



PATIENT

Lucky Holm

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

16 Yrs.

WEIGHT

5.58 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Saum Hadi

INVOICE

13070

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: P is an indoor previously feral cat. Has historic hyperthyroidism. Currently on 5 mg Methimazole in AM and 2.5 mg in PM. Last T4 mildly elevated (see abnormal results). Planning on switching to 5 mg BID pending AUS interpretation and consultation. For the last 1-2 months, P has been exhibiting profuse diarrhea. Improved mildly with probiotics. Weight stable at 5-6 pounds for last 3 years. BCS 2/9. On sedated exam, gallop murmur auscultated.
Abnormal PE/Chem/CBC/UA Results: CBC, Chem 27, T4: Mild BUN elevation (51 mg/dL) Creatinine 1.0 mg/dL (WNL.. P under conditioned) SDMA: 13 ug/dL (Ref: 0-14) Mild hyperkalemia (5.4 mmol/dL) T4 mildly elevated: 4.9 ug/dL FT4-ed moderately elevated: 128.7 pmol/L USG: 1.013

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (3.37 cm in length) 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.

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

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.57 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. There is a subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio was approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, most of which is gravity-dependent. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal 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 in the normal 1:3 muscularis: mucosal ratio in most segments with a greater than 1:1 ratio in many segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.31 cm in diameter).

Free Abdomen

Trace free fluid is observed. 0.53 cm gastric lymph node is visualized. Several prominent to enlarged mesenteric lymph nodes are also seen, the largest measuring 3.42 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel pattern could be consistent with emerging lymphoma or severe inflammatory bowel disease.
- The prominent abdominal lymph nodes could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The trace ascites is likely secondary to bowel pathology.
- The pancreatic changes are most consistent with chronic pancreatitis.
- The hepatic parenchymal changes are suggestive of an inflammatory process (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis) as well as age-related remodeling.

Secondary Findings:

- Bilateral, age-related renal changes with dystrophic mineralization.

*Based on the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Ideally, to get a definitive diagnosis, surgical biopsies of the GI tract and abdominal lymph nodes would be performed. If a palliative approach is desired, consider empirical treatment for inflammatory bowel disease with corticosteroids and a hypoallergenic diet as long as the client understands the risk of treatment without a definitive diagnosis. A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.
- Three-view thoracic radiographs should also be performed, particularly if the patient is to receive steroid therapy as corticosteroids can precipitate an episode of congestive heart failure in patients with pre-existing cardiac disease.



