

**DATE PRESENTING CLINICAL SIGNS**

4.7.2023 Presented for recheck from Animal Emergency Hospital 3/22/23. Was seen originally at AEH for decreased appetite, NAR, fever - concern for IBD vs. emerging neoplasia based on results of abdominal ultrasound. At presentation with us on 3/22, P was BAR and vitals WNL. Owners reported patient doing very well at home, eating normally, no vomiting or diarrhea, etc.

**PATIENT**

Nova Bowling

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

3/1/2020

**WEIGHT**

12.5 lbs

**INTERPRETED BY**

Andrea Nicastro,  
DMV, Diplomate  
DACVIM (Small  
Animal  
Internal Medicine)

**HOSPITAL NAME**

Churchville VC

**REFERRING VET**

Dr. Kauffman

**INVOICE**

12728

Current Medications: Prednisolone Tablets 5mg #42 - GIVE 1.5 TABLETS TWICE A DAY FOR 7 DAYS THEN GIVE 1.5 TABLETS ONCE A DAY FOR 7 DAYS THEN GIVE 1.5 TABLETS EVERY OTHER DAY UNTIL FINISHED (started 3/20). Gabapentin 25mg - 1 tab q8-12 hours as needed. P will have finished Cerenia 24mg 1/2 tab SID, doxycycline 50mg SID, buprenorphine 0.3mg/mL 0.4 mL BID by time of ultrasound.

Lab Results: 3/18: Bloodwork at AEH: mild hyperglycemia (204, then 186 when rechecked), mild PCV elevation (54%, then 45% when rechecked), moderate leukocytosis (31k) characterized by a moderate neutrophilia (27k), mild eosinopenia. 3/22: Rechecked CBC: mild neutrophilia (11k) and mild eosinopenia Date of Previous IntraPet Ultrasound: 3/20/23. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small 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.

The left kidney is normal in size (3.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.68 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is normal in size (0.63 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/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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileum is normal. The wall of the proximal colon is borderline thickened (up to 0.25 cm) with a normal layering pattern. The remaining colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

### ***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.

### ***Free Abdomen***

There is no evidence of free fluid. A few prominent colic lymph nodes are visualized (the largest measuring 0.62 cm in length). Surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

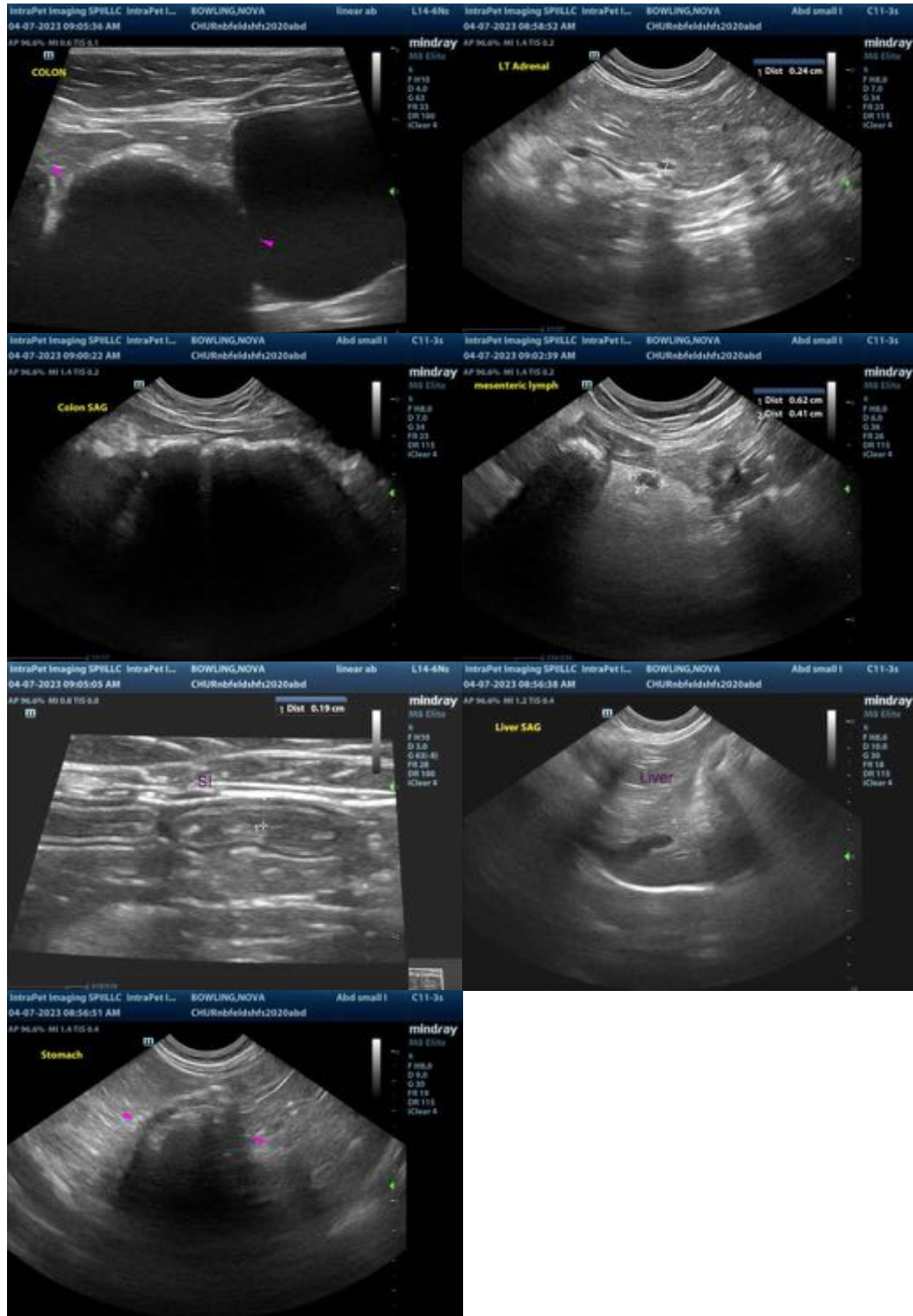
### **Findings**

- Borderline proximal colonic wall thickening. Differentials include inflammation versus neoplasia. Changes are improved compared to the previous sonogram.
- The colic lymphadenopathy could be consistent with reactive change or infiltrative neoplasia. A benign process is favored. Changes are similar to the previous sonogram.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a recheck ultrasound in 4-6 weeks (or sooner if problems arise) to reassess for bowel and lymph node pathology.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended (if not already performed).





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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