



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Brutus Weston
SPECIES
Feline
History: decreased appetite and slowing down the last couple months. Has not eating much of anything for 2 days. Not himself-lethargic. No D/C/S. There was vomit in the house today, but unsure which feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork: mildly elevated ALT 137 and mildly elevated GGT 11
11 Radiographs of the abdomen: loss of detail in the abdomen

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal size (4.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

9 years

The right kidney is normal size (4.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

17.05 lbs

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.01 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. Sheldon

Liver

The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to hyperechoic 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.

HOSPITAL NAME

Advanced PetCare of
Oakland

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/not seen.

REFERRING VET

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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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

INVOICE

11955

DATE

12.27.22

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.



PATIENT

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Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

SPECIES

Feline

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The hepatic parenchymal changes could be consistent with emerging hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (less likely), other hepatopathy.
- Trace ascites

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DLH

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Secondary Findings

- Urinary bladder debris
- Bilateral chronic age-related renal changes

AGE

9 years

*It is unclear whether the patient's clinical signs are secondary to small intestinal disease, primary hepatic disease, other metabolic disease or some combination thereof.

WEIGHT

17.05 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the liver, if clotting status is normal. A 25-gauge needle should be used.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, as well as a fecal evaluation for ova and Giardia are recommended.
- While awaiting test results, symptomatic care (i.e., appetite stimulants, nutritional support) is recommended.
- Ultimately, hepatic and gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com