



**PATIENT PRESENTING CLINICAL SIGNS**

Agnes McClure History: History of weight loss and chronic diarrhea.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Records from previous hospital show lab work that is overall unremarkable. Mild hypoalbuminemia and hyperglobulinemia. FeLV, FIV, and coronavirus negative. Fecal centrifugation and Giardia antigen negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Exotic

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**SEX**

Spayed Female

The left kidney is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

10 years

The right kidney is normal size (3.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

8.3 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.37 cm width). 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 size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Emily Kirk

**Spleen**

The spleen is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Shiloh AH

**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.

**REFERRING VET**

Shayne Zimmerman

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.

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**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**DATE**

12.1.22

**Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The



**PATIENT**

pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Agnes McClure

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**BREED**

**Primary Findings**

Exotic

- An obvious cause for the patient's weight loss and chronic diarrhea is not identified in this study. Considerations include food allergy, inflammatory bowel disease, infectious/parasitic disease, mild pancreatitis, underlying metabolic issue, other.

**SEX**

**Secondary Findings**

Spayed Female

- Bilateral degenerative renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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Diplomate ACVIM (*Small Animal Internal Medicine*)

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- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- Also consider a fecal PCR panel for infectious diseases.
- A limited antigen or hydrolyzed protein diet trial is also recommended to evaluate for food allergies.
- Depending on the degree of hyperglobulinemia, a serum protein electrophoresis may be warranted.
- Consider supplementation with a probiotic as well as fiber (i.e., Metamucil or Konsyl).
- Depending on the results of the above diagnostic/therapeutics, endoscopic or surgical or surgical GI biopsies may be necessary to get a definitive diagnosis.
- Regarding the hypoalbuminemia, also consider the following diagnostics:
  1. UPC (if proteinuria is present in the absence of infection)
  2. Pre-and postprandial serum bile acids to assess for occult hepatic dysfunction



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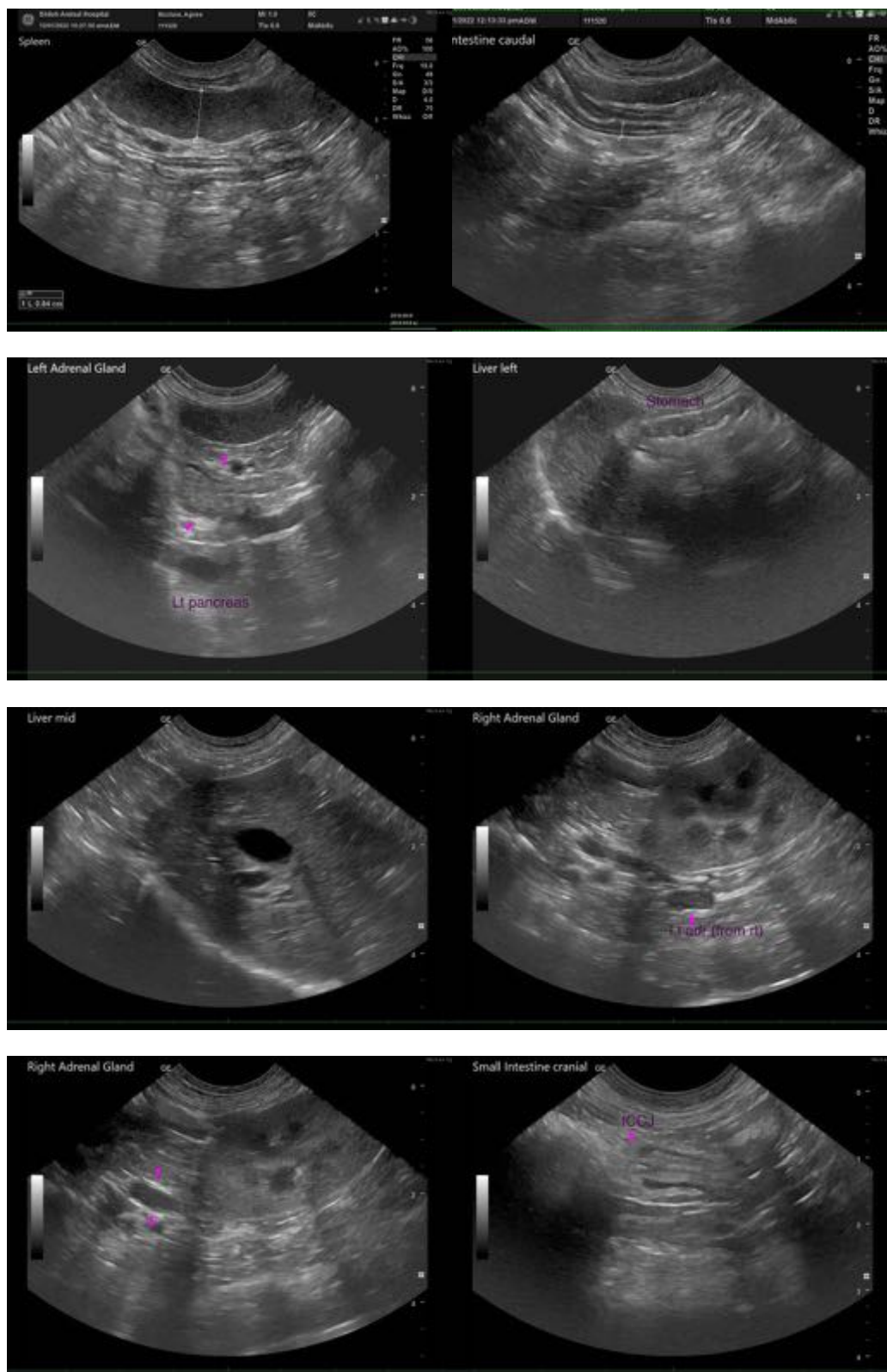
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**PATIENT**

Agnes McClure

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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Feline

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 DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com

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