



PATIENT PRESENTING CLINICAL SIGNS

Kovu Logan
History: chronic diarrhea; On Pred and Cobalamin
Abnormal PE/Chem/CBC/UA Results: Labs WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of echogenic-to-mineralized debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

BREED

DSH

SEX

Neutered Male

The left kidney is subjectively normal in size with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

7 years

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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

11.5 lbs

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

INTERPRETED BY

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

Spleen

The spleen is prominent in size (1.00 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Tasha

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.

HOSPITAL NAME

Dillsburg VC

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.

REFERRING VET

Dr. Crow

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. In one jejunal segment in the midabdominal region, the wall is thickened (up to 0.49 cm) with questionable loss of the normal layering pattern. In the remaining segments, there is a normal layering pattern with appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

INVOICE

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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.

DATE

2.9.23



PATIENT

Kovu Logan

Free Abdomen

There is no obvious evidence free fluid. Several prominent mesenteric lymph nodes are visualized (the largest measuring 1.36 cm in length). Surrounding mesentery is hyperechoic.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. In the focally thickened small intestinal jejunal segment, there is concern for emerging neoplasia. Although, a severe inflammatory process cannot be excluded.
- The abdominal lymphadenopathy could be consistent with lymphadenitis, reactive hyperplasia or emerging neoplasia.

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Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral chronic age-related renal changes
- Urinary bladder debris

AGE

7 years

WEIGHT

11.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia is recommended along with an fPLI to assess for mild pancreatitis.
- Consider initiation of a limited antigen or hydrolyzed protein diet.
- Surgical GI biopsies would be necessary to get a definitive diagnosis. If pursued, the focally thickened jejunal segment should be biopsied, along with other areas of bowel.
- Thoracic radiographs should be performed prior to any anesthetic event.

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HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Crow

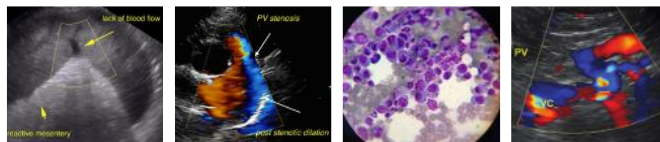
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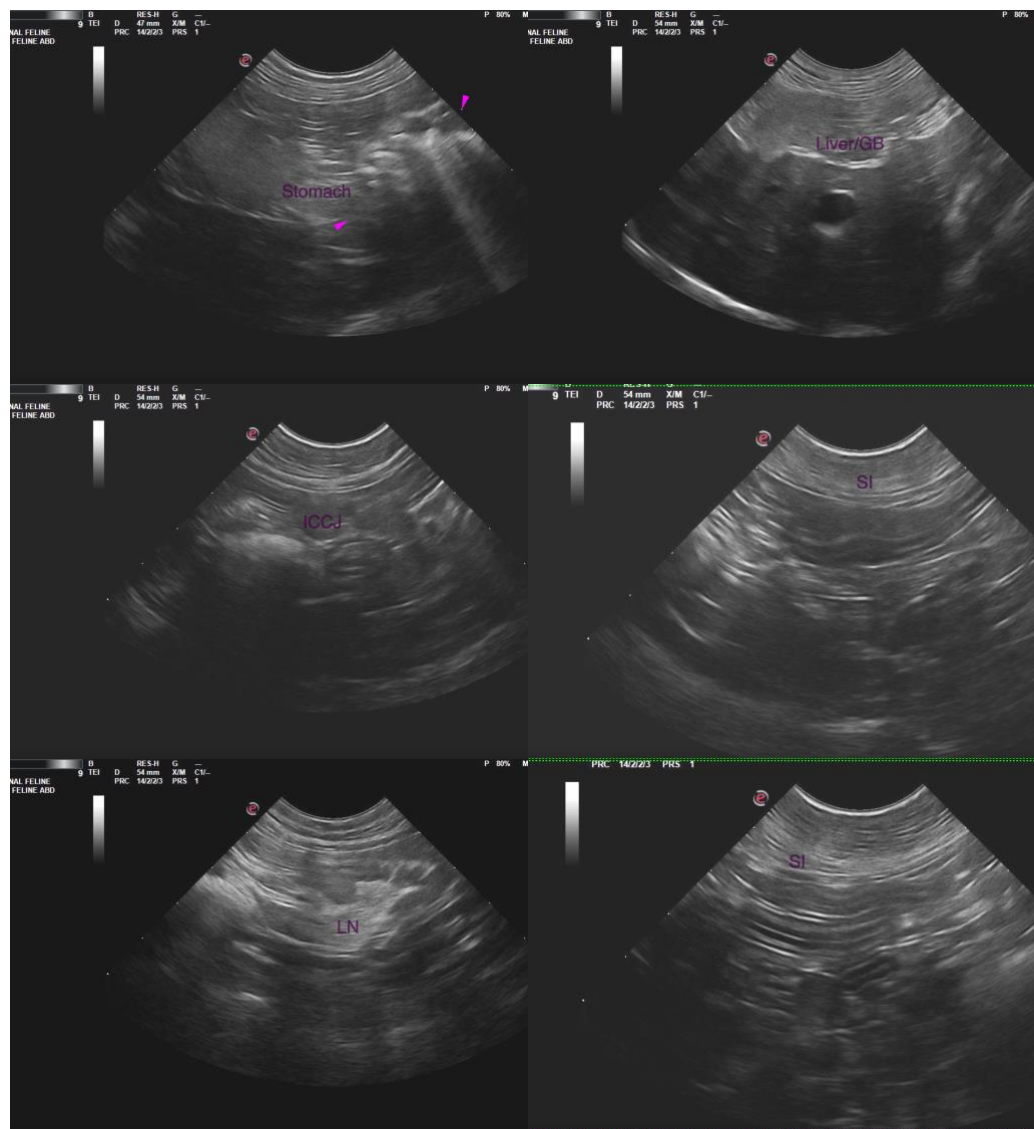
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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