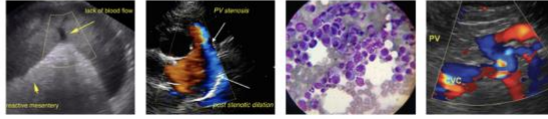


PATIENT	PRESENTING CLINICAL SIGNS
Thomas Wetmore	History: Weight loss. Still eating well. Mildly elevated BUN at 48. ALP 74. Fine-needle aspirates: Client did not approve sedation nor FNA
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant 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	
DSH	
SEX	The left kidney is normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Neutered Male	
AGE	The right kidney is normal size (3.31 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
15 years	
WEIGHT	Adrenal Glands The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
8.9 lbs	
INTERPRETED BY	The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
IMAGING PERFORMED BY	Spleen The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. Using a high frequency probe, the parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
HOSPITAL NAME	Liver The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen, with minor changes consistent with age-related remodeling. No distinct focal lesions are observed. Several intrahepatic biliary stones are visualized. Hepatic vasculature is normal with no evidence of thrombosis. The portal vein to caudal vena cava ratio is approximately 1:1.
Cats Only AH	
REFERRING VET	The gall bladder lumen is mildly to moderately distended. The wall is slightly thickened (up to 0.18 cm). A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.
Dr. Ben Fuller	
INVOICE	Gastrointestinal The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid 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
10607	
DATE	
3/25/22	



PATIENT	intestinal wall is normal to borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.
Thomas Wetmore	
SPECIES	
Feline	
BREED	Pancreas The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic.
DSH	
SEX	Free Abdomen The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.59 cm in length. Surrounding mesentery is hyperechoic.
Neutered Male	
AGE	Other A brief echocardiogram reveals no evidence of pericardial effusion.
15 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.9 lbs	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Bowel pattern consistent with inflammatory bowel disease, with potential for emerging lymphoma • The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. • The splenic parenchymal changes could be consistent with antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, or infiltrative neoplasia (i.e., lymphoma.) • Pancreatic changes are consistent with chronic active pancreatitis. Regional peritonitis is present. • The gall bladder changes could be consistent with cholecystitis and/or benign age-related hyperplasia. • Trace ascites
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
IMAGING PERFORMED BY	Secondary Findings
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	<ul style="list-style-type: none"> • Intrahepatic biliary stones – incidental. The diffuse hepatic parenchyma changes are most consistent with age-related remodeling. However, a microscopic hepatopathy cannot be completely excluded. • The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis
HOSPITAL NAME	
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REFERRING VET	
Dr. Ben Fuller	
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PATIENT

Thomas Wetmore

**Given the sonographic changes “triaditis” is a consideration in this patient.

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 years

WEIGHT

8.9 lbs

INTERPRETED BY

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HOSPITAL NAME

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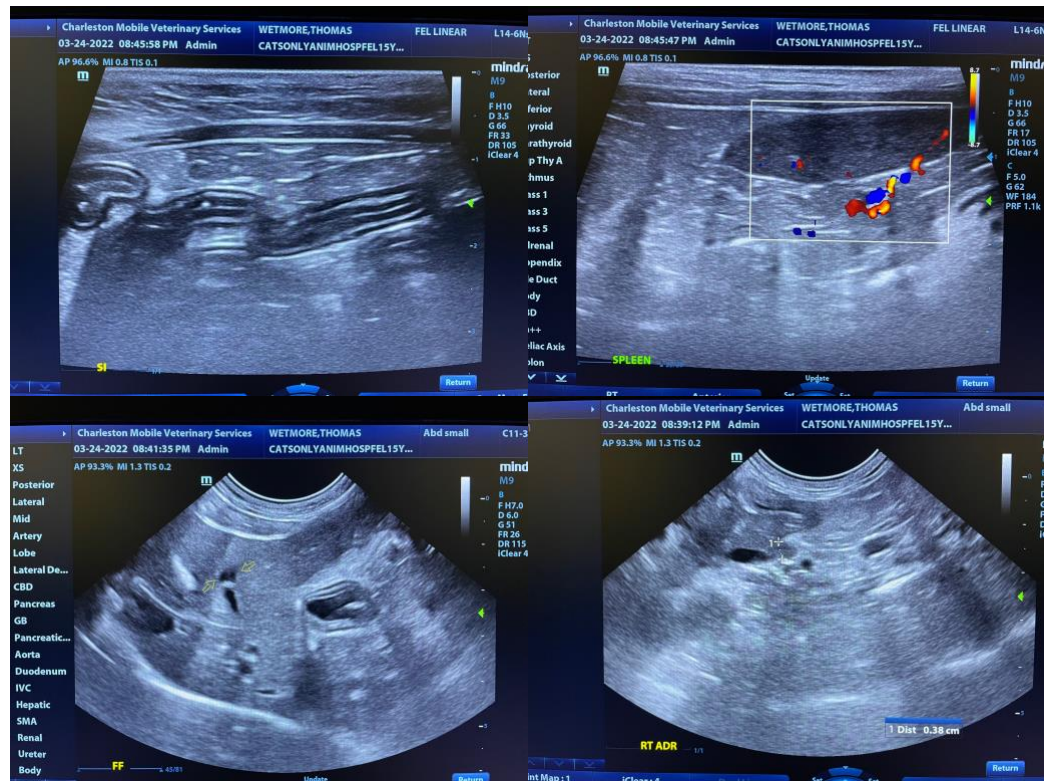
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
- Consider a fecal evaluation for ova and Giardia, as well as transitioning to a limited antigen diet, if the patient will tolerate it.
- A fine-needle aspirate of the spleen can be considered to help rule out infiltrative neoplasia (i.e., lymphoma).
- Ultimately GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If biopsies are pursued, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status prior to anesthesia.
- If biopsies are not pursued, empirical treatment for inflammatory bowel disease and “triaditis” can be considered (i.e., hypoallergenic diet, corticosteroids, symptomatic care), as long as the client understands the risk of treatment without a definitive diagnosis.





