



**PATIENT PRESENTING CLINICAL SIGNS**

Ollie Kyle  
History: weight loss  
Abnormal PE/Chem/CBC/UA Results: PE WNL CBC increased T bili 5.7

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**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 cm, are normal.

**BREED**

DSH

**SEX**

Spayed Female

The left kidney is normal size (3.42 cm in length); with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

11 Years

The right kidney is normal size (3.70 cm in length); with a normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

5.6 Lbs.

**Adrenal Glands**

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.65 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. Scott

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Ho Ho Kus VH

**REFERRING VET**

Dr. Eisenberg

The gall bladder lumen is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are visible but not overtly dilated.

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**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 the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not

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**PATIENT**

Ollie Kyle

identified. The ileocecal colic junction is normal. The wall of the transverse colon is borderline thickened (up to 0.25 cm). Shadowing material is observed within the colonic lumen. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

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.

**BREED**

DSH

**Free Abdomen**

Trace free fluid is observed.

**SEX**

Spayed Female

**Lymph Nodes**

There is poor resolution in the caudal abdomen due to gas artifact and over gaining resulting in reduced resolution. There are minor heterogeneous changes in the caudal abdomen which may represent mild lymphadenopathy. Further evaluation would necessitate repeat imaging using a lower gain setting.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**WEIGHT**

5.6 Lbs.

- Bowel pattern consistent with inflammatory bowel disease with lower potential for emerging lymphoma.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The significance of the trace ascites is unclear. It may be secondary to increased hydrostatic pressure, low oncotic pressure or increased vascular permeability. Correlation with clinical findings is recommended.
- The mild colonic wall thickening could be consistent with inflammation or emerging neoplasia.

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**Secondary Findings**

- Minor age-related renal changes
- Questionable caudal lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Consider a fine needle aspirate of the liver if clotting status is appropriate. A 25-gauge needle should be used.
- Three view thoracic radiographs are recommended to assess for occult disease in the chest.
- Other diagnostic considerations include the following:

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1. GI panel (send to Texas A & M)



**PATIENT**

2. Fecal evaluation for ova and Giardia

Ollie Kyle

- Depending on the results of the above diagnostics, hepatic and GI biopsies may be warranted.

