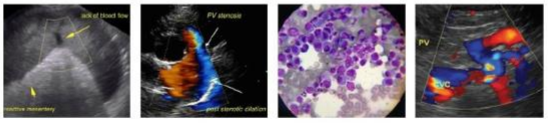
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Biggs Christianson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

IMAGING PERFORMED BY

Loetitia Saint-Jacques,

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

12869

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: S: Diarrhea last few days, brown/tan liquid. No vomiting but licking lips lately. Dx w/ IBD and started on prednisolone about a year ago. Has been doing well. On RC Ultamino dry and RC venison and rabbit cannned. Eating just a bit of the dry the last few days and none of the canned (not new cases). Had all teeth extracted du to stomatis. P/U P/D over last week. Diet = O: T=dne Wt=11.3# Att - BAR; BCS= 6/9; hydration wnl *Oral - no teeth. Gums wnl. ****mm - pale MM, CRT < 2 sec Eyes - Corneas clear; pupils equal and responsive; no inflammation; no discharge. Ears - no discharge; no inflammation; pinnas wnl CV - no murmurs; pulses wnl; rate and rhythm wnl, P=180 Resp - nares clear, no discharge; no dyspnea; lungs auscult clear, RR=24 **GI - bloated abdomen, uncomfortable. GU - no discharge; genitals wnl; kidneys palpate wnl M/S - Ambulating normally; no lameness; muscle tone wnl, no pain on manipulation PLN - wnl Integ - coat clean, no odor; no erythema; no other lesions Neuro - mentation wnl; no neuro deficits Anal Glands -dne A: hx of IBD tx with hypoallergenic/novel protein diet and prednisolone 0.7mg/kg diarrhea, nausea r/o IBD/pancreatitis/triaditis/GI lymphoma pu/pd r/o CKD vs. DM vs. UTI vs. chronic prednisolone P: cbc/chem/u/a to lab SQF 100ml LRS cerenia 0.50ml DWO ddx IBD/Gi lymphoma plus minus CKD/DM/other

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 is moderately distended. A small to moderate 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 2.00 cm, are normal.

The left kidney is normal size (4.00 cm in length); 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.40 cm in length); 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. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

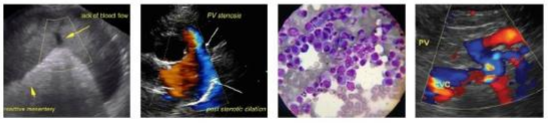
Adrenal Glands

The left adrenal gland is normal size (0.71 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular



PATIENT

Biggs Christianson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

IMAGING PERFORMED BY

Loetitia Saint-Jacques,

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

12869

DATE

12/9/21

contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is 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. The gall bladder lumen is moderately distended. The wall is thin and smooth.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In addition, the submucosal layer is thickened in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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.

Free Abdomen

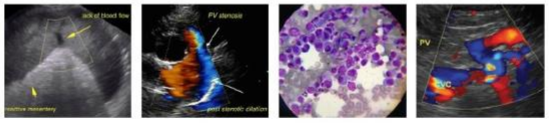
There is no evidence of free fluid. Several enlarged (up to 0.84 cm), irregular cystic colic lymph nodes are visualized. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring approximately 1.00 cm in length. The mesentery surrounding all prominent lymph nodes is hyperechoic.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. The changes are similar to the previous sonogram.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. The changes are similar to the previous sonogram.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral chronic non-specific nephropathy. Changes are similar to previous sonogram.



