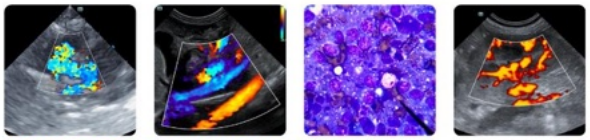


PATIENT

Sven Montgomery

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Adkins

INVOICE

13714

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Sven presents for weight loss despite increased appetite Patient History: - Has not gained weight since last visit - Stool sample last week showed trace blood, results negative - Constantly hungry and thirsty, constantly eating and drinking - Switched to wet food, sometimes eats dry kibble which is harder to digest and more likely to cause vomiting - Most stools very soft, sometimes does not make it to litter box - May be urinating at the same time as defecating - Litter box cleaned daily, sometimes twice daily - Large volumes of urine, 2-3 bowel movements daily, rarely 4 - Vomited frequently yesterday - Eating wet food consistently since October - Blue Buffalo foods (wet or dry) cause immediate vomiting - Loudest digestive system sounds since onset of signs - Used to require two people to pick up, now much thinner - Signs present for several months - Lives with one other older cat that weighs more and still has energy Abnormal PE/Chem/CBC/UA Results: WBC 46,000 Neu 41,000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (3.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Pinpoint mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.29 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

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.

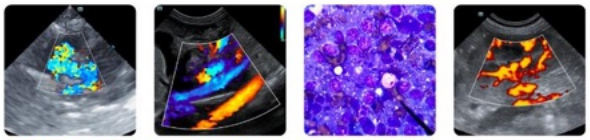
Liver

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

The gallbladder 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.

Gastrointestinal

The gastric lumen is moderately distended with liquid appearing 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 segmentally dilated with gas. The small intestinal wall is normal to mildly thickened



PATIENT

Sven Montgomery

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Adkins

INVOICE

13714

DATE

5/11/26

(up to 0.32 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The ileocecocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, the pancreas is subjectively normal in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.

Lymph nodes

A cluster of prominent irregular hypoechoic mesenteric lymph nodes are visualized, one of the nodes measuring 1.81 x 1.10 cm. Surrounding mesentery is slightly hyperechoic.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia (i.e., lymphoma).

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis.
- The mild urinary debris is likely a benign, incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended along with a GI panel including serum cobalamin, folate, TLI and PLI.
2. A total T4/free T4 by equilibrium dialysis should also be considered if not already performed.
3. Three-view thoracic radiographs should also be considered to assess for occult pathology in the chest.
4. Consider fine needle aspiration of a prominent mesenteric lymph node (if accessible and if clotting status is appropriate). A 25-gauge needle should be used. Alternatively, consider endoscopic or surgical GI biopsies.
5. If further testing is not pursued, empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen or hydrolyzed protein diet) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.

