



PATIENT

Mr. Hollingford
Larmour

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 years

WEIGHT

6.25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

INVOICE

10773

DATE

4/20/22

PRESENTING CLINICAL SIGNS

History: vomiting everything he eats since Friday, regulated diabetic on meds for hypertension meds: glargine insulin 2-3 IU q 12 hours, amlodipine 1.25mg q24

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is slightly thickened (up to 0.26 cm) with a subtly irregular mucosal surface. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.25 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.56 cm in length); normal shape and architecture with 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 hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.82 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.

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 gall bladder 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.

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 diffusely thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in many segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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Pancreas

The right limb is visible/prominent, with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. A 0.67 cm cyst is observed within the parenchyma. The pancreatic duct is visible, but not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

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

Other

A 0.67 cm round, cystic structure is observed in the right cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with severe inflammatory bowel disease or emerging lymphoma
- Age-related pancreatic remodeling +/- fibrosis with a parenchymal cyst. Low-grade pancreatitis is also possible, particularly if the patient exhibits cranial abdominal pain on palpation.

Secondary Findings

- Bilateral age-related renal changes
- The urinary bladder wall thickening could be consistent with cystitis or may be artifactual due to lack of full repletion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal biopsies would be necessary to get a definitive diagnosis. Additional diagnostic considerations include the following:

1. Thoracic radiographs (three-view)
2. Fecal evaluation for ova and Giardia
3. GI Panel (send to Texas A&M)
4. Limited antigen diet trial
5. Consider heartworm testing (antigen and antibody) as chronic vomiting has been associated with heartworm disease in cats.

If biopsies are not pursued in this patient, empirical treatment for inflammatory bowel disease with corticosteroids and a hypoallergenic diet can be considered, as long as the client understands the risks of treatment without a definitive diagnosis.



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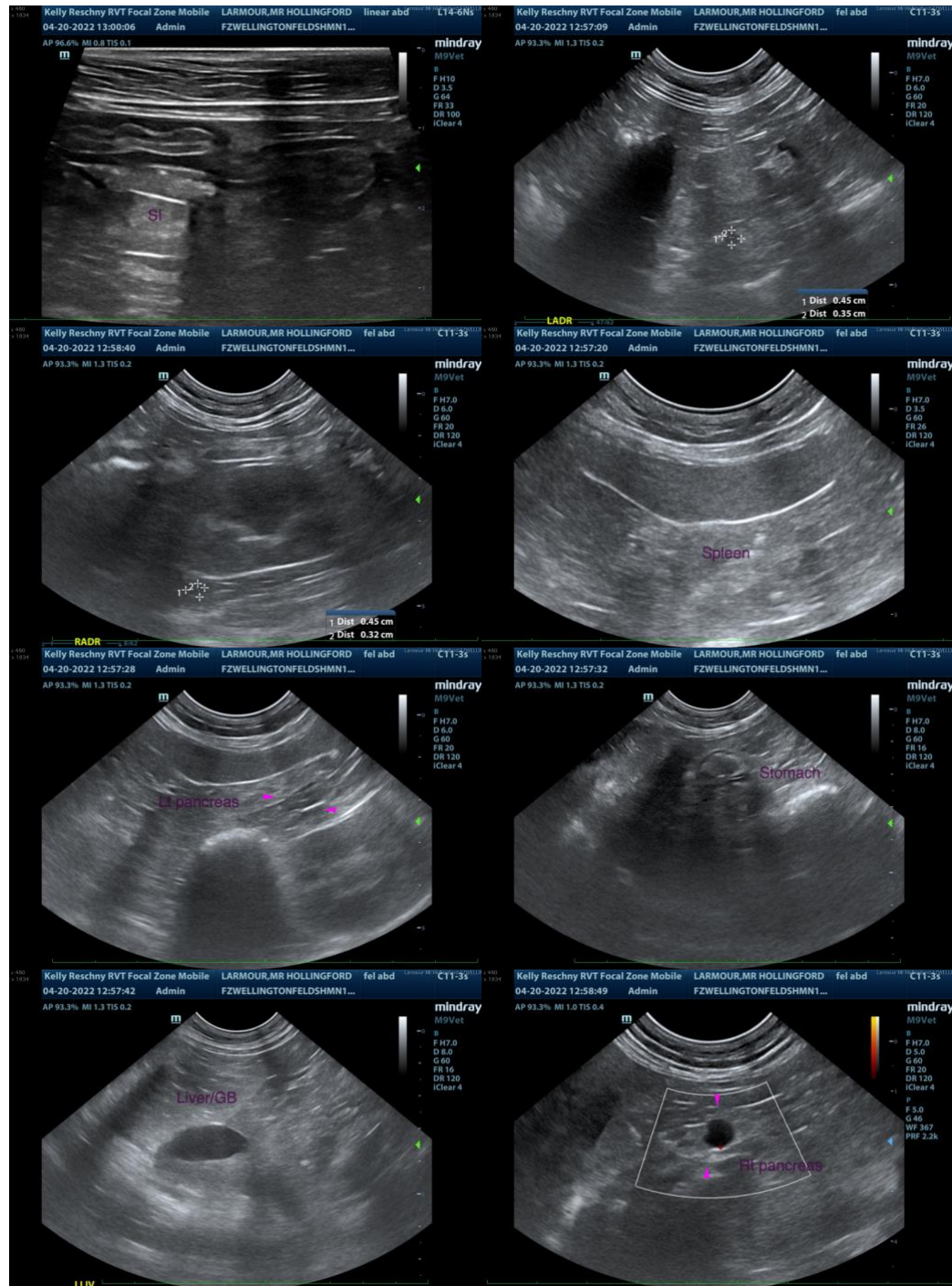
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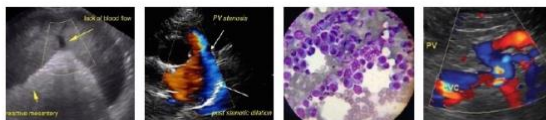
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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