



**PATIENT**

Bucca Stahler

**PRESENTING CLINICAL SIGNS**

History: vomiting, 5-lb weight loss, palpable thickened intestines  
Abnormal PE/Chem/CBC/UA Results: BW pending

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

DLH

**SEX**

Neutered Male

The left kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

12 years

The right kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

9.8 lbs

**Adrenal Glands**

The left adrenal gland is normal size (0.42 cm cranial) (0.46 cm caudal) (0.66 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.48 cm cranial) (0.42 cm caudal) (1.01 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Adrienne Ligenza

**Spleen**

The spleen is subjectively prominent in size with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Rush Vet Clinic

**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.

**REFERRING VET**

Dr. Lori Milot

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.

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**Gastrointestinal**

The gastric lumen is mildly 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 not dilated. The small intestinal wall is diffusely thickened (up to 0.56 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1: 1 ratio in most segments. In some segments of small intestine, there is a trend towards a loss of the normal layering pattern. The colonic wall is normal. There is no evidence of an obstructive pattern.

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**Pancreas**

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.20 cm in diameter).

**Free Abdomen**

A small amount of free fluid is present. The mesentery throughout the abdomen is hyperechoic. Several prominent mesenteric lymph nodes are visualized, the largest measuring 3.36 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

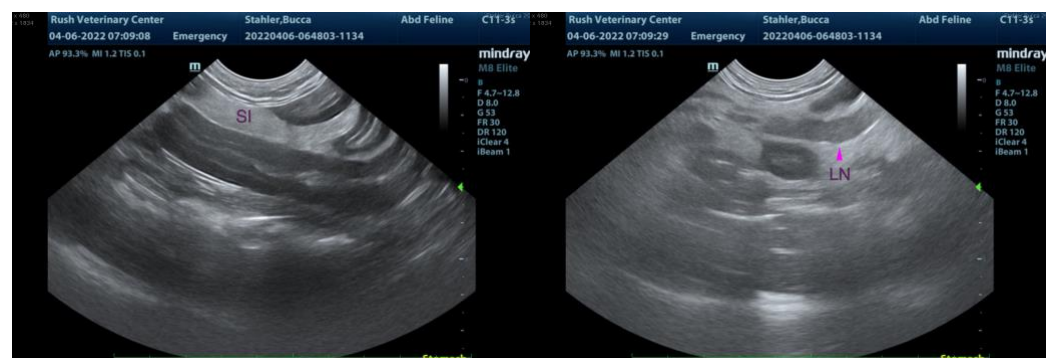
- The small intestinal wall changes are concerning for emerging lymphoma. However, a severe inflammatory process cannot be completely excluded.
- The prominent abdominal lymph nodes could be consistent with infiltrative neoplasia, lymphoid hyperplasia or reactive lymphadenitis.
- The pancreatic changes are suggestive of chronic pancreatitis.
- Diffuse peritonitis is present, likely secondary to bowel pathology.

**Secondary Findings**

- The mild splenomegaly could be consistent with antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or emerging neoplasia.
- Bilateral age-related renal changes with nonobstructive nephrolithiasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. In order to get a definitive diagnosis, GI biopsies would be necessary. Surgical biopsies would be ideal in that all areas of bowel can be accessed, and abdominal lymph nodes can also be sampled. A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.
- If biopsies are not to be pursued in this patient, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) as long as the client understands the risks of treatment without a definitive diagnosis.





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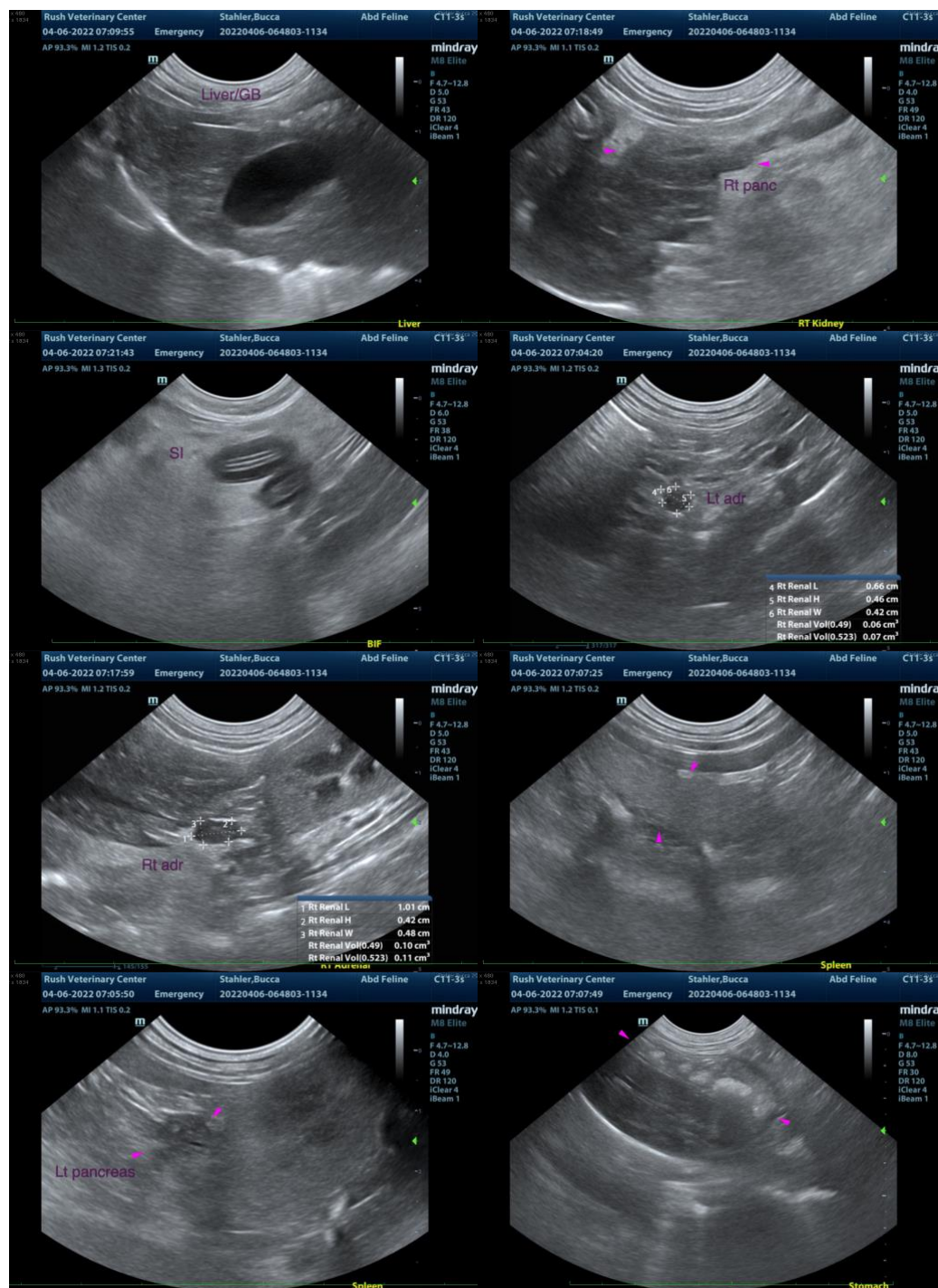
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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