



## PATIENT

Honey Khan

## SPECIES

Feline

## BREED

British Shorthair

## SEX

Male, neutered

## AGE

2 Yrs.

## WEIGHT

5.5 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Petzoic Emergency

## REFERRING VET

Dr. Almeida

## INVOICE

13718

## DATE

5/12/26

## PRESENTING CLINICAL SIGNS

**History:** Presented for a 4-day history of vomiting once per day, low energy, and decreased appetite. The owner also reported soft stools yesterday. Appetite has been reduced for the past 2 days and he has not eaten at all today or yesterday. Bloodwork reveals slightly elevated hematocrit, SDMA 15, GGT 5, T4 normal, cPL normal.

## 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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.70 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 normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.01 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 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 (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

The spleen is normal to slightly prominent in size (0.95 cm in width at the level of the hilus) with smooth peripheral 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. The portal vein to caudal vena cava ratio is approximately 1:1).

The gall bladder lumen is moderately distended. The wall is thin and smooth. A bi-lobed or folded confirmation is suspected. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.29 cm in width).

### 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. There is disruption in the normal 1:3 muscularis: mucosal ratio. There is also evidence of submucosal thickening in some regions. Discreet masses are not identified. The ileocecal colic junction



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and colonic wall are normal. The colonic lumen contains unformed fecal material. No obvious obstructive disease is noted.

### **Pancreas**

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is not overtly dilated.

### **Lymph nodes**

A 0.79 x 0.44 cm gastric lymph node is visualized. Several prominent hypoechoic irregular mesenteric lymph nodes are also seen, one of the nodes measuring 2.65 x 0.80 cm. Surrounding mesentery is mildly hyperechoic.

### **Free Abdomen**

There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia.

### Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspiration of the prominent mesenteric lymph nodes (assuming normal clotting status). 25-gauge needles should be used. If cytology results are inconclusive, consider an abdominal exploratory with surgical GI and abdominal lymph node biopsies. A GI panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia should also be considered.



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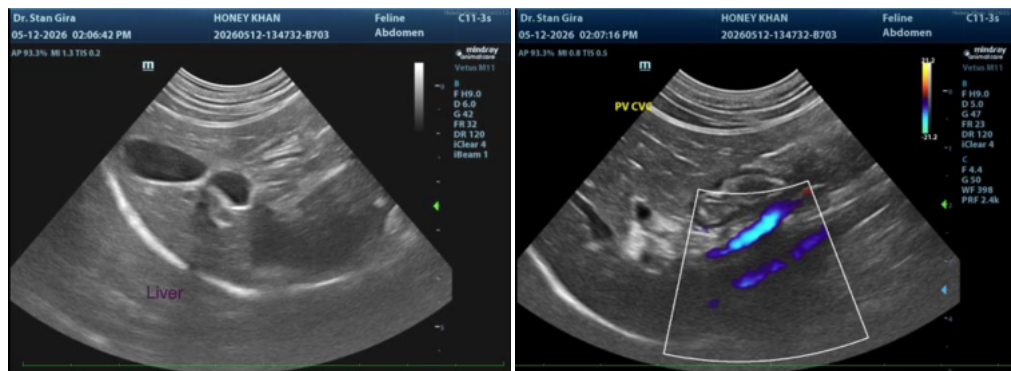
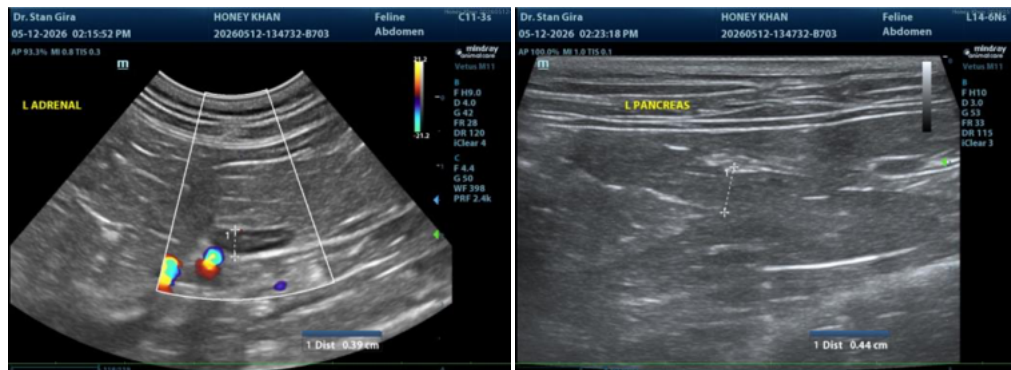
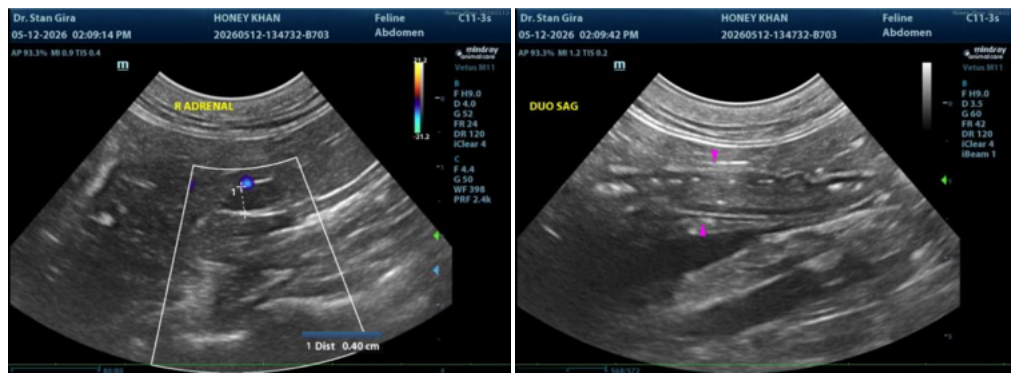
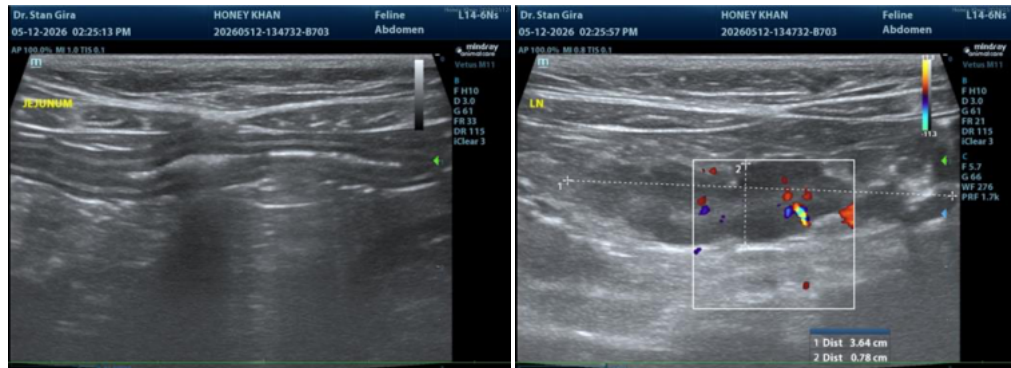
Dr. Almeida

