**PATIENT**

Theo Lesperance

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea. Currently on metro. Sedated for ultrasound.
 Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: WNL

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 scant amount of echogenic debris is suspended 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 (3.85 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

2 Yrs.

The right kidney is normal size (3.94 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

Not given

Adrenal Glands

The left adrenal gland is normal in size (1.49 cm length; 0.34 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 (1.00 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.98 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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PMVU

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

Gastrointestinal

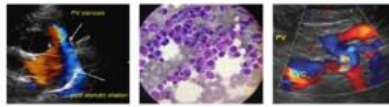
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. A line of mucosal fibrosis is

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observed in some 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 few prominent mesenteric lymph nodes are visualized, the largest measuring 2.17 cm in length. A 0.98 cm gastric lymph node is also seen.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS**AGE**

2 Yrs.

- The small intestinal wall changes are most consistent with inflammatory bowel disease. Emerging neoplasia (i.e., lymphoma) is also possible but considered less likely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

WEIGHT

Not given

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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ACVIM (*Small Animal
Internal Medicine*)

- Malabsorption panel (send to Texas A&M).
- Fecal evaluation for ova and Giardia.
- Prophylactic deworming with Fenbendazole is recommended.
- Consider transitioning to a limited antigen diet.
- Ultimately, GI biopsies (i.e. endoscopic or surgical) may be necessary to get a definitive diagnosis. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.

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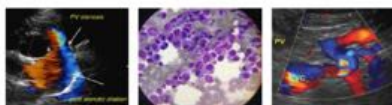
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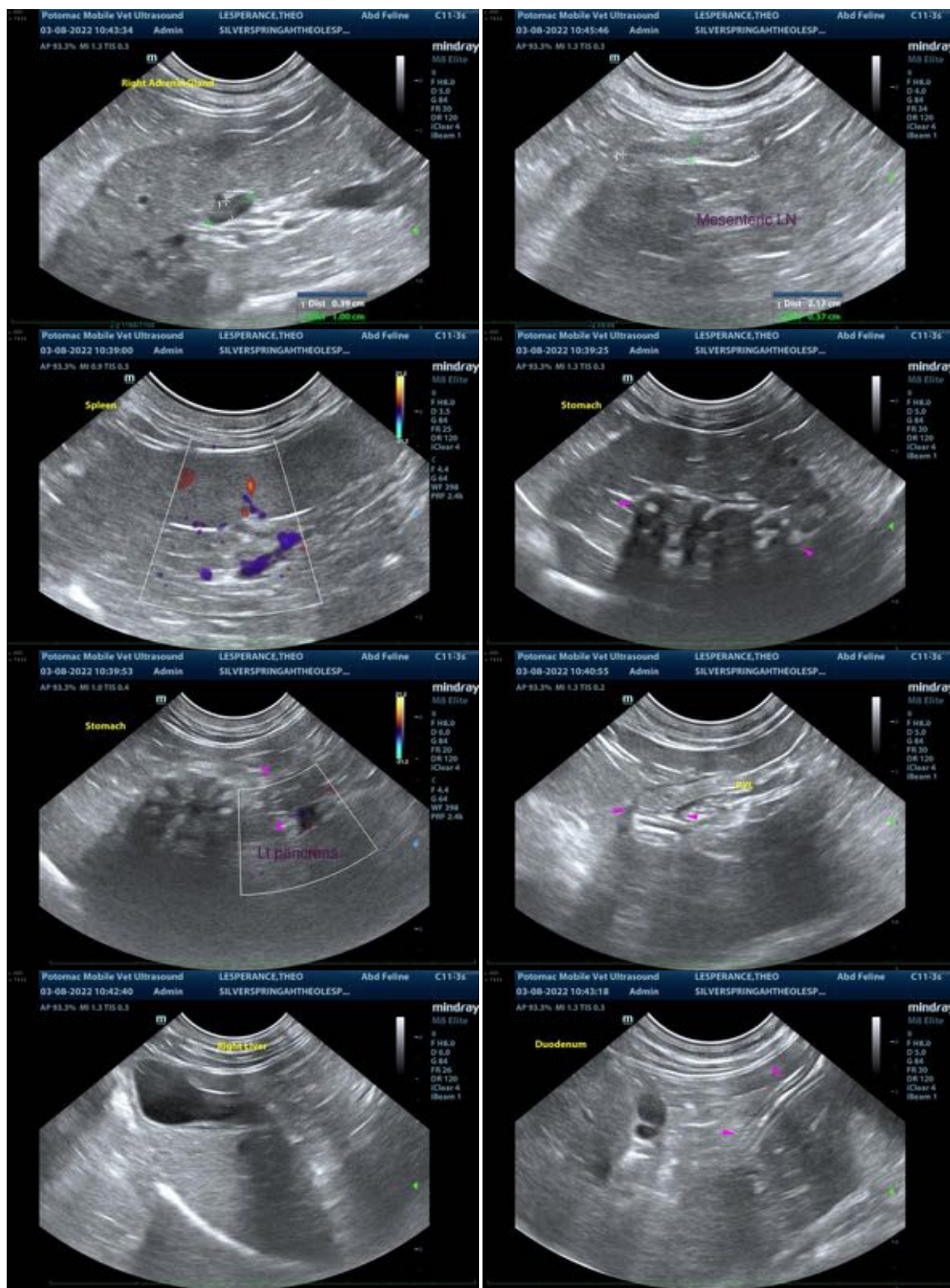
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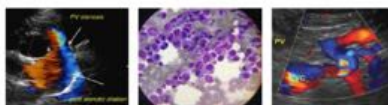
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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