

PATIENT PRESENTING CLINICAL SIGNS

Marko Abney History: CBC - WBC 22.4 Neuts 19488 Mono 672 PLT 505 Increased; Chemistry profile - Unremarkable; Thyroid hormones - T4 = 2.9; Urinalysis - USG 1.054 protein 2+ bilirubin 1+ else unremarkable ASSESSMENTS Thrombocytosis - mild, Neutrophilia, Hyporexia, Weight loss Generally unremarkable labs aside from neutrophilia, moderate, r/o inflammation, infection, neoplastic, other with mild thrombocytosis r/o inflammation, neoplastic, other.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years 7 mo

WEIGHT

9 Pounds

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 mostly 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.

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 hydroureter.

The right kidney is normal size (3.82 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

VCA Feline AH

The spleen is normal in size (0.88 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

REFERRING VET

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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 lumen is moderately distended. A bi-lobed confirmation is suspected. The wall is variably thickened (up to 0.30 cm) and slightly hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

12948

DATE

2/1/22



PATIENT *Gastrointestinal*

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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 segmentally fluid distended (mild). A >3 cm segment of small intestine, which is thought to be ileum, is thickened (up to 0.48 cm) with a loss of the normal layering pattern. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecal colic junction and colonic wall is 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.41 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall thickening is most consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process cannot be completely excluded.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia, lymphadenitis or lymphoid hyperplasia.

Secondary Findings:

- The gallbladder wall changes could be consistent with cholecystitis and/or age-related benign hyperplasia. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspiration of the thickened bowel segment is recommended, if accessible and if clotting status is appropriate. If cytology results are inconclusive or if the region is not accessible, an abdominal exploratory with bowel and lymph node biopsies may be necessary to get a definitive diagnosis.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.