PATIENT

Thomas Wetmore

SPECIES

Feline

BREED

DSH

SEX

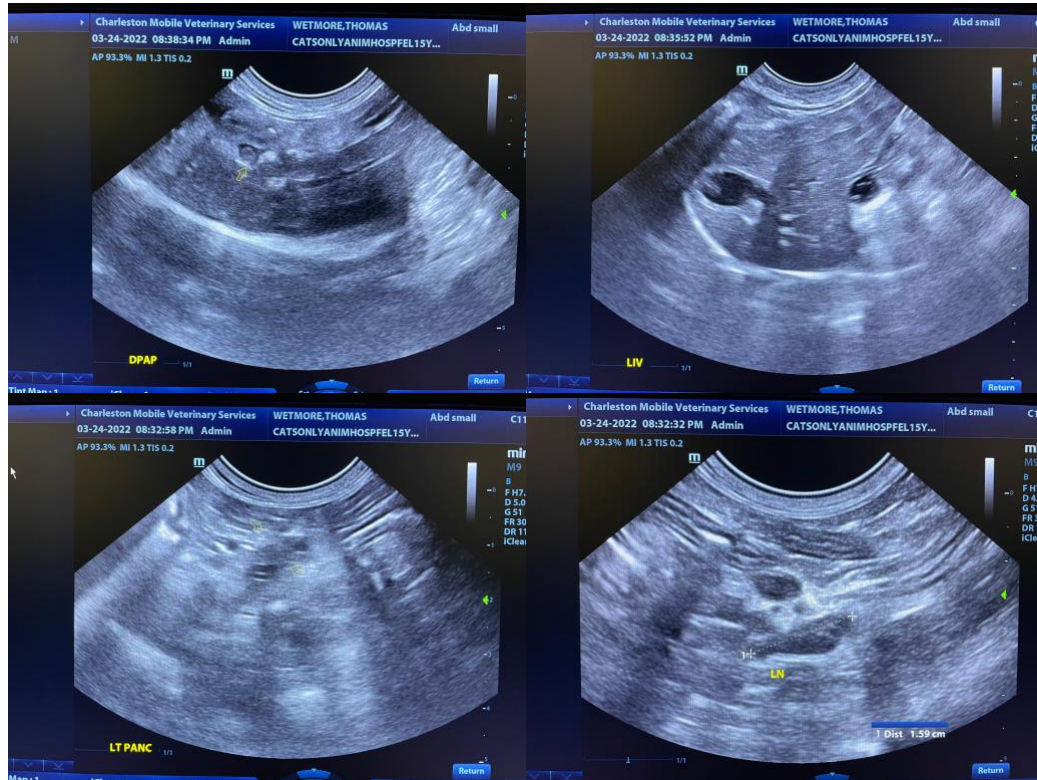
Neutered Male

AGE

15 years

WEIGHT

8.9 lbs

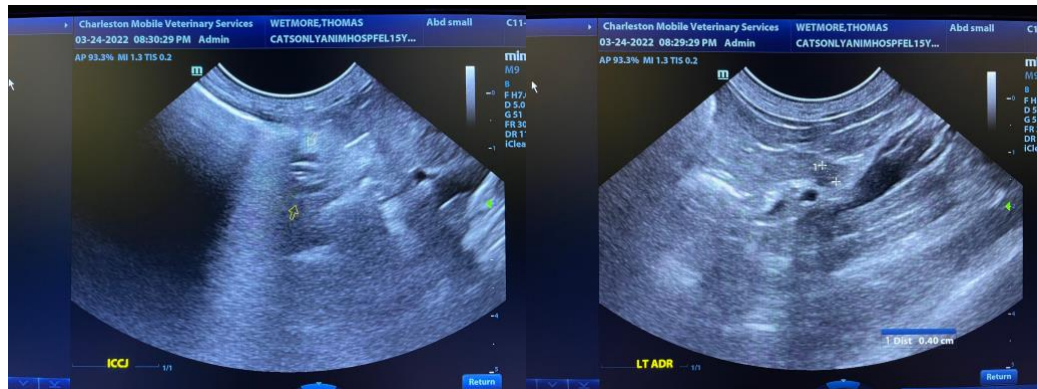


INTERPRETED BY

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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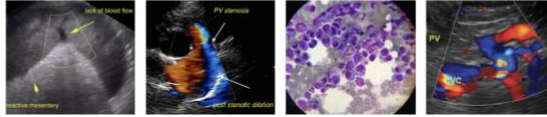
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com



PATIENT

Thomas Wetmore

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 years

WEIGHT

8.9 lbs

INTERPRETED BY

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