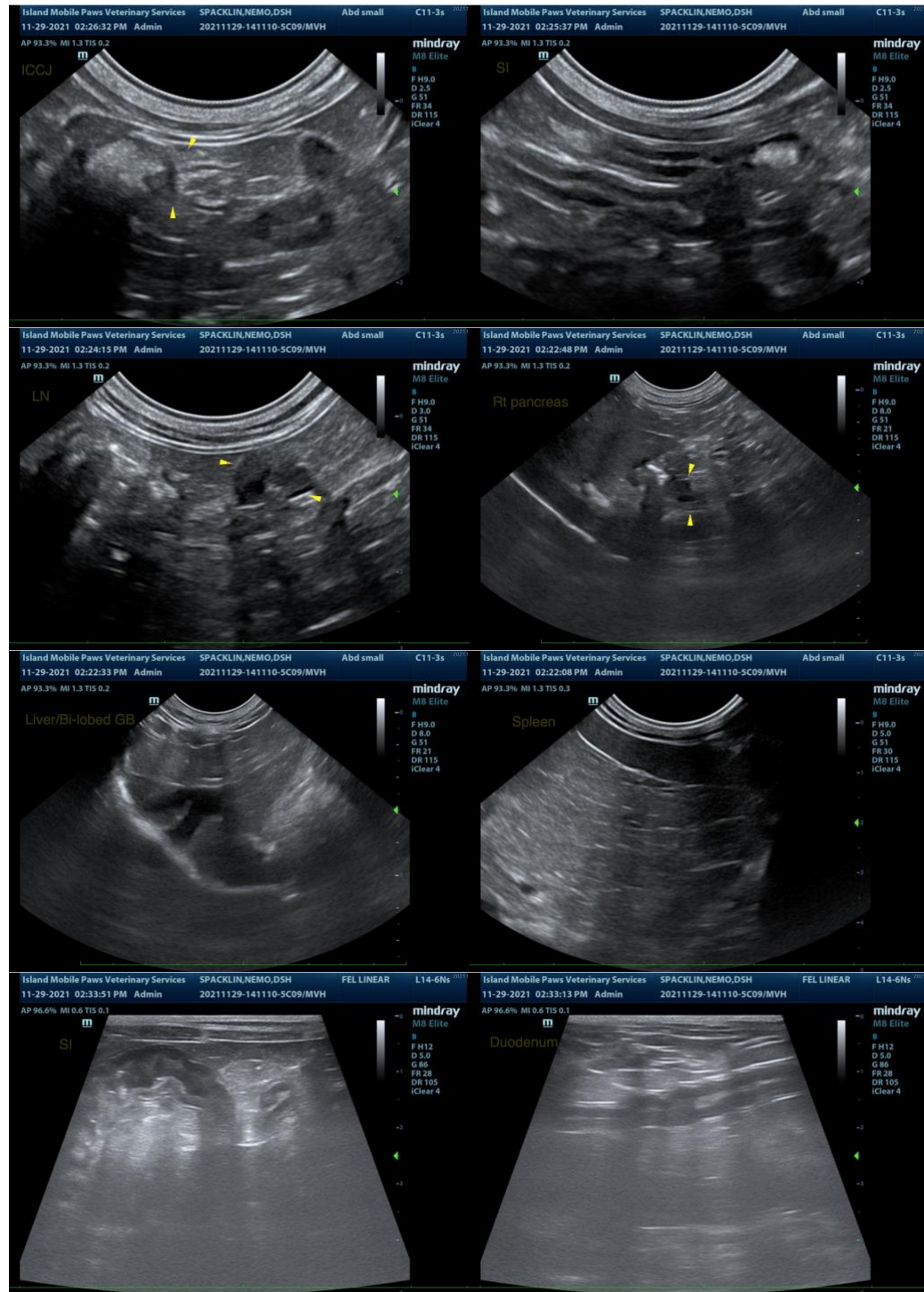
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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