



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Butters Heng  
History: Began vomiting Sunday - multiple times. Has been eating still but vomits after. Abdominal rads mainly showed fat.

**SPECIES**  
Feline  
Abnormal PE/Chem/CBC/UA Results: Normal lab-work.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
DSH  
*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**SEX**

Neutered Male

The left kidney is normal to borderline enlarged (4.42 cm in length) with normal curvilinear peripheral contours. The cortex is thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

9 years

The right kidney is normal to borderline enlarged (4.42 cm in length) with normal curvilinear peripheral contours. The cortex is thickened and isoechoic relative to the spleen with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

13.7 lbs

*Adrenal Glands*

The region of the adrenal glands is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size (0.92 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.

**INTERPRETED BY**

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

*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.

**IMAGING PERFORMED BY**

Charlie Rodriguez

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**HOSPITAL NAME**

Bethany Family PC

*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 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**REFERRING VET**

Samantha Lough

**INVOICE**

12365

*Pancreas*

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

**DATE**

3.9.23



## PATIENT

Butters Heng

## Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. How neoplasia is considered less likely at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

## BREED

DSH

## SEX

Neutered Male

### Secondary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

## AGE

9 years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia is recommended.
- If the patient's clinical signs persist, consider further GI work-up (i.e., malabsorption panel, including serum cobalamin and folate, TLI and PLI, 6-week limited antigen or hydrolyzed protein diet trial, +/- endoscopic or surgical biopsies).
- Also consider heartworm testing (i.e., antigen and antibody)
- Three-view thoracic radiographs should be considered to assess for occult esophageal disease.
- If biopsies are not to be pursued, consider empirical treatment for *Helicobacter pylori* (i.e., amoxicillin, metronidazole, clarithromycin, +/- famotidine or omeprazole x 14-21 days).
- In the meantime, consider initiation of probiotic as well as other symptomatic measures.

## WEIGHT

13.7 lbs

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## IMAGING PERFORMED BY

Charlie Rodriguez

## HOSPITAL NAME

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**PATIENT**

Butters Heng

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

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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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