

PATIENT PRESENTING CLINICAL SIGNS

Jack McCormick History/Findings: Chronic diarrhea for 1.5 months after lowering prednisolone dose. Green colored stool. No improvement with probiotics, fiber or metronidazole. On prednisolone for skin and anal glands (history of anal gland rupture). Congestion x 2 months.

SPECIES

Feline Abnormal lab-work values: Essentially within normal limits. Will E-mail to info@animalsoundsnw.com
Current Medications: Vitamin B-12 injection 1000 mcg/ml 0.25mL + Prednisolone 5mg PO SID.

BREED

Radiographic Findings: N/A

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small- to moderate amount of gravity-dependent, mineralized sand is observed within the lumen, along with a scant amount of echogenic debris. The region of the trigone normal.

AGE

11

The left kidney is normal in size (4.84 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20.96 lbs

The right kidney is normal in size (4.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Sara Hansen

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

HOSPITAL NAME

Creekside VC

Spleen

The spleen is normal in size (0.74 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.

REFERRING VET

Dr Strahon

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.

INVOICE

22648

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

DATE

3-4-26

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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*

Jack McCormick

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.

SPECIES *Lymph Nodes*

Feline

The abdominal lymph nodes are normal/not visible.

BREED *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

DSH **ULTRASONOGRAPHIC FINDINGS**

SEX

- Minor bilateral nonspecific age-related renal changes
- Urinary bladder sand

Neutered Male

AGE

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

20.96 lbs

If the patient's baseline lab work is unremarkable, consider the following:

INTERPRETED BY

Andrea Nicastro DVM
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1. Fecal evaluation for ova and Giardia and/or fecal PCR infectious disease panel
2. Prophylactic deworming with fenbendazole
3. GI panel including serum cobalamin and folate, TLI and PLI
4. Three-to-four limited antigen or hydrolyzed protein diet trial
5. +/- endoscopic or surgical GI biopsies. If biopsies are pursued, three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.

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PATIENT

Jack McCormick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

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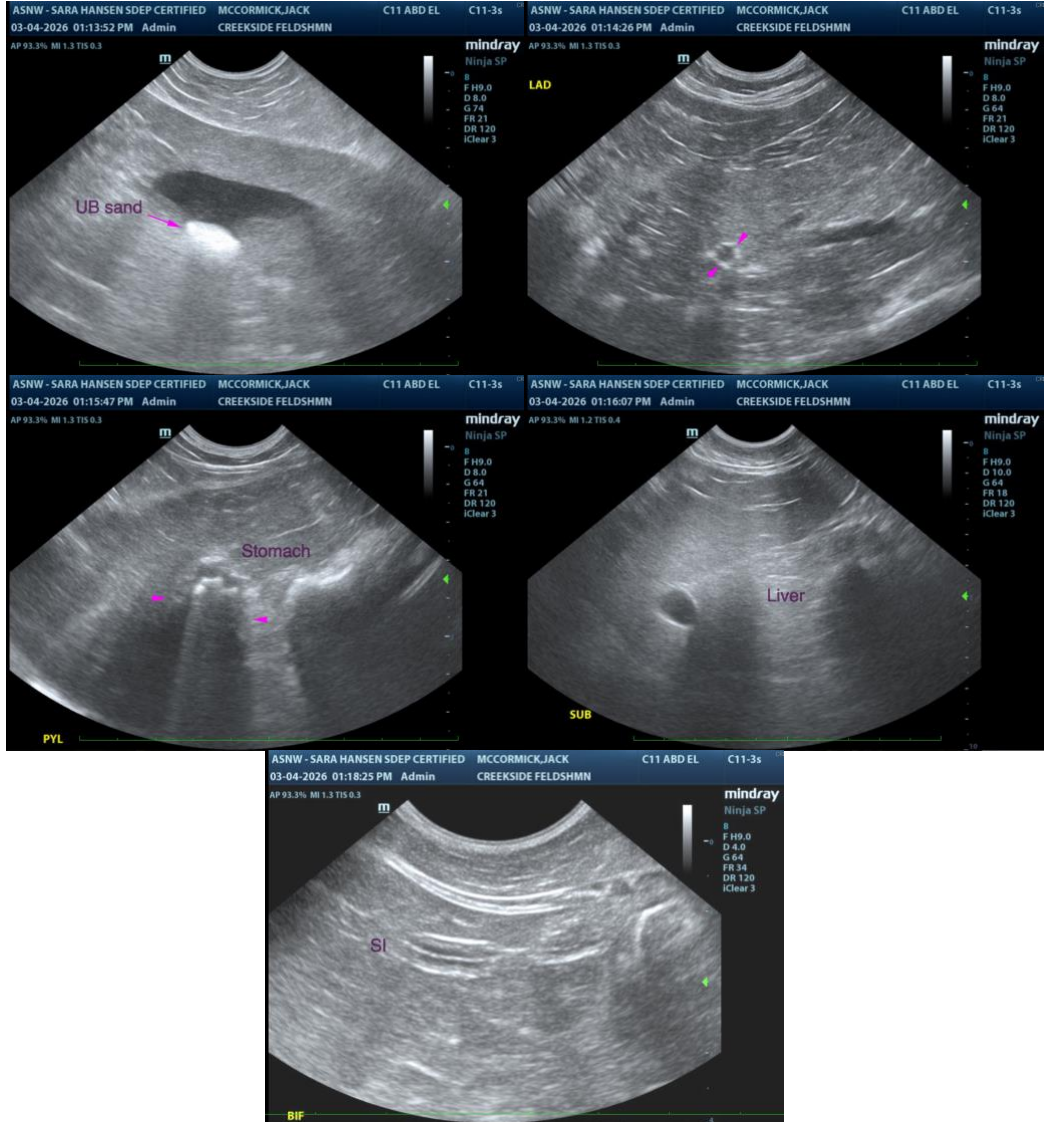
Dr Strahon

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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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