

PATIENT PRESENTING CLINICAL SIGNS

Hoagie Hendricks History: History * Chronic diarrhea, weight loss, stage 1 CRF. Working diagnosis DDX chronic diarrhea: neoplastic, metabolic, inflammatory, dietary, infectious, structural, etc MEDS: Gabapentin 0.5-1mL q12 PRN for OA; Mirtazapine 1/4 tab q72hours.
SPECIES Abnormal PE/Chem/CBC/UA Results: WNL

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Domestic Shorthair

SEX

Female, spayed

AGE

16 Years

WEIGHT

8 Pounds

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

The left kidney is normal size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is borderline small in size (2.99 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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 (0.44 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)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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Sierra PC

Spleen

The spleen is normal in size (0.73 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. A few ill-defined hypoechoic nodules are observed throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

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Gastrointestinal

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 is normal to mildly thickened (up to 0.28 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In addition, there is evidence of thickening of the



PATIENT

Hoagie Hendricks

submucosal layer. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

SPECIES

Feline

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic Shorthair

Free Abdomen

There is no obvious evidence of free fluid. A few prominent irregular hypoechoic mesenteric lymph nodes are visualized, the largest measuring 1.48 cm in diameter. Surrounding mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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

Secondary Findings:

- Age-related pancreatic remodeling +/- fibrosis.
- Bilateral chronic age-related renal changes.
- The hepatic nodules could be consistent with a benign process (i.e., foci of lymphoid hyperplasia, inflammatory foci, other). Alternatively, emerging neoplasia is a consideration, although considered less likely.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia along with prophylactic deworming with Fenbendazole.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended to assess for maldigestion/malabsorption and underlying pancreatic disease.
- A 2-3 week limited antigen or hydrolyzed protein diet should also be considered to assess for food allergies.
- Initiation of a probiotic as well as a fiber supplement may prove beneficial.
- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.

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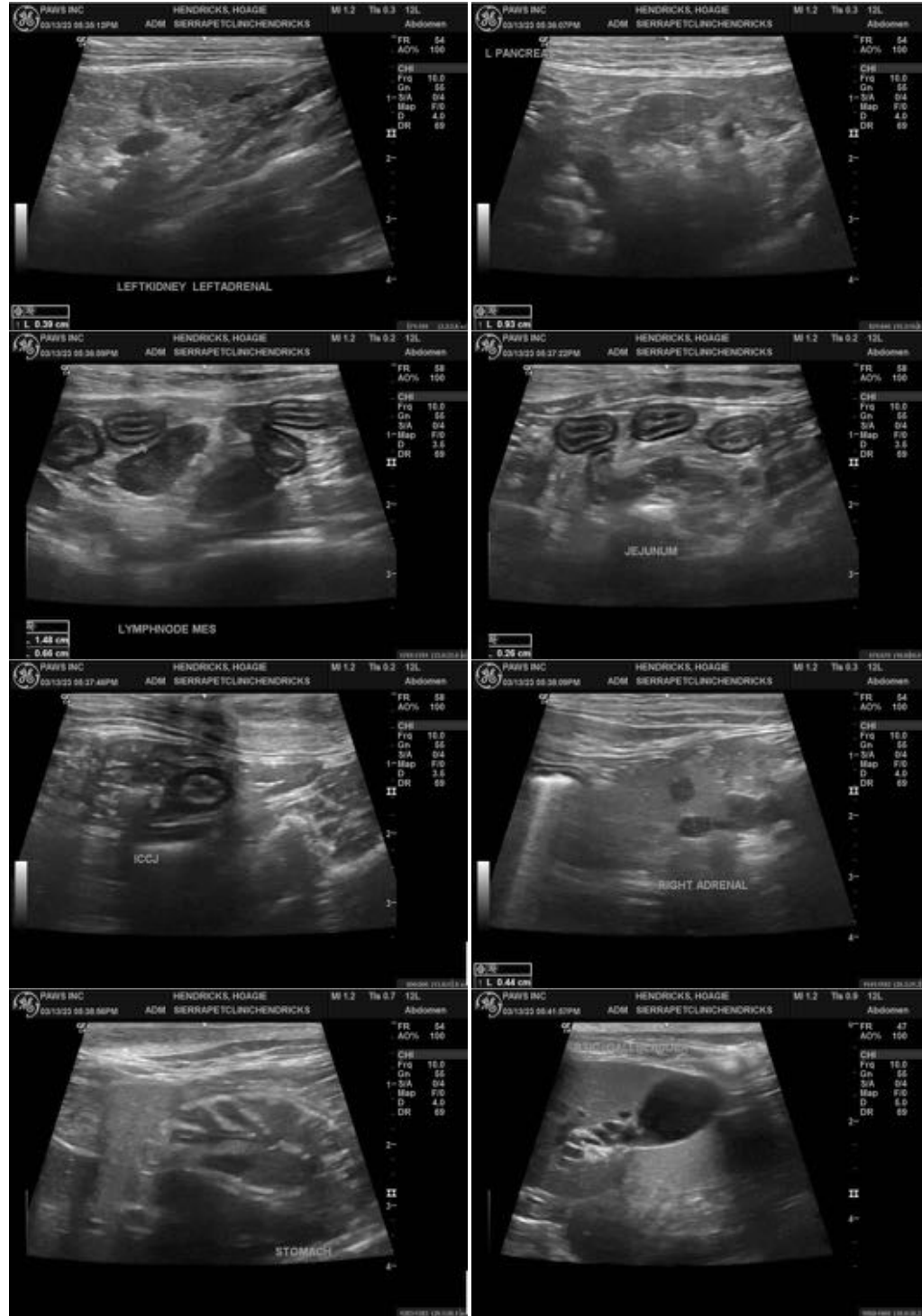
Dr. Fagundes

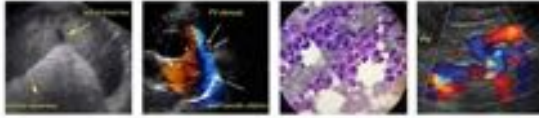
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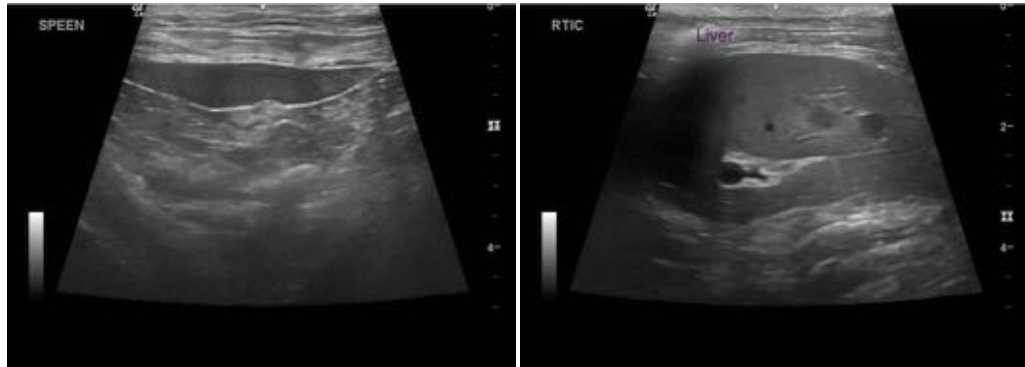
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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