

PATIENT PRESENTING CLINICAL SIGNS

Milo Mark History: Chronic diarrhea (for years) and vomiting 2-3 times per week. Refuses hypoallergenic food. Owner cannot medicate cat.

SPECIES Abnormal PE/Chem/CBC/UA Results: Amylase 2368 (precision psl normal), thyroid normal.

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH The urinary bladder, trigone, and pelvic urethra are 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. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Neutered Male The left kidney is normal in size (4.47 cm in length) normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years The right kidney is normal in size (4.43 cm in length) normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

13.9 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.41 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 size (0.47 cm width) with a normal shape and smooth peripheral contours. A few pinpoint hyperechoic foci are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Pamela Harrigan,
RDCS

Spleen

The spleen is normal in size (0.93 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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Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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.

REFERRING VET

Emily McCabe, DVM

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

Gastrointestinal

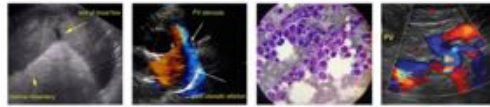
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderate thickened (up to 0.36 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

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PATIENT

normal. The lumen of the descending colon contains diarrhetic fecal material. There is no obvious evidence of an obstructive pattern.

Milo Mark

SPECIES

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Feline

Free Abdomen

There is no obvious evidence of free fluid. One to two prominent gastric lymph nodes are visualized (the largest measuring 1.34 x 0.50 cm). In addition, a few colic lymph nodes are visualized (the largest measuring 0.94 cm in length). The colic lymph nodes are rounded and hypoechoic. The mesentery surrounding all nodes is hyperechoic. Surrounding mesentery is hyperechoic.

BREED

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

Primary Findings

AGE

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma, reactive lymphadenitis or lymphoid hyperplasia). Adjacent peritonitis is present.

12 years

WEIGHT

Secondary Findings

13.9 lbs

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The hyperechoic foci in the right adrenal gland likely represent a benign incidental age-related finding.
- Bilateral chronic renal changes with subtle dystrophic mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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RDCS

- Fine-needle aspirates of the enlarged abdominal lymph nodes are recommended, if clotting status is appropriate. Twenty-five gauge-needles should be used. If the cytology results are inconclusive, endoscopic or surgical GI biopsies endoscopic or GI biopsies may be necessary to get a definitive diagnosis. If surgery is pursued, abdominal lymph nodes biopsies should also be obtained.

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- Other considerations include the following:
 1. Fecal evaluation for ova and Giardia
 2. Prophylactic deworming with Fenbendazole
 3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
 4. Initiation of a probiotic +/- fiber supplement (i.e., Metamucil)
 5. Three-view thoracic radiographs to assess cardiopulmonary status.

