



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sterling Howe  
**SPECIES** History: Hasn't been eating for 3 days. Only a little bit of diarrhea. Hiding. Multi-cat household so difficult to see if urinations changed. No meds currently. No change in food diet. No new cats. Just Charlie doing ok. If needed to sedate please trim abdomen masses.  
 PE: tacky, dark pink (pigmented) mucous membrane

Feline  
 Abnormal PE/Chem/CBC/UA Results: low ALP. elevated Amylase

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DLH *Urinary System***

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

**SEX**

Neutered Male  
 The left kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

15 years, 2 mos  
 The right kidney is normal in size (4.18 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

10.9 lbs

***Adrenal Glands***

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

**INTERPRETED BY**

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

***Spleen***

The spleen is normal in size (0.74 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**

Dr. Raul Casas

***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.

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State Avenue VC

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

***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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**REFERRING VET**

Dr. Raul Casas

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***Pancreas***

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

**DATE**

5.1.23



**PATIENT**

Sterling Howe

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

**SPECIES**

Feline

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.71 cm gastric lymph node is visualized.

**BREED**

DLH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The small intestinal wall changes are most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

**SEX**

Neutered Male

**Secondary Findings**

- The prominent gastric lymph nodes is likely reactive, with a lower possibility of emerging neoplasia.
- Bilateral chronic age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

15 years, 2 mos

**WEIGHT**

10.9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the vague clinical signs, three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider orthopedic and neurologic examination to assess for nonmetabolic causes for anorexia.
- Regarding the bowel changes, consider the following:
  - Fecal evaluation for ova and Giardia
  - Prophylactic deworming with Fenbendazole
  - GI panel including serum cobalamin and folate, TLI and PLI
  - When the patient begins eating again, consider transitioning to a hydrolyzed protein or limited antigen diet to assess for food allergies.
  - Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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**PATIENT**

Sterling Howe

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

15 years, 2 mos

**WEIGHT**

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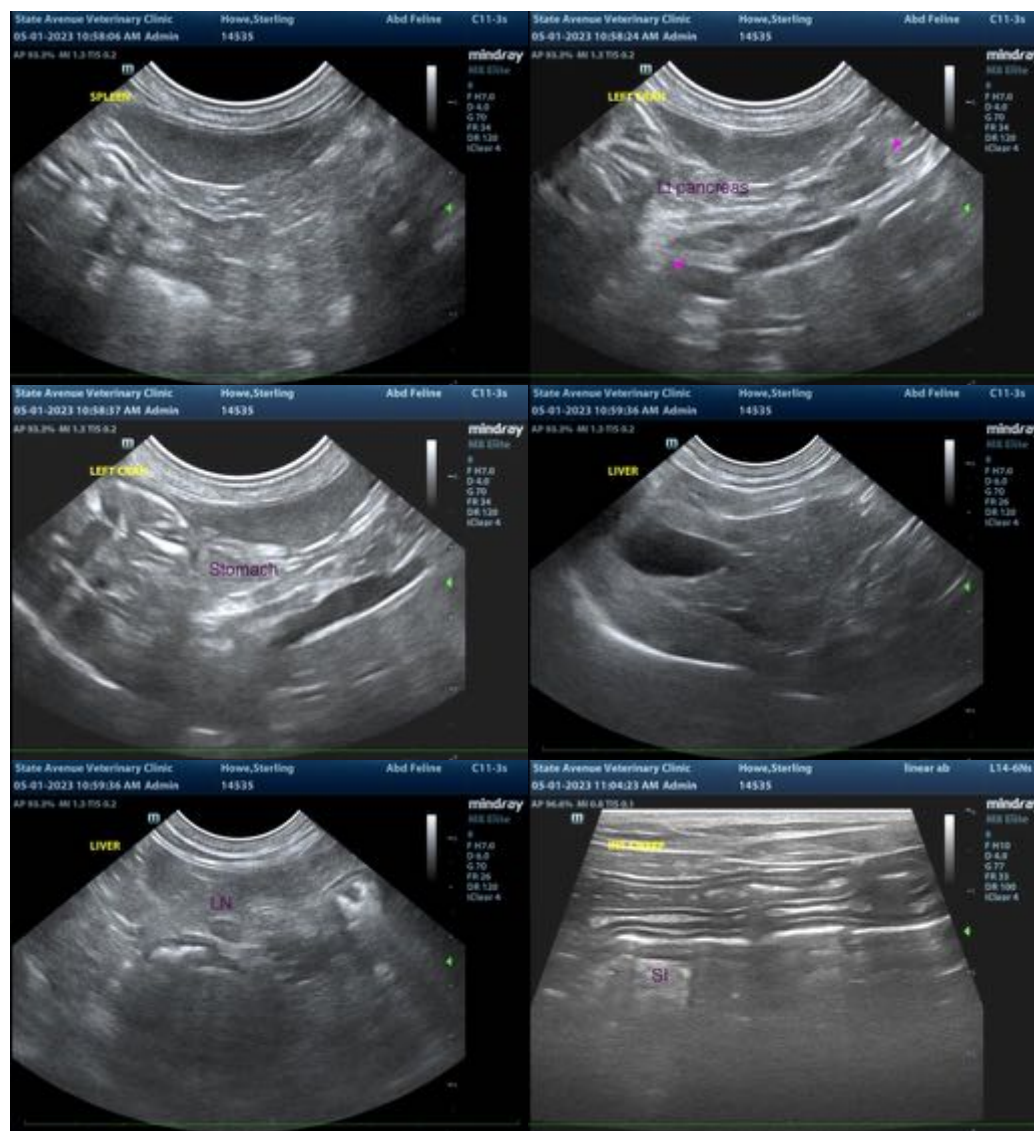
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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