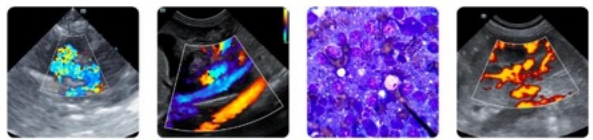
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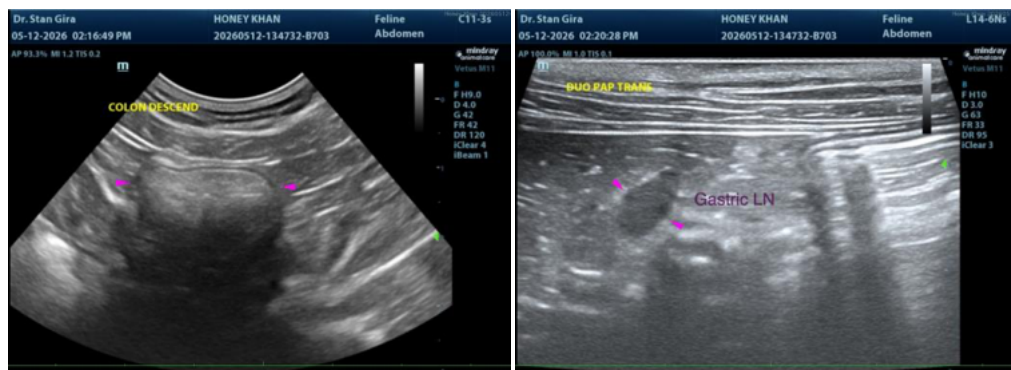
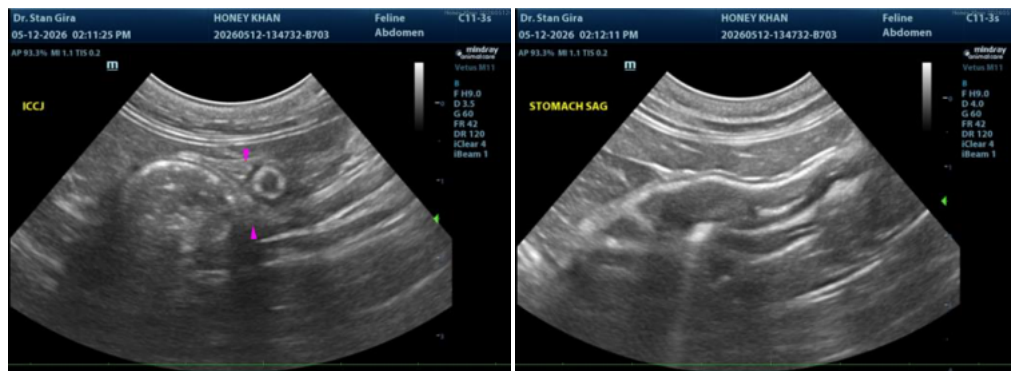
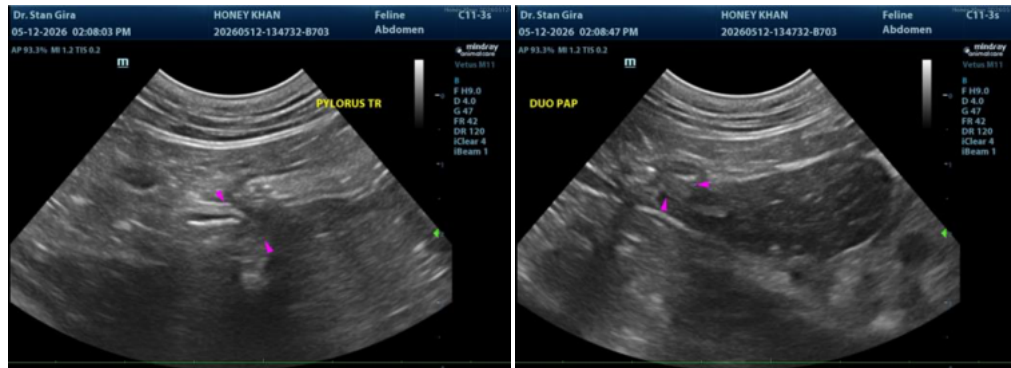
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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