PATIENT

Sven Montgomery

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

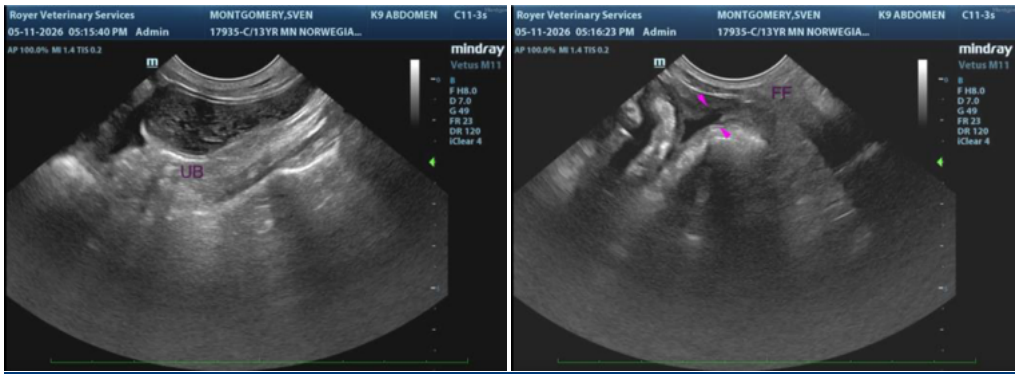
Dr. Adkins

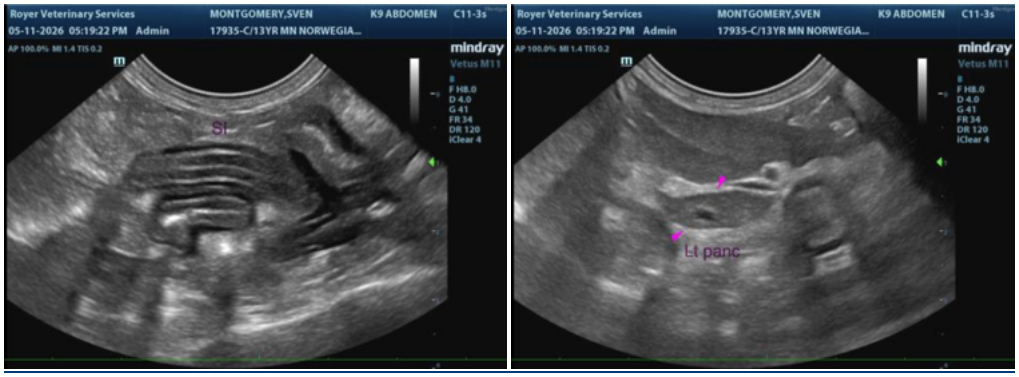
INVOICE

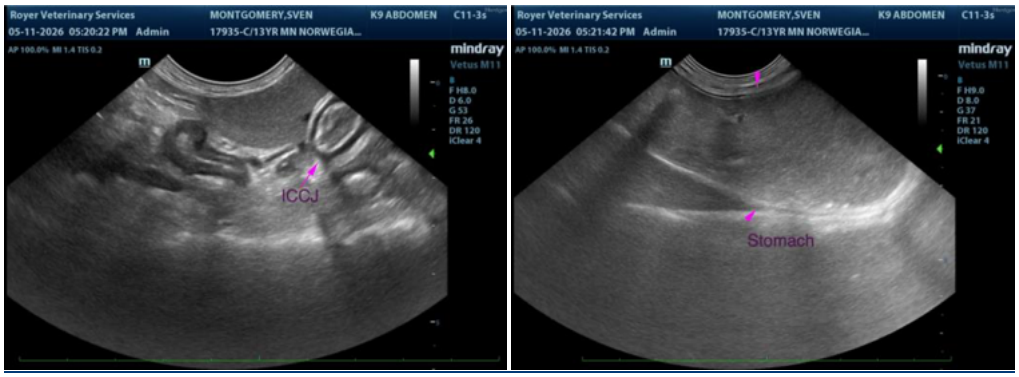
13714

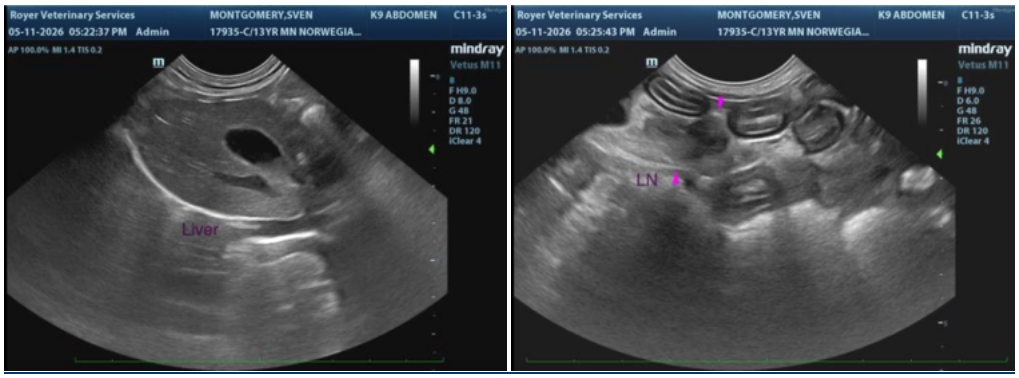
DATE

5/11/26

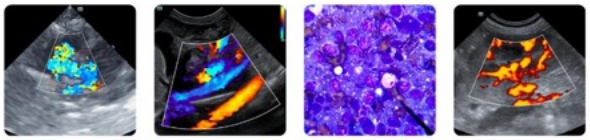








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Sven Montgomery

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Adkins

INVOICE

13714

DATE

5/11/26

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com