



**PATIENT**

Franklin Baxter

**PRESENTING CLINICAL SIGNS**

History: Hematochezia at least 1 month duration.  
Abnormal PE/Chem/CBC/UA Results: IRIS stage 2. Fecal negative.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

Domestic shorthair

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male, neutered

The left kidney is borderline small in size (3.03 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. At least one focus of mineralization is observed. There is no evidence of pyelectasia or hydroureter.

**AGE**

12 Yrs.

The right kidney is normal size (3.61 cm in length); normal shape and architecture with 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.

**WEIGHT**

4 kg.

*Adrenal Glands*

No images provided.

**INTERPRETED BY**

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

*Spleen*

The spleen is normal in size (0.79 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Britannia Kingsland VC

*Gastrointestinal*

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The ileocecolic junction is normal. A few cm from the ileocecolic junction, there is focal thickening (up to 0.65 cm) of the transverse colon with prominent muscularis layer and suspected loss of the normal layering pattern. The lumen in this region is narrowed. Proximal to this region, the colonic lumen is dilated with fecal material (up to 1.14 cm). Distal to this region, the colonic wall is normal and some shadowing fecal material is seen.

**REFERRING VET**

Dr. Hamill

**INVOICE**

14653

*Pancreas*

**DATE**

2/28/23



## PATIENT

Franklin Baxter

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

## SPECIES

Feline

### *Free Abdomen*

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## BREED

Domestic shorthair

## ULTRASONOGRAPHIC FINDINGS

## SEX

Male, neutered

### Primary Findings:

- The focal colonic wall thickening is concerning for infiltrative neoplasia (i.e., adenocarcinoma, round cell tumor). However, a severe inflammatory process or fibrosis with subsequent stricture cannot be completely excluded. Partial colonic luminal obstruction is suspected.

## AGE

12 Yrs.

### Secondary Findings:

- Bilateral, chronic renal changes (more severe in the left kidney) with left non-obstructive nephrolithiasis and a cortical infarct.

## WEIGHT

4 kg.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider a colonoscopy with biopsies or surgical resection of the abnormal segment of colon and submission of the tissue for histopathology. If surgery is pursued, referral to a board certified surgeon is recommended due to the potential for perioperative complications. In the meantime, a stool softener is recommended.

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Medicine)