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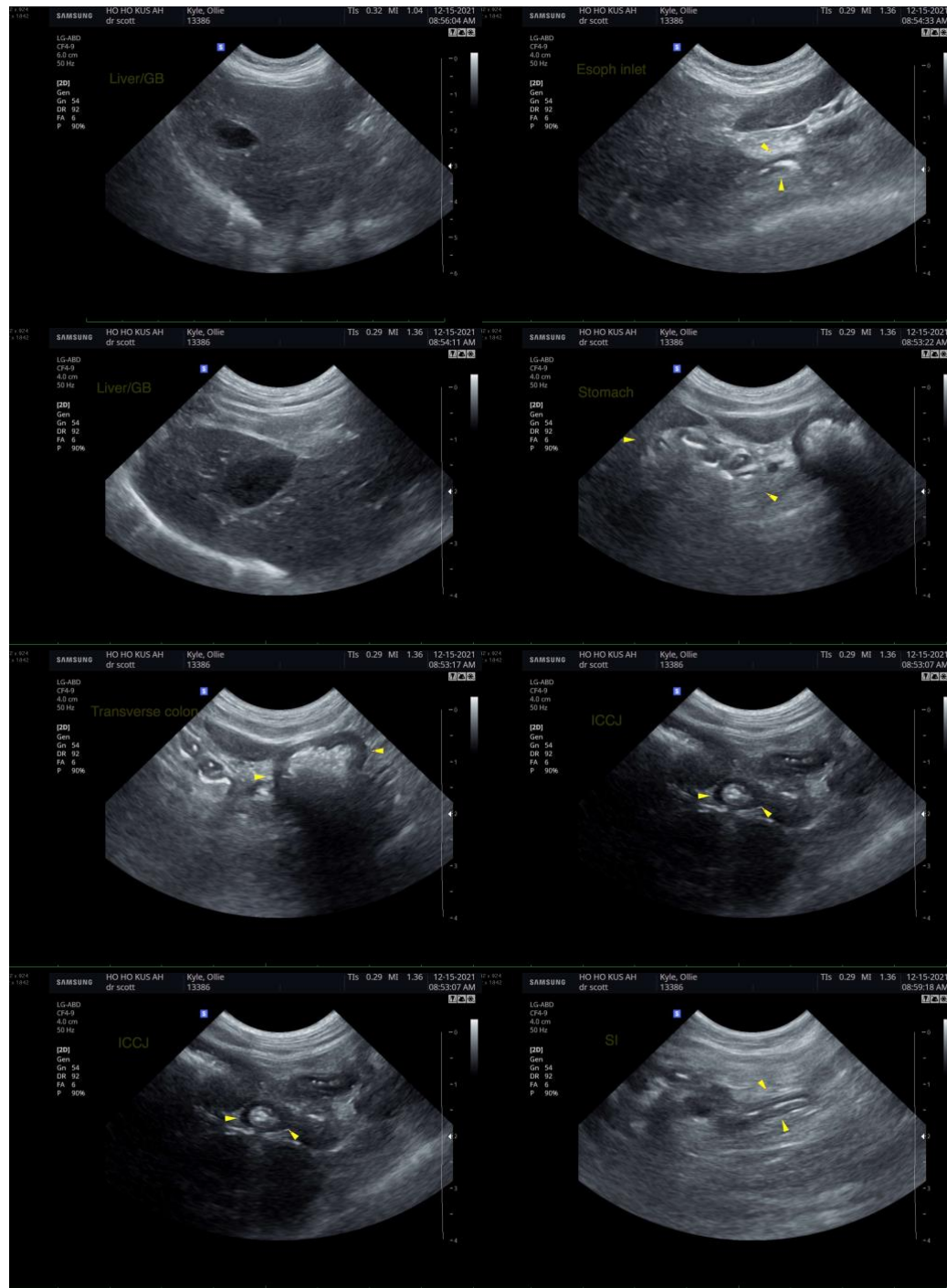
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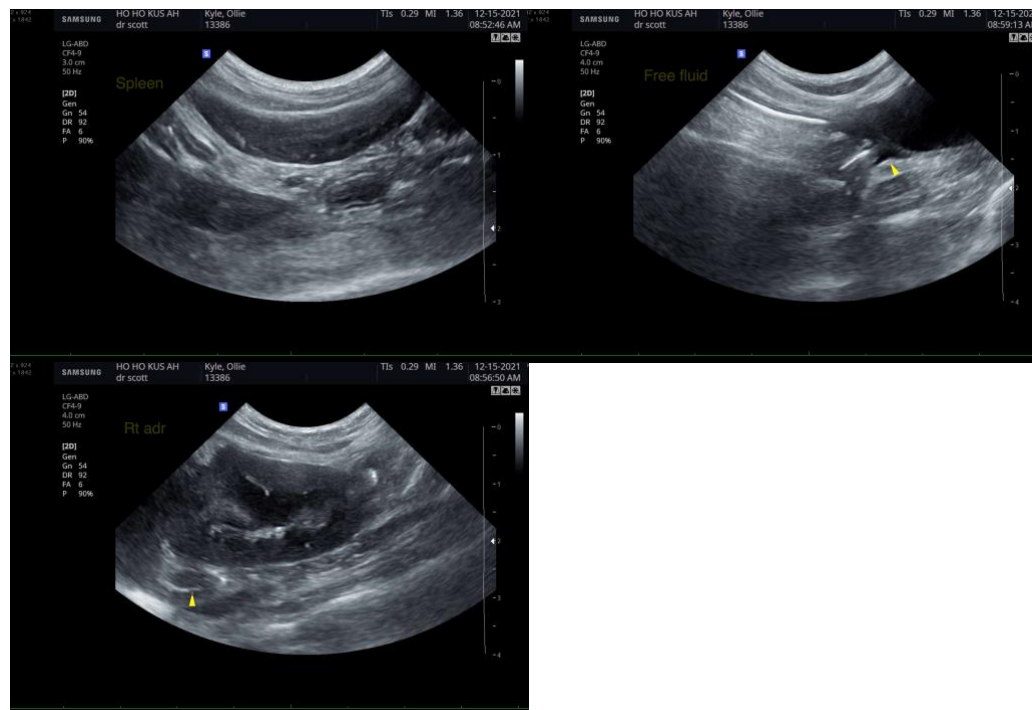
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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