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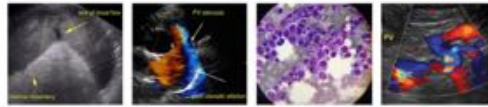
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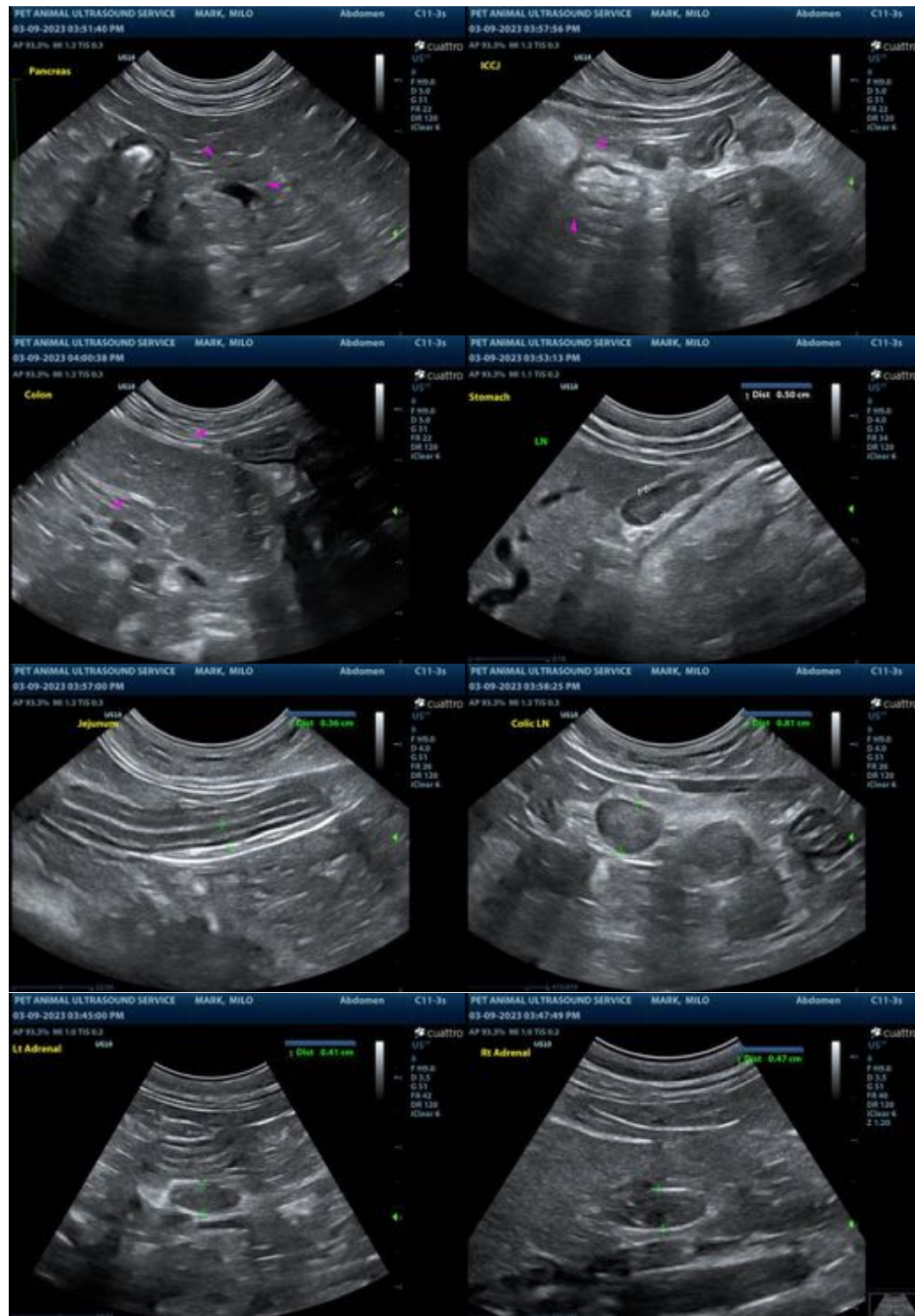
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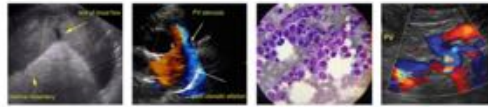


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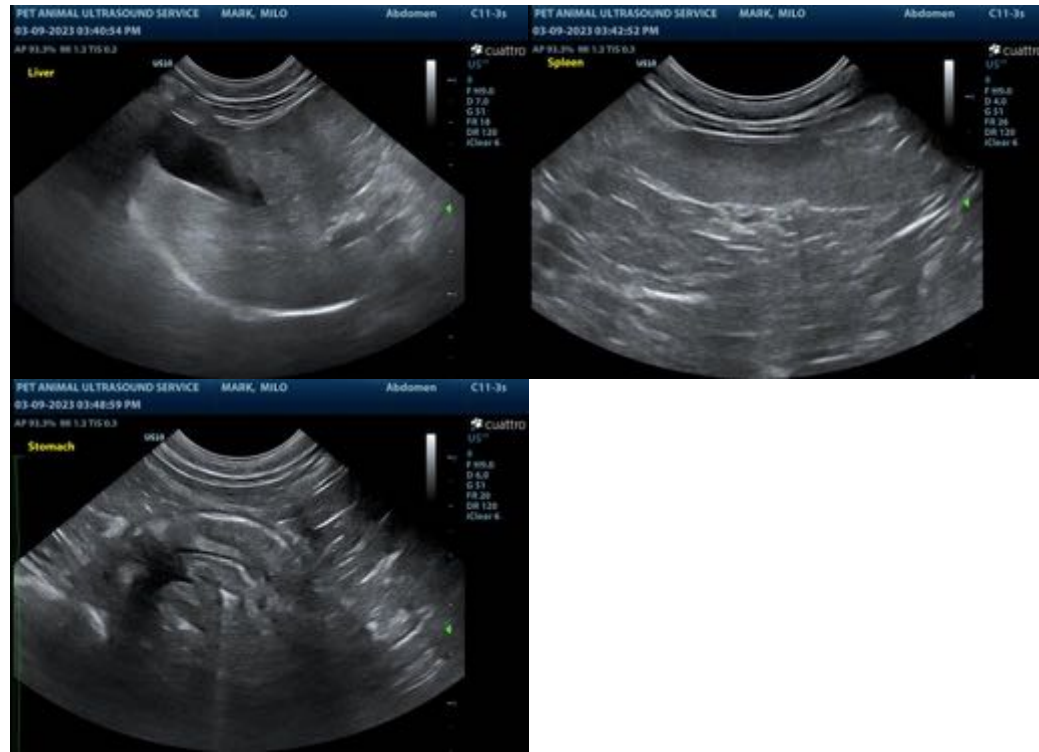
Neutered Male

AGE

12 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.

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 Internal Medicine)

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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