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## REFERRING VET

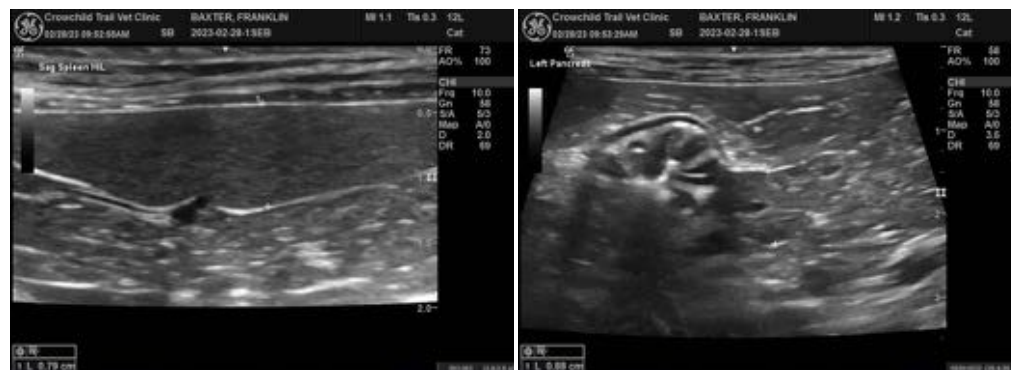
Dr. Hamill

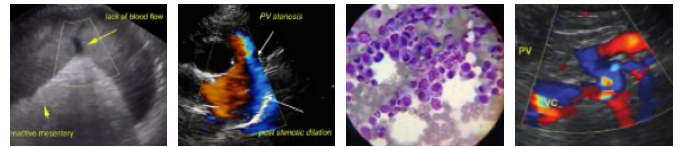
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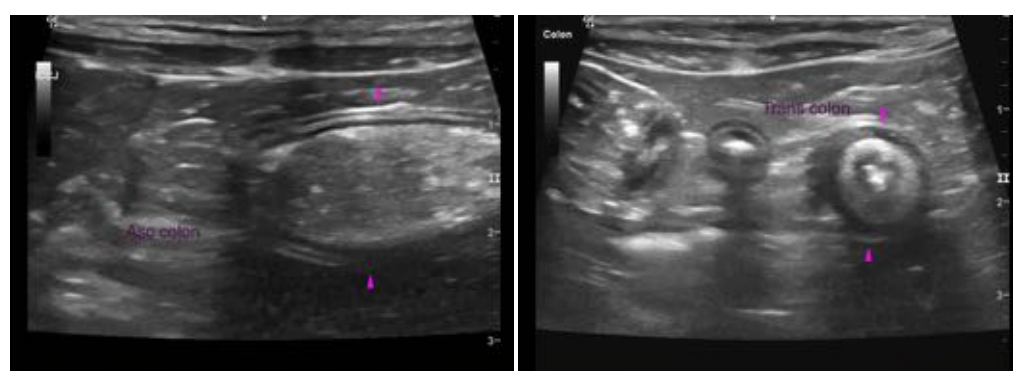
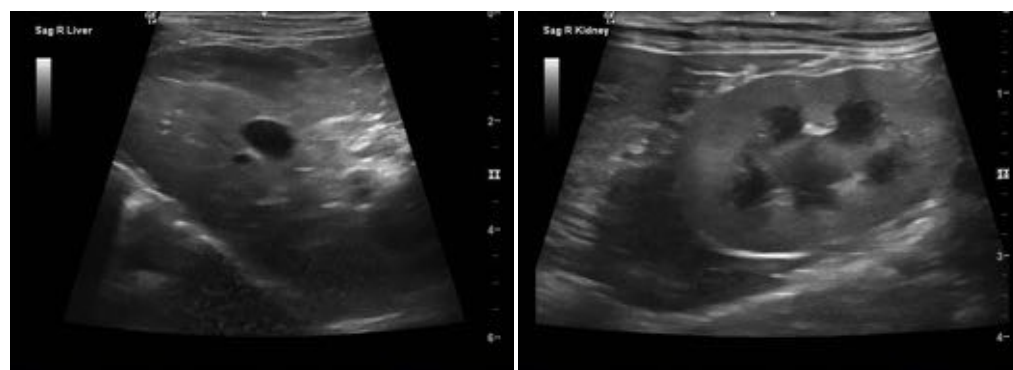
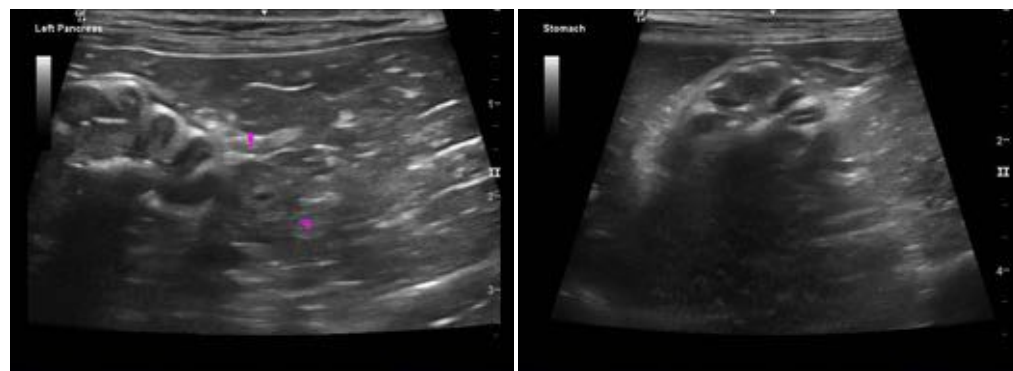
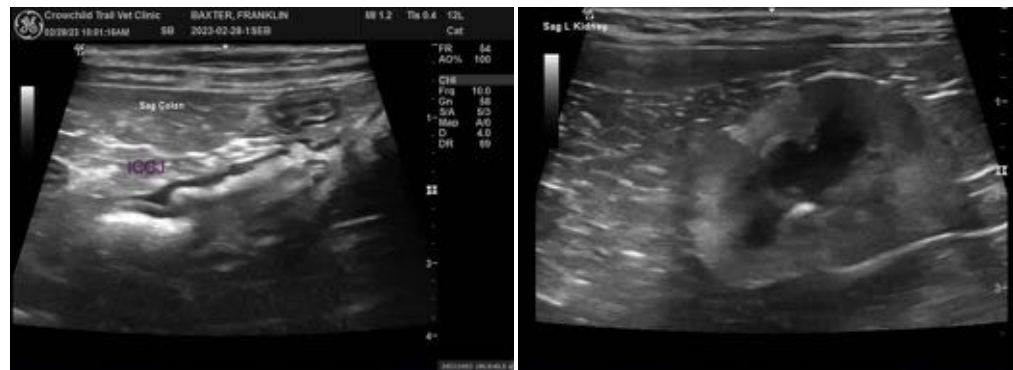
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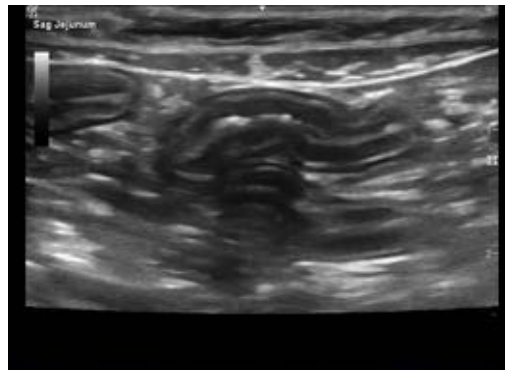
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**DATE**

2/28/23

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)  
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