

DATE

2-27-26

PATIENT

Cosmo Tagliaferro

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11/5/2021

WEIGHT

6.25lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Cat Sense Feline
Hosp & Boarding

REFERRING VET

Dr. Sinclair

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PRESENTING CLINICAL SIGNS

Patient History: Cosmo is losing weight and his appetite is variable. He is extremely thin with a BCS of 1/5. His intestines palpate a little more prominent. He doesn't have a heart murmur or arrhythmia. Bloodwork performed in January showed only an increased eosinophil and monocyte count. He was dewormed with pyrantel and placed on Revolution. But he still lost weight from January to February. Concerned about intestinal disease.

Current Medications: None currently.

Labwork Results: Fecal negative for ova and Giardia (Labwork attached).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.76 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. Renal vasculature is normal.

The right kidney is normal in size (3.90 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.53 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.

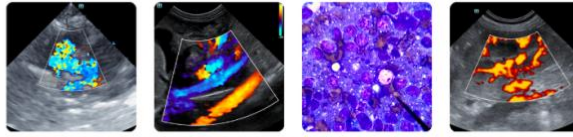
Liver

The liver is subjectively 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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



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outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a 1:1 ratio or greater in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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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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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.83 x 0.34 cm). In addition, a 1.37 x 0.37 cm medial iliac lymph node is seen.

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Free Abdomen

There is no obvious evidence of free fluid.

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ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease (i.e., lymphoplasmacytic, eosinophilic, other) or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A GI panel including serum cobalamin and folate, TLI and PLI is recommended, along with three-view thoracic radiographs to assess for occult pathology in the chest.
- A limited antigen or hydrolyzed protein diet trial can also be considered to assess for food allergies.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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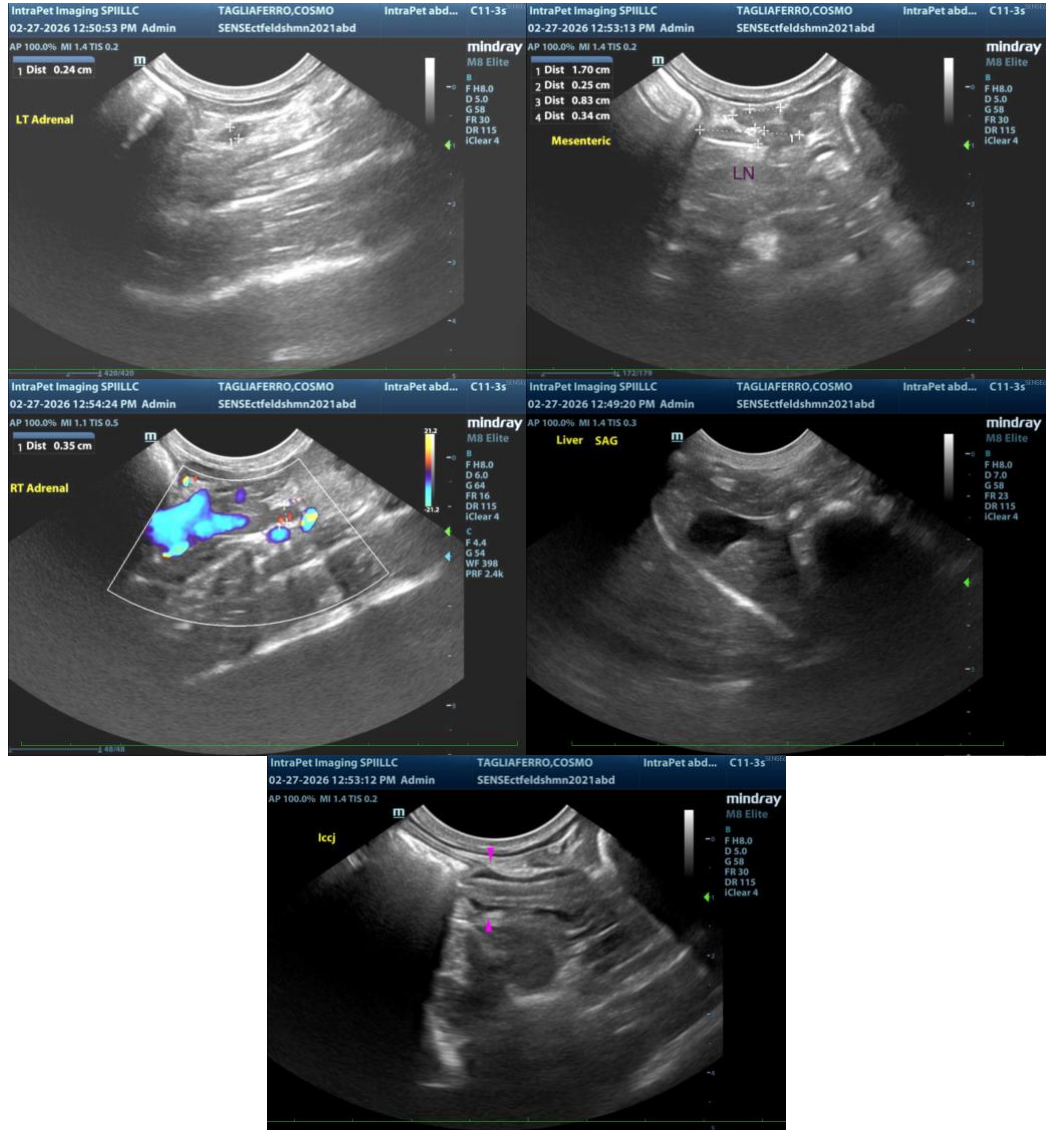
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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