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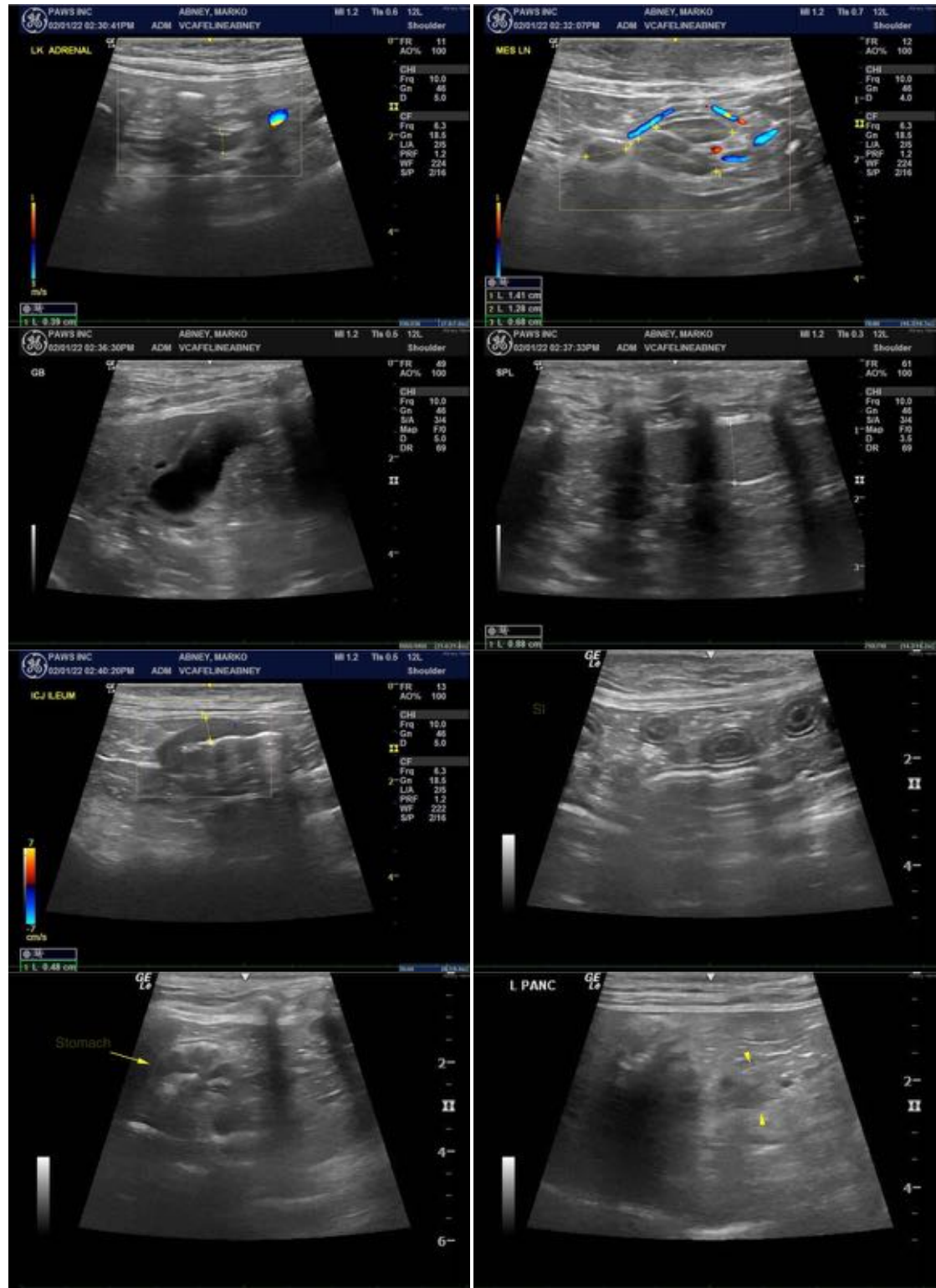
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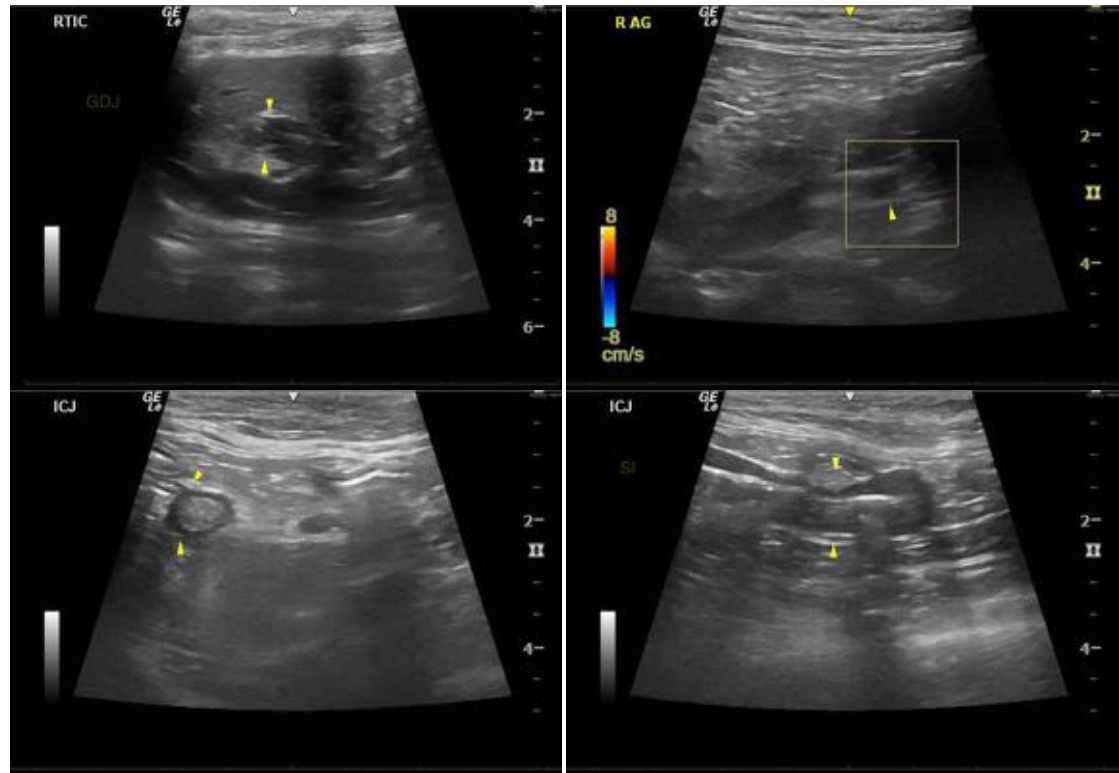
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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