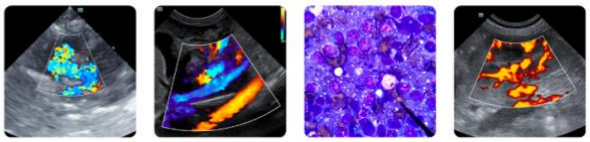




**PATIENT**

Mira Nichols

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11 years 6 mos

**WEIGHT**

7.3 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sophie Lee, DVM

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Sophie Lee, DVM

**INVOICE**

22945

**DATE**

4-29-26

## PRESENTING CLINICAL SIGNS

History: Chronic enteropathy historically partially responsive to novel protein diet. Recently vomiting and diarrhea have increased in frequency and severity. Recently lost 1.5 pounds in 10 weeks with a noted increase in vomiting despite starting prednisolone at 1.5 mg/kg/day prior to that weight loss. She is on a hypoallergenic diet, but O uses tuna or salmon-based OTC wet food for medication administration.

Abnormal PE/Chem/CBC/UA Results: 1/13/26 fPL 50.0. (0.0 - 4.4 µg/L) mild neutrophilia, moderate monocytosis, mild eosinophilia and basophilia mildly reduced creat presumed due to cachexia. 0.6 (0.9 - 2.3 mg/dL) ALP 96 (12 - 59 U/L) T4 1.7 FeLV/FIV neg feline coronavirus antibody by IFA neg 2/7/26. (after pred) monocytosis persists, now mild neutrophils, eosinophils, basophils have normalized creatinine further reduced 0.4 (0.9 - 2.3 mg/dL) ALP normalized 21. (12 - 59 U/L)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.33 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 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.73 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.

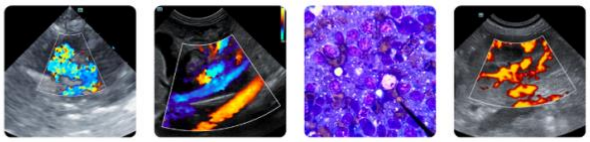
### *Liver*

The liver is prominent-in-size with slightly swollen 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.

The gallbladder lumen is moderately distended. The wall is mildly-thickened (up to 0.14 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastric lumen is moderately-distended with ingesta. 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



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diffusely distended with gas and chyme. 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.

***Pancreas***
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is mildly dilated (up to 0.30 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

***Lymph Nodes***
A few prominent lymph nodes are visualized (one measuring 2.2 x 1.1 cm).

***Free Abdomen***
Trace free fluid is observed.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The pancreatic changes are suggestive of chronic pancreatitis with minor age-related parenchymal remodeling.
- Trace ascites

### Secondary Findings

- Bilateral nonspecific age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- Gallbladder wall changes are suggestive of cholecystitis and/or benign age-related hyperplasia.

*Given the patient's clinical history and sonographic changes, "triaditis" is a consideration in this patient.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended (if not already performed).
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- A strict limited antigen or hydrolyzed protein diet is also recommended to assess for food allergies.
- Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be indicated.

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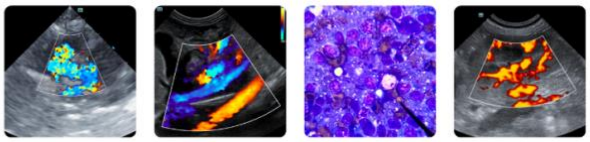

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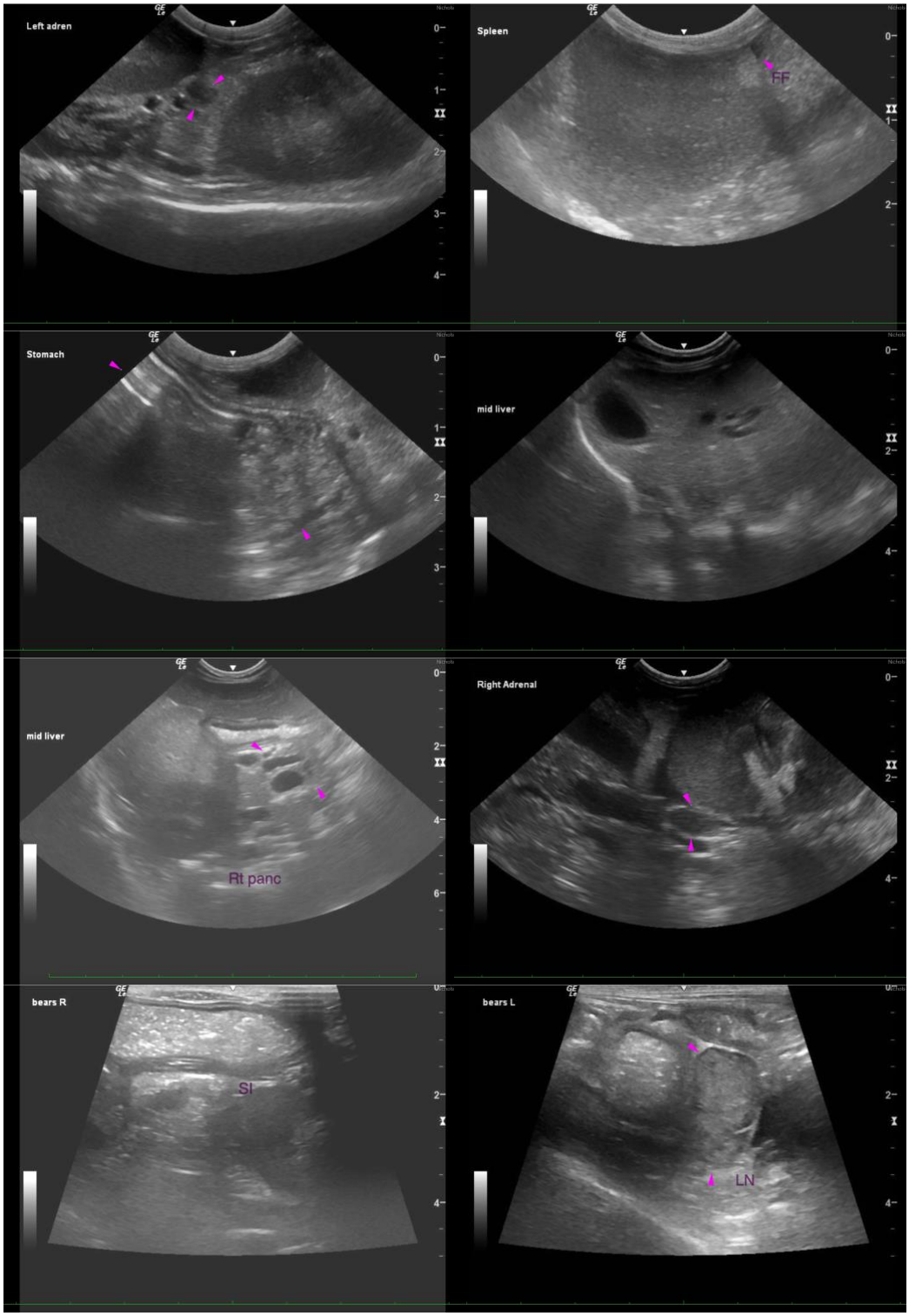

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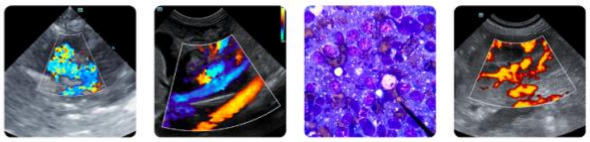

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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