PATIENT

Biggs Christianson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

IMAGING PERFORMED BY

Loetitia Saint-Jacques,

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr. Kristi Cortright

INVOICE

12869

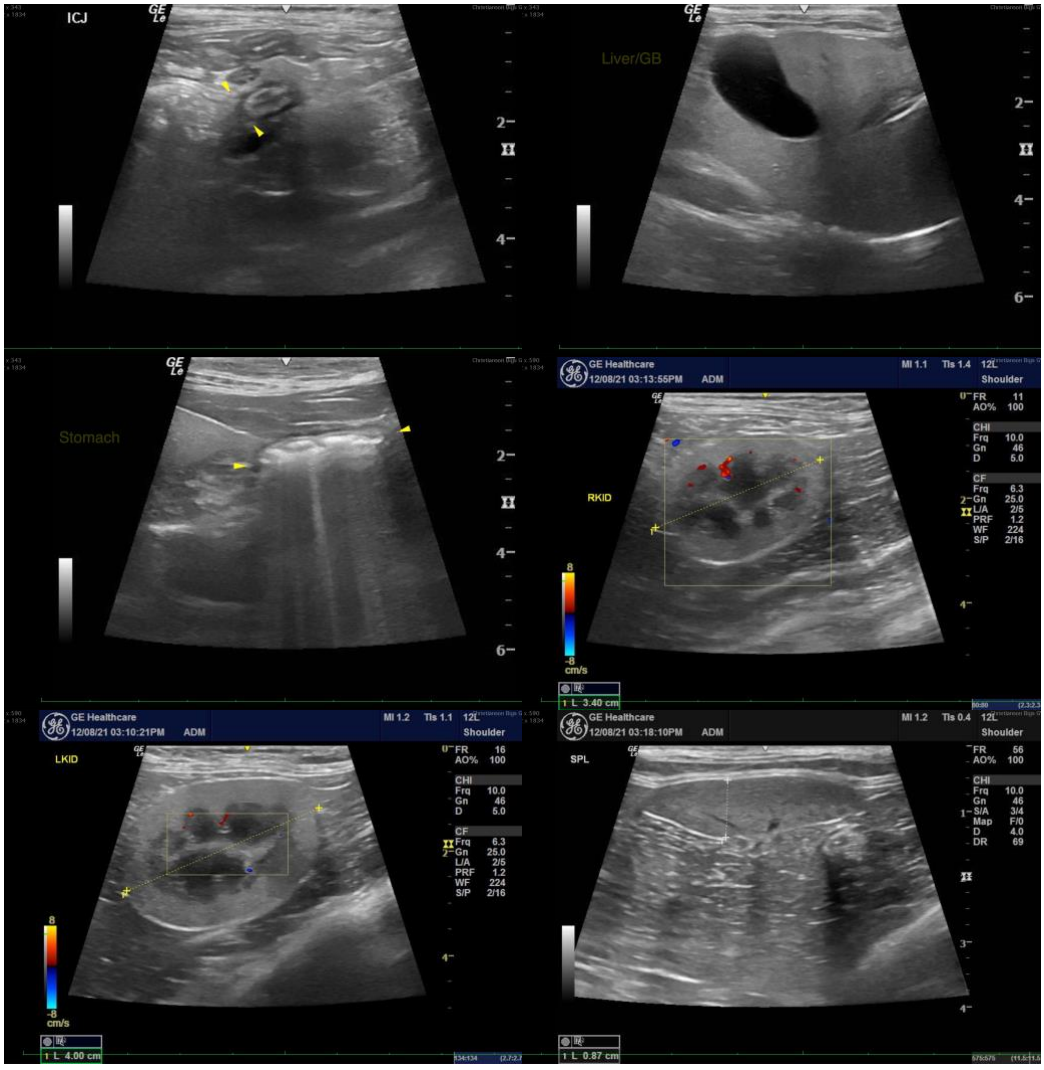
DATE

12/9/21

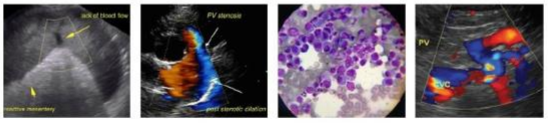
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Consider a GI panel (send to Texas A & M) to assess for maldigestion/malabsorption and pancreatitis. While awaiting test results, supportive care for an inflammatory bowel disease flare up is recommended.
- Given the recent PU/PD, a urine culture and sensitivity should be considered to assess for occult pyelonephritis.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Biggs Christianson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.3 Pounds