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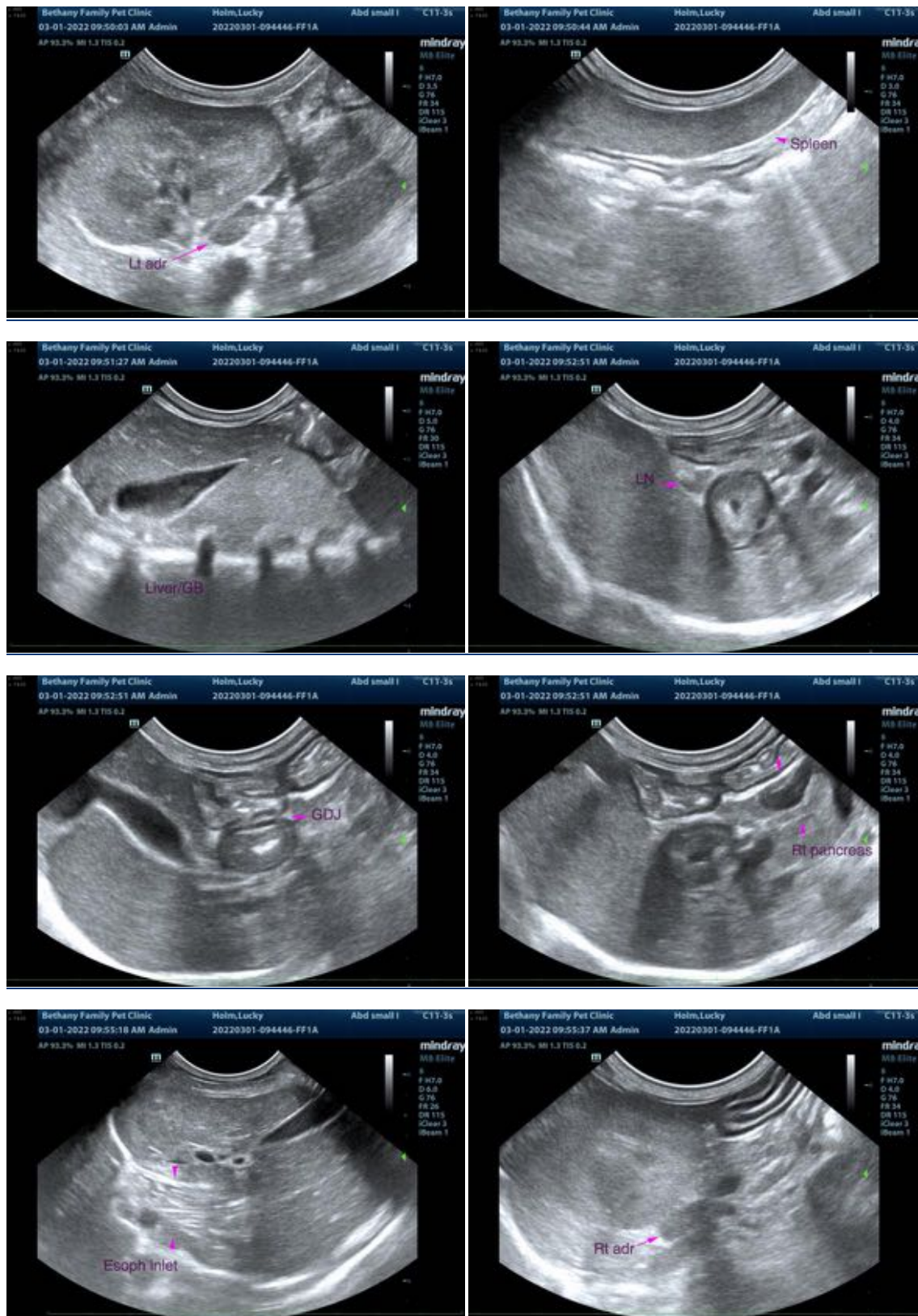
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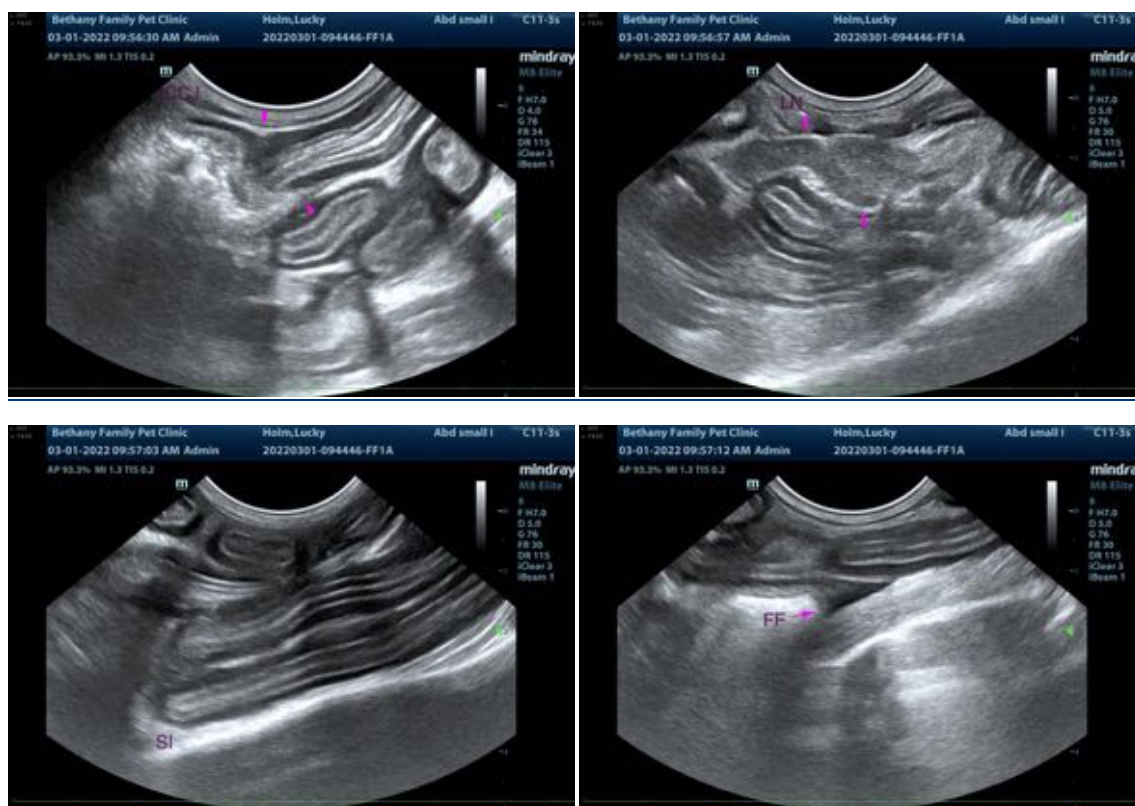
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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