**PATIENT PRESENTING CLINICAL SIGNS**

Bandit Herrera  
 History: Decreased appetite and intermittent vomiting. Sedated with DKT.  
 Abnormal PE/Chem/CBC/UA Results: ALT 135. (02/28/2022) T4: 1.8.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN*****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 suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

The left kidney is normal size (3.76 cm in length); normal shape and architecture with 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.

**AGE**

6.5 Yrs.

The right kidney is normal size (4.34 cm in length); normal shape and architecture with 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.

**WEIGHT**

11.07 Pounds

***Adrenal Glands***

The left adrenal gland is normal in size (0.89 cm length; 0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal in size (1.04 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

***Spleen***

The spleen is normal in size (0.93 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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***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.

**HOSPITAL NAME**

Banfield Pet Hospital  
 Leesburg Village

**REFERRING VET**

Dr. Cathy Jarrett

***Gastrointestinal***

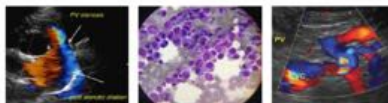
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall is normal to subjectively prominent in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption

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13069

**DATE**

3/1/22

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in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

***Pancreas*****SPECIES**

Feline

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.

**BREED**

Domestic Shorthair

***Free Abdomen***

There is no evidence of free fluid. A cluster of prominent to enlarged jejunal lymph nodes are visualized in the mid-abdominal region. The largest measuring 1.55 cm in length. Surrounding mesentery is mildly hyperechoic.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS****AGE**

6.5 Yrs.

**Primary Findings:**

- The jejunal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma) or reactive change (i.e., reactive lymphadenitis or lymphoid hyperplasia).
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

**WEIGHT**

11.07 Pounds

**Secondary Findings:**

- Urinary bladder debris.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A fine needle aspirate of an enlarged jejunal lymph node is recommended, if accessible and if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive and an aggressive approach is desired, consider an abdominal exploratory with gastrointestinal and abdominal lymph node biopsies.
- Thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.
- If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease (i.e., hypoallergenic diet, corticosteroids) can be considered as long as the client is aware of the risks of treatment without a definitive diagnosis.

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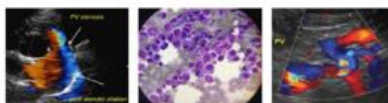
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**PATIENT**

Bandit Herrera

**SPECIES**

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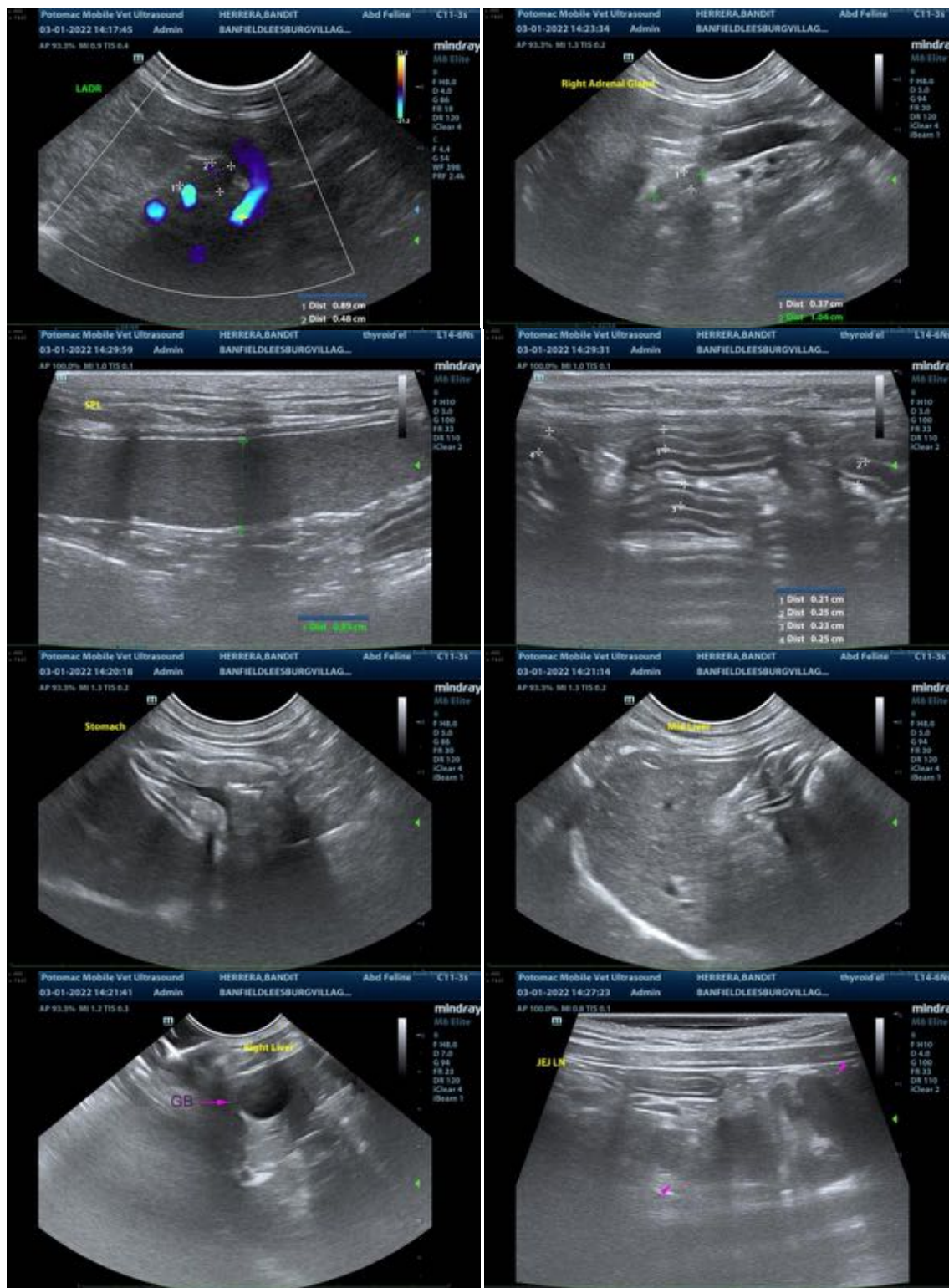
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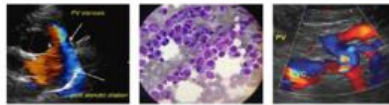
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2/1/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com