

PATIENT PRESENTING CLINICAL SIGNS

Ziggy Lyons History: Grade II-III/VI heart murmur. Weight loss, diarrhea, hiding. Painful abdomen. Amylase 1543. BP: 96, 99, 101 mmHg. Having bi-cavity ultrasound exams

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

Ragdoll

The left kidney is mildly enlarged (4.43 cm in length) with normal curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

SEX

Neutered Male

The right kidney is normal in size (4.78 cm in length) with normal curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

AGE

13 years

Adrenal Glands

The left adrenal gland is normal size (0.33 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

9.1 lbs

The right adrenal gland is normal size (0.32 cm length; 0.31 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)

Spleen

The spleen is normal in size (0.70 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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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 portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

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Animal MC

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall is normal to mildly thickened (up to 0.53 cm) with apparent retention of the normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm). There is retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is also thickening of the submucosal layer. Discrete masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains granular-appearing fecal material. There is no evidence of an obstructive pattern.

REFERRING VET

Jennifer Hart, DVM

INVOICE

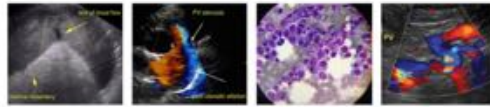
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Pancreas

The base and limbs of the pancreas are normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance.

DATE

4.3.23



PATIENT

The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Ziggy Lyons

Free Abdomen

Trace free fluid is observed. One of the larger nodes measures 1.79 cm in length. The nodes are normal in shape and echogenicity.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Ragdoll

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Trace ascites

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Secondary Findings

- Bilateral chronic nonspecific age-related renal changes
- The mild bilateral adrenomegaly may be a normal variant for this patient or may be secondary to interstitial nephritis or less likely, infiltrative neoplasia.
- Minor age-related pancreatic remodeling

WEIGHT

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 Internal Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:
 1. Fecal evaluation for ova and Giardia as well as Tritrichomonas
 2. Consider prophylactic deworming with Fenbendazole.
 3. A malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended.
 4. Consider a 2-4-week limited antigen or hydrolyzed protein diet trial.
 5. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs are recommended prior to anesthesia.
 6. In the meantime, consider initiation of a probiotic with a high colony count as well as a fiber supplement (i.e., Metamucil or Konsyl).

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Jennifer Hart, DVM

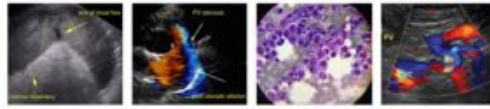
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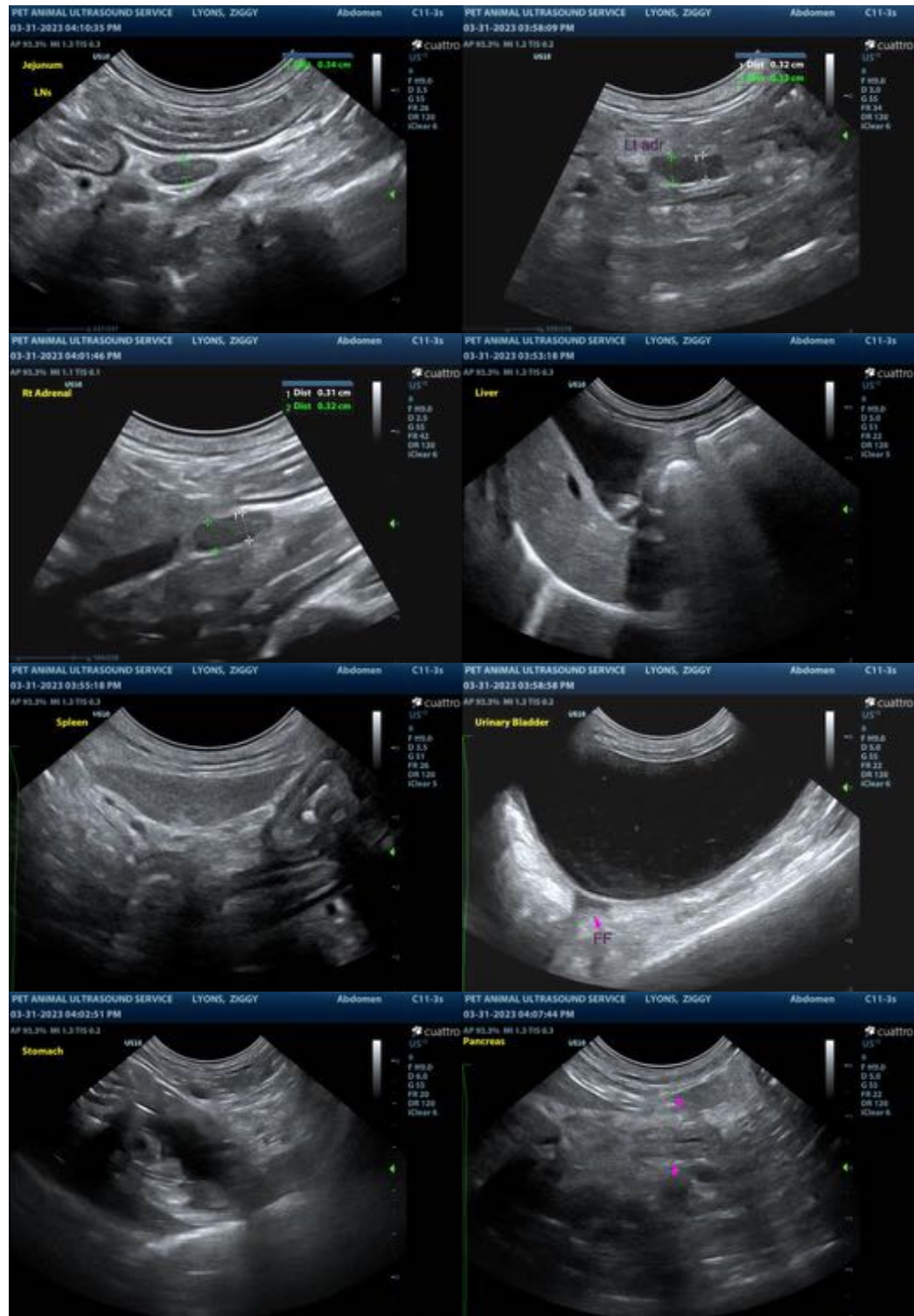
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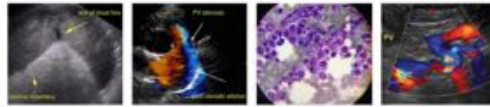
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Ziggy Lyons

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.

SPECIES

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