



PATIENT PRESENTING CLINICAL SIGNS

Bobby Pangburn
SPECIES History: Weight loss. Elevated liver enzymes.
 Patient is currently on Prednisolone and Denamarin. Occasional vomiting.
 Abnormal PE/Chem/CBC/UA Results: ALT 204. Precision PSL 179. Mild leukocytosis with a neutrophilia.
 Monocytosis and an eosinophilia. T4 3.2. (Recent Bloodwork attached).

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (3.66 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 isoechoic-to-hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years 9 mos

The right kidney is normal in size (4.06 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 isoechoic-to-hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

6 lbs

INTERPRETED BY

Adrenal Glands

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

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

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

IMAGING PERFORMED BY

Sreenivasa Maddineni

Spleen

The spleen is normal in size (0.55 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.

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Liver

The liver is normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. There is a subtle increase in hepatic portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

REFERRING VET

Sreenivasa Maddineni

The gallbladder is mildly distended. The wall is normal in thickness. Echogenic debris is suspended within the lumen. A small cholelith is also seen within the gall bladder lumen. The cystic and common bile ducts are tortuous/dilated. The walls are subjectively thickened.

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Gastrointestinal

DATE

2-1-26

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to moth (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



PATIENT

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Pancreas

The right 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 pancreatic duct is mildly dilated (up to 0.28 cm). There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Feline

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.30 x 0.53 cm).

BREED

DSH

Free Abdomen

Trace free fluid is observed.

SEX

Neutered Male

Primary Findings

AGE

12 years 9 mos

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging neoplasia, or less likely, normal variation for an older feline patient.

WEIGHT

6 lbs

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The hepatic parenchymal changes could be consistent with an inflammatory hepatopathy (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis), emerging hepatic lipidosis, infiltrative neoplasia (less likely), and/or other hepatopathy.

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Medicine)

- The cystic/common bile duct wall changes are suggestive of cholangiohepatitis. A nonobstructive cholelith is also seen.

- Trace ascites

IMAGING

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Secondary Findings

- Bilateral nonspecific age-related renal changes

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*Given the sonographic changes, "triaditis" is a consideration in this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

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1. Fecal evaluation for ova and Giardia
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Limited antigen or hydrolyzed protein diet trial
4. Three-view thoracic radiographs to assess cardiopulmonary status
5. +/- GI and hepatic tissue sampling, Aerobic and anaerobic bile cultures would also be beneficial.

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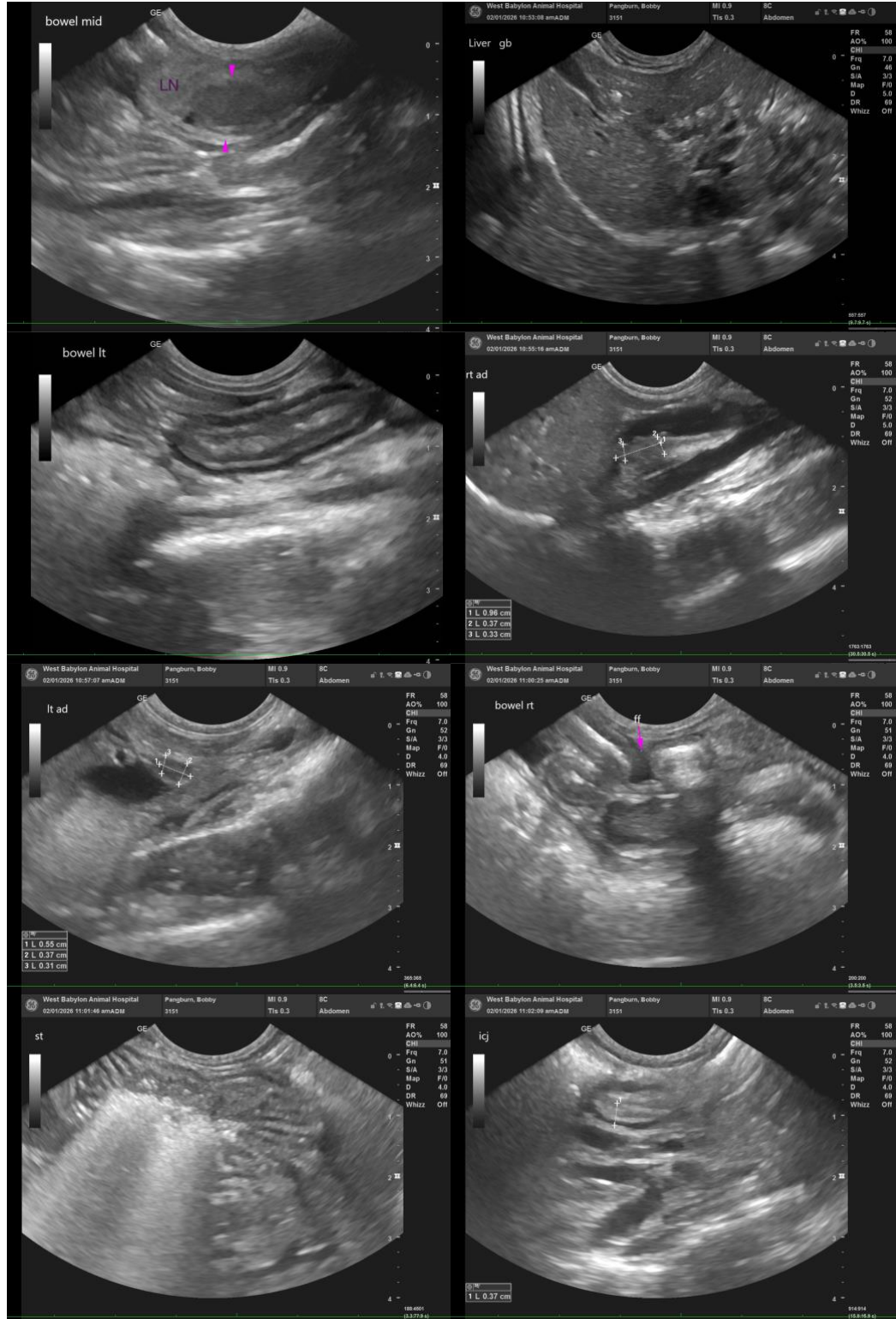
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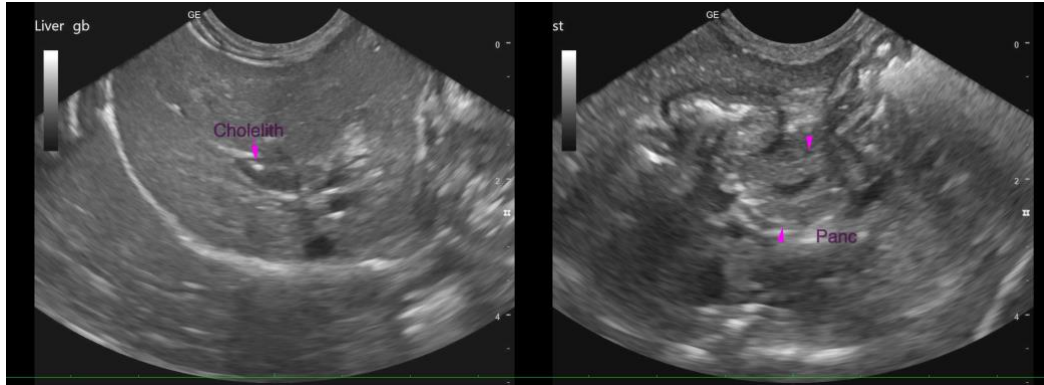
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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