**PATIENT PRESENTING CLINICAL SIGNS**

Junior Clinedinst

History: Chronic uveitis, GI signs, concerned pet may have lymphoma. Currently on Budesonide, Metronidazole, and Probiotics.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: (04/12/2022) Texas GI panel indicative of SIBO and possibly pancreatitis. (04/06/2022) U/A: USG 1.033, protein trace, and fat droplets.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A moderate amount of aggregated, echogenic suspended sludge is observed within the lumen. In the dorsal aspect of the cystourethral junction, a portion of the wall is hyperechoic to mineralized. The region of the trigone is normal. No cystic calculi are observed. The visible portion of the proximal urethra is normal.

SEX

Neutered Male

AGE

20 years, 2 mos

The left kidney is mildly enlarged (4.80 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

11.6 lbs

The right kidney is mildly enlarged (4.57 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.89 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen**HOSPITAL NAME**

Shenandoah AH

The spleen is normal in size (0.79 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.

REFERRING VET

Dr. Cathy Jarrett

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.

INVOICE

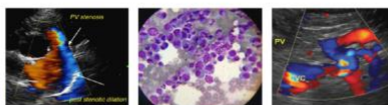
10916

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

DATE

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Gastrointestinal

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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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

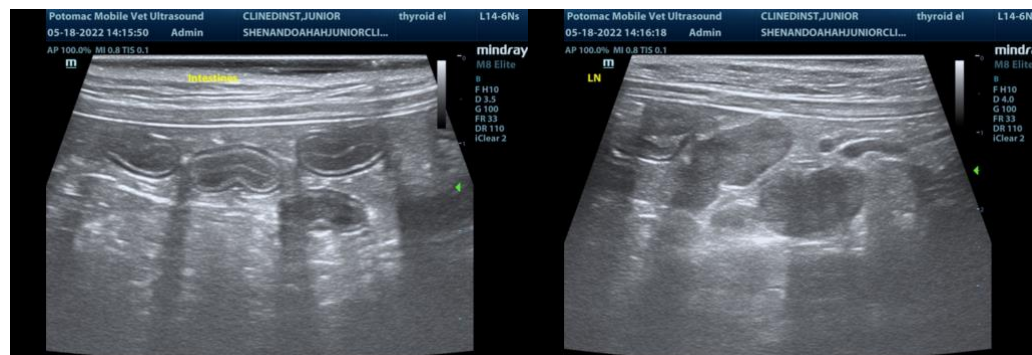
There is no evidence of free fluid. A cluster of prominent jejunal lymph nodes is visualized (the largest measuring 2.28 cm in length). Surrounding mesentery is mildly hyperechoic.

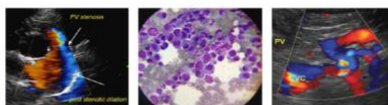
ULTRASONOGRAPHIC FINDINGS

- The jejunal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- 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.
- Bilateral, age-related renal changes
- The mild adrenomegaly may be a normal variant for this patient, or may be secondary to inflammatory or less likely, infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- In order to determine if GI lymphoma is present, biopsies (i.e., endoscopic or surgical) would be necessary. Surgical biopsies would be ideal in that all areas of bowel can be accessed and lymph nodes can also be sampled. Thoracic radiographs should be performed prior to any anesthetic event. Ideally, the patient should be tapered off Budesonide prior to tissue sampling to avoid masking of underlying GI disease.





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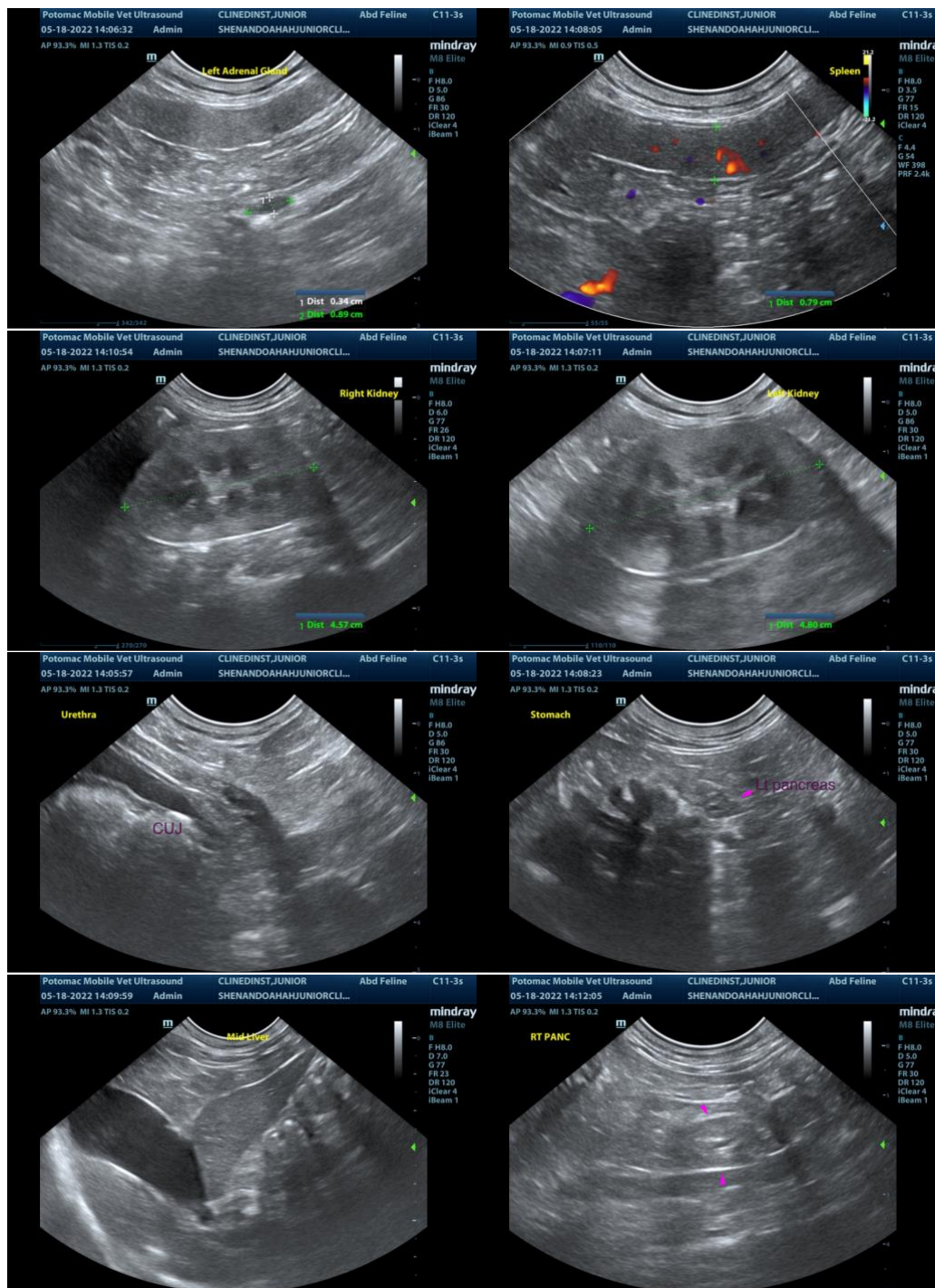
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

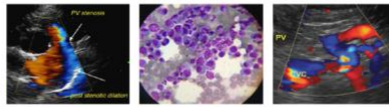
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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