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Clinical Sonography & Telecytology
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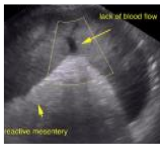
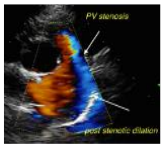
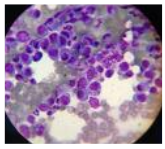
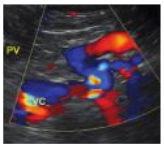

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Ricky Little

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Neutered Male

**AGE**
4 years

**WEIGHT**
9.7 lbs

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

**IMAGING PERFORMED BY**
Emily Kirk

**HOSPITAL NAME**
Shiloh AH

**REFERRING VET**
Shayne Zimmerman

**INVOICE**
12272

**DATE**
2.23.23

## PRESENTING CLINICAL SIGNS

History: Chronic vomiting/diarrhea, weight loss. Lost 4# since June 2022. Will not take oral meds. Abnormal PE/Chem/CBC/UA Results: ALT 214 H (27-158)

## 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 large 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 cm, are normal.

The left kidney is normal in size (4.13 cm in length) with a normal shape, architecture and 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 in size (4.40 cm in length) with a normal shape, architecture and 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.

### *Adrenal Glands*
The left adrenal gland is normal in size (0.32 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 (0.58 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*
The liver is subjectively prominent in size with normal curvilinear 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*
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 0.30 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in several segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

### *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.

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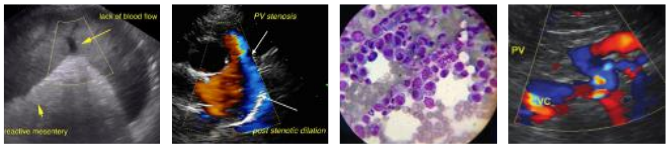

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***Free Abdomen***
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. One to two mesenteric lymph nodes are visible but not overly enlarged.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

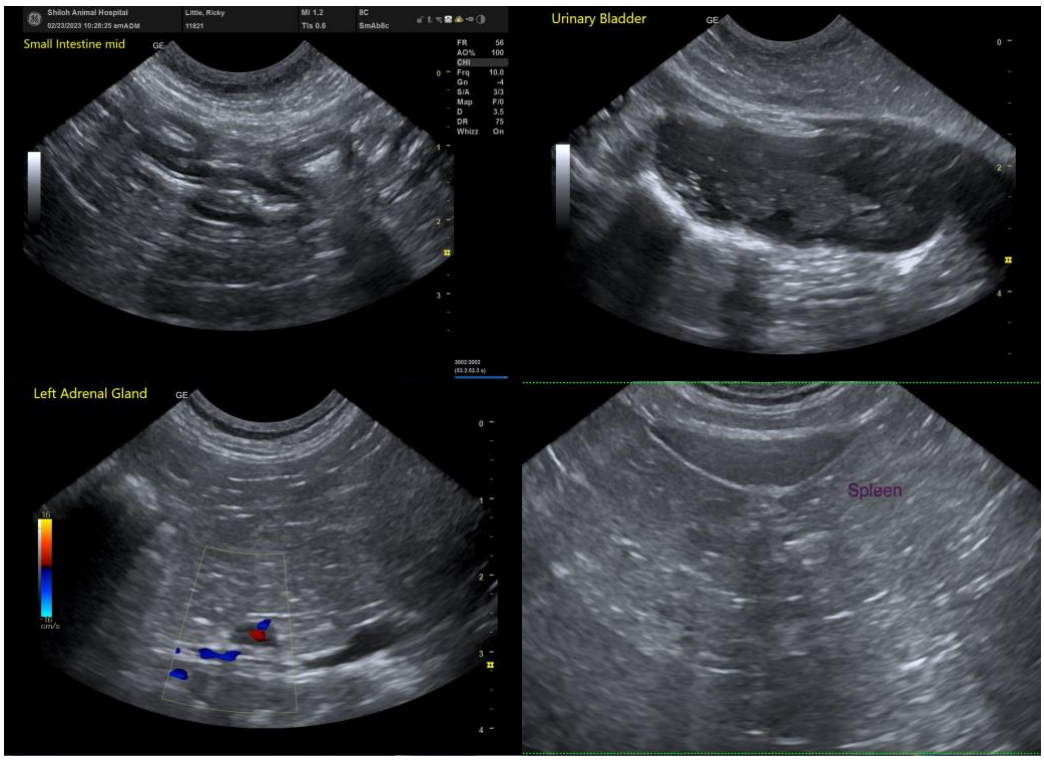
- The small intestinal wall changes could be consistent with severe inflammatory bowel disease or emerging lymphoma.

