

**DATE**

2-9-26

**PATIENT**

Bryce Renard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7/15/2016

**WEIGHT**

15.7lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal EH

**REFERRING VET**

Dr. Campbell

**INVOICE**

22539

**PRESENTING CLINICAL SIGNS**

**Patient History:** Bryce presents for acute vomiting and diarrhea Patient History: - Vomiting and diarrhea approximately 3 weeks ago - Treated by Dr. Sinclair with probiotics and antiemetic medication - Improved after treatment - Recurrence last week - Tried food he hadn't had in a while (chicken-based) - Suspected possible food allergy - Dr. Sinclair recommended monitoring and diet change - Today's episode: - Two episodes of liquid diarrhea - Vomited twice - Given antiemetic pill, vomited within 30 minutes (pill visible in vomitus) - Vomitus very liquid, had been drinking water - Previous diagnostics: - Radiographs with Dr. Sinclair during initial episode: normal, possible intestinal wall thickening suggestive of IBD - Last blood work: September 2025 - Attempted blood work 2 weeks ago: patient uncooperative - Occasionally eats things he shouldn't

**Current Medications:** Cerenia, Gaba PRN.  
**Labwork Results:** Eosinophilia. Basophilia. SDMA 22. T4 normal (Labwork attached).  
**Date of Previous IntraPet Ultrasound:** No previous.  
**Sedation:** Not required to complete full diagnostic ultrasound.  
**Stat Report:** STAT requested.  
**Imaging Performed by:** Rachel Brillhart, RDMS.

**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. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.45 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of 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 (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

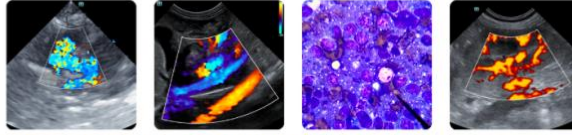
**Spleen**

The spleen is normal in size (0.67 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 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic



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debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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**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 normal to moderately thickened (up to 0.38 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 ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

**Pancreas**

The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance, with a few, small, ill-defined hypoechoic nodules/areas. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The small intestinal wall changes could be consistent with inflammatory bowel disease (i.e., lymphoplasmacytic, eosinophilic) or emerging neoplasia.

**Secondary Findings**

- Bilateral nonspecific age-related renal changes
- The pancreatic changes are suggestive of age-related parenchymal remodeling +/- a prior episode of pancreatitis.
- The hypoechoic nodules likely represent benign nodular hyperplasia, with a lower possibility of neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fecal evaluation for ova and Giardia is recommended, along with prophylactic deworming with fenbendazole.
- A GI panel including serum cobalamin and folate, TLI and PLI is also recommended.
- Consider transitioning to a limited antigen or hydrolyzed protein diet.
- Ultimately, GI biopsies would be necessary to get a definitive diagnosis. Surgical biopsies are preferred, in that full-thickness biopsies of stomach, duodenum and jejunum can be obtained.

Imaging performed by



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SonoPath.com info@sonopath.com 1.800.838.4268

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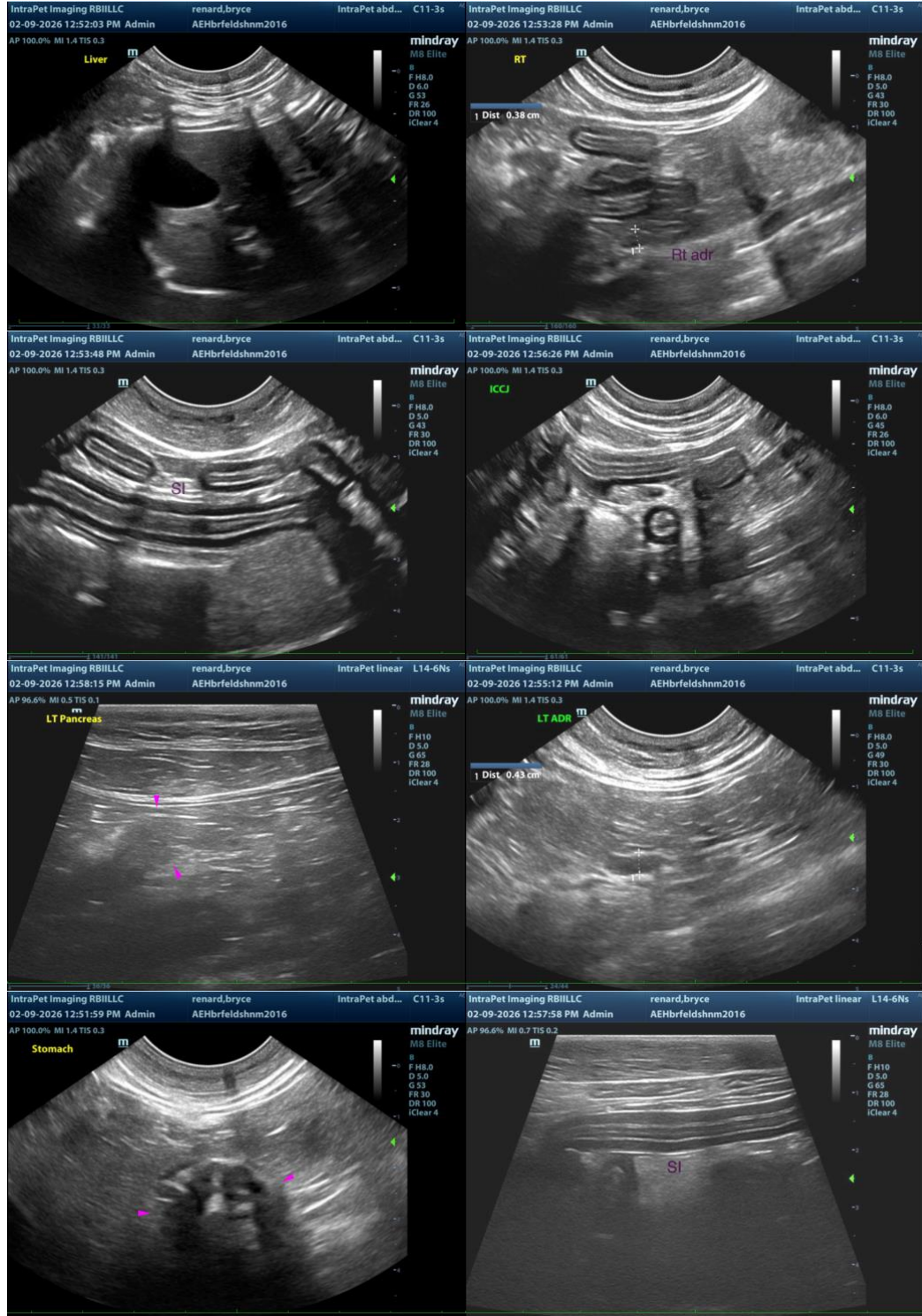
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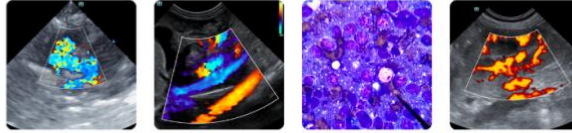
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in

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the image/video clips provided.

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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](mailto:info@SonoPath.com)

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