

## PATIENT PRESENTING CLINICAL SIGNS

- Mochi Zhou
- Chronic diarrhea for about half a year
  - Diarrhea panel normal

## SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Weight loss for 1pound Bw wnl 3 months ago.

## BREED

Maine Coon

## 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 the proximal urethra, visible to a depth of 2 cm, are normal.

## SEX

Neutered Male

The left kidney is normal in size (4.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

## AGE

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The right kidney is normal in size (4.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

## WEIGHT

17.8

### Adrenal Glands

No images provided.

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### Spleen

The spleen is normal in size (0.75 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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Shen li

### 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.

## HOSPITAL NAME

Dr. Shen Li Vet Svc

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

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### Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

## DATE

4-5-26

### Lymph Nodes

One- to two prominent lymph nodes are observed in the left cranial- to mid-abdomen (one measuring 1.01 x 0.43 cm). A few prominent mesenteric lymph nodes are also seen (one measuring 1.06 x 0.50 cm). (See



**PATIENT** also "Other" category).

Mochi Zhou **Free Abdomen**  
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**SPECIES** **Other**  
Feline A 1.4 x 0.9 cm hypochoic- to heterogenous structure is observed in the left mid- to caudal abdomen.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Maine Coon • The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**SEX** • The origin of the hyperechoic- to heterogenous nodule in the left mid- to caudal abdomen is unclear. It may represent a prominent lymph node, nodule within the mesentery, other.  
Neutered Male

**AGE** \*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.  
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**WEIGHT** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

17.8 The following diagnostics/treatment recommendations can be considered:

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1. Texas GI panel including serum cobalamin, folate, PLI and TLI
  2. Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.
  3. A 3-4-week hypoallergenic or hydrolyzed protein diet trial
  4. Also consider initiating a probiotic with a high colony count +/- fiber supplement (i.e., psyllium).
  5. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
  6. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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**PATIENT**

Mochi Zhou

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Neutered Male

**AGE**

4

**WEIGHT**

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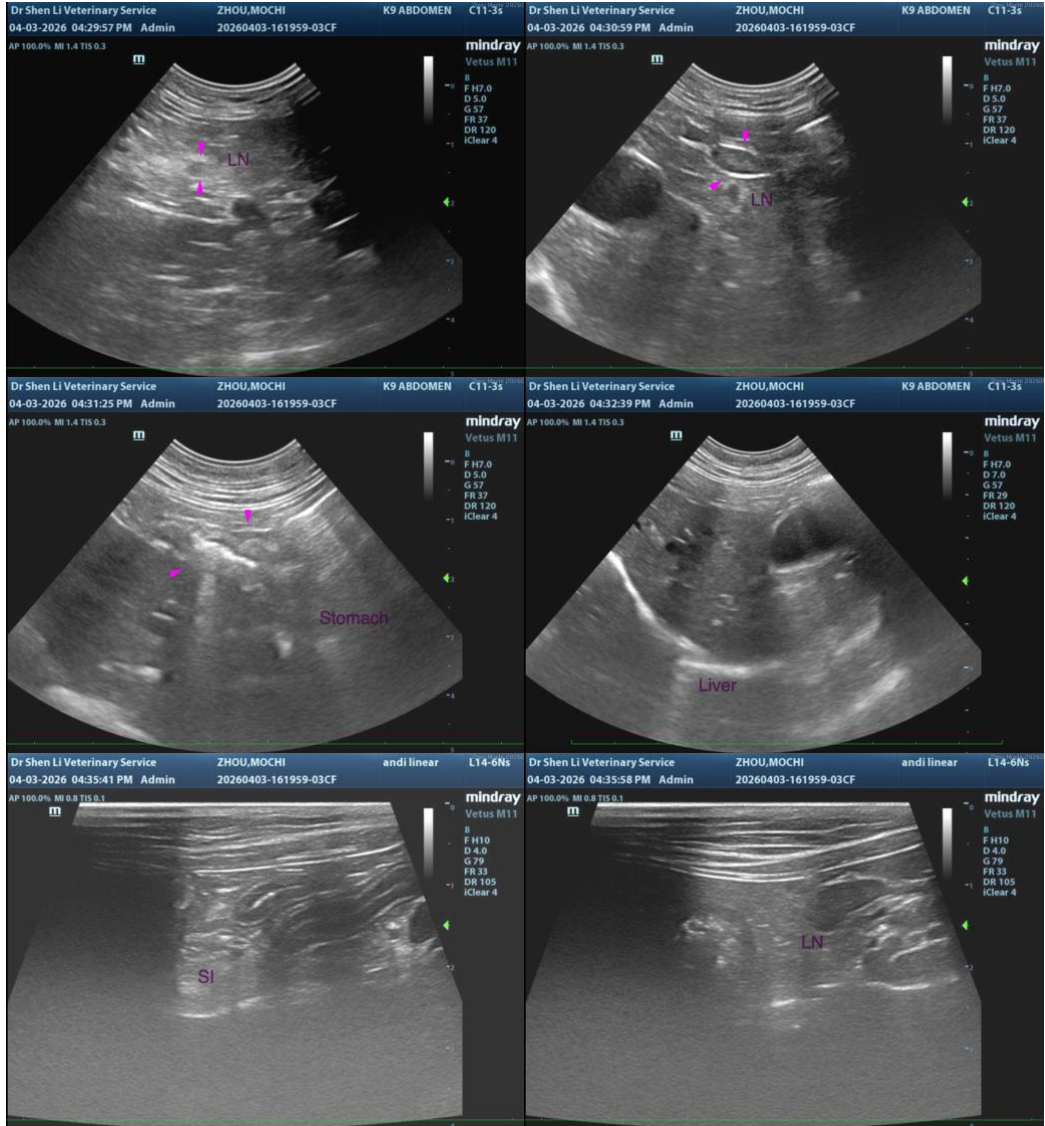
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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