### Secondary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- GI panel including serum cobalamin and folate, TLI and PLI
- Fecal evaluation for ova and Giardia
- Consider transitioning to a hydrolyzed protein or limited antigen diet.
- Ultimately, GI biopsies (endoscopic or surgical) would be necessary to get a definitive diagnosis.



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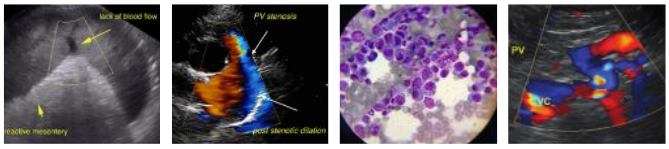

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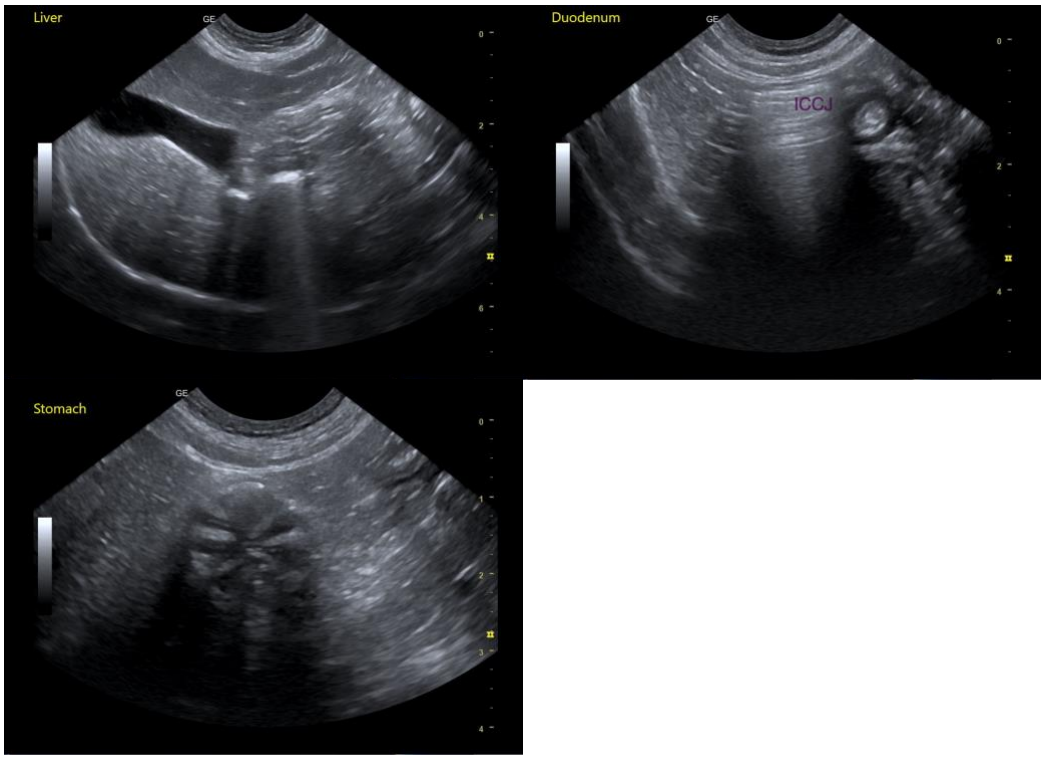


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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