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal*

IMAGING PERFORMED BY

Loetitia Saint-Jacques,

HOSPITAL NAME

Grass Valley VH

REFERRING VET

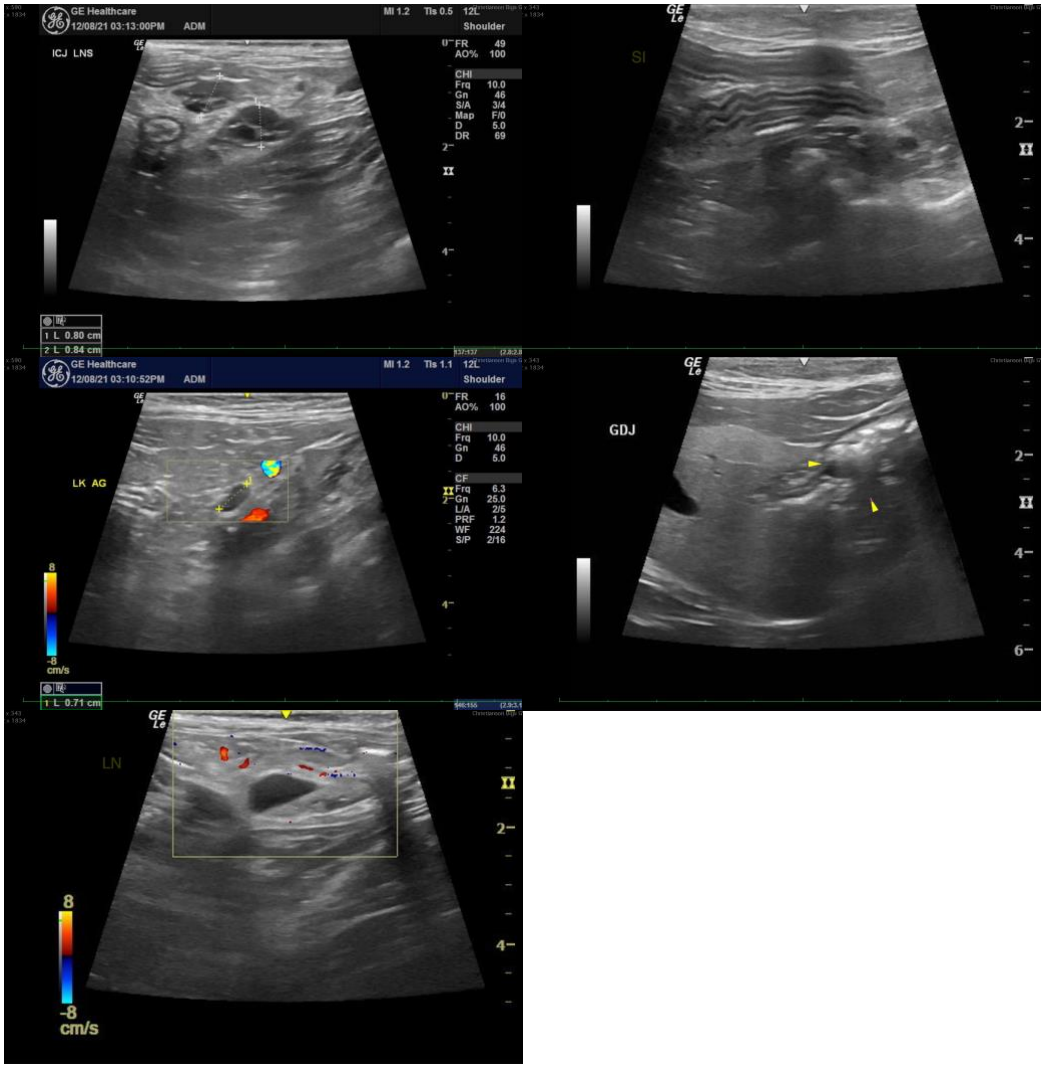
Dr. Kristi Cortright

INVOICE

12869

DATE

12/9/21



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*)

andrea_nicastro2@hotmail.com