

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jameson Meurer
SPECIES History: Vomiting on and off chronic gastritis/enteritis Periodic episodes of inappetance for years typically resolves with Cerenia and steroids IBD vs other inflammatory vs lymphoma. Tried Hydrolyzed diet, cat doesn't really like it

Feline Abnormal PE/Chem/CBC/UA Results: WNL/baseline lab work unremarkable.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (3.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8

WEIGHT

10.7

The right kidney is normal in size (3.59 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

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.

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Jenn

Liver

The liver is subjectively normal 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.

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

REFERRING VET

Dr Harrs

Gastrointestinal

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 diffusely thickened (up to 0.43 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in most segments. Discreet masses are not identified. The colonic wall is 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.



PATIENT

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.45 x 0.72 cm).

Jameson Meurer

SPECIES

Free Abdomen

There is no obvious evidence of free fluid.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

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

SEX

Neutered Male

- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis, or emerging neoplasia.

AGE

Secondary Findings

8

- Mild bilateral nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10.7

The following diagnostic/treatment recommendations can be considered:

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Diplomate ACVIM
(Sm Animal Internal Med)

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies (if patient will tolerate it)
- Initiation with a probiotic may also prove beneficial.
- Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
- If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
- For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14-21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).

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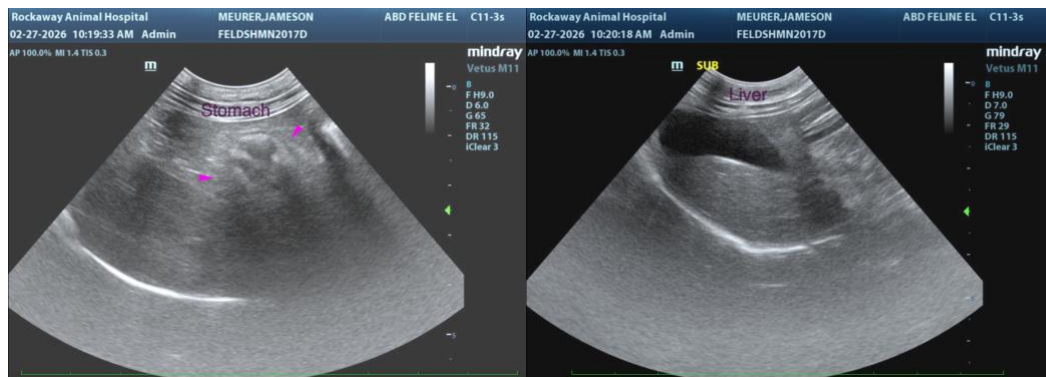
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PATIENT

Jameson Meurer

SPECIES

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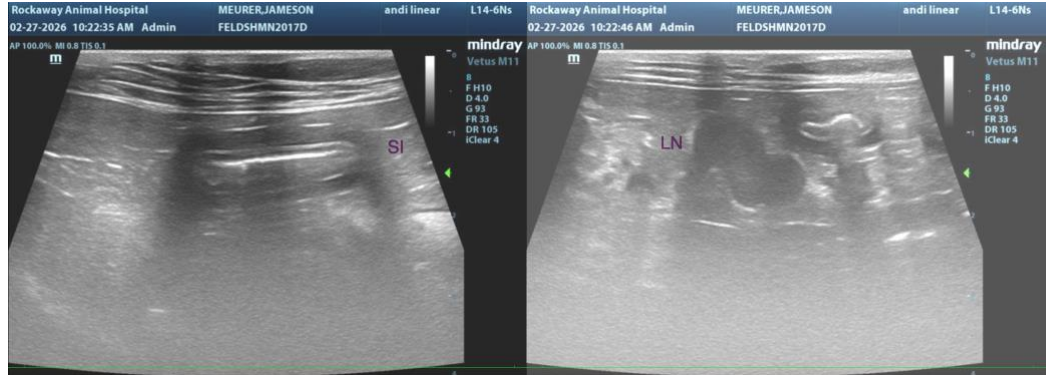
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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