



PATIENT PRESENTING CLINICAL SIGNS

CHAI McLeer
SPECIES Feline
BREED Siamese
SEX Neutered Male
AGE 1 year 11 mos
WEIGHT 5.05 kg

History: Chai has a presenting history of anorexia that has been ongoing since the previous Wednesday. He has had significant weight loss over the past week, losing approximately 0.5 kg. He is lethargic. He was seen at FCPH on Friday for constipation, at which time he received SQ fluids, mirtazapine, and lactulose. He was also hospitalized earlier in the week at Little Creek for suspected constipation and passed feces on Thursday night. On presentation, he was assessed to be cardiopulmonary stable. He appeared mildly icteric. Chai has been hospitalized on IV fluid therapy, Denamarin and analgesia. He has a feeding tube in place and has been receiving ¼ RER feedings, plan to gradually increase as tolerated.

Abnormal PE/Chem/CBC/UA Results: Repeat blood work at our facility revealed a hyponatremia (148 on recheck lytes), hypochloremia (109 on recheck lytes), elevated ALT (151), hyperbilirubinemia (40) and hypocholesterolemia (0.44).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 (4.22 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.49 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 gallbladder is distended. The wall is normal in thickness. A small- to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and mildly dilated (up to 0.30 cm). The duodenal papilla is normal-in-size (0.33 cm in width). There is no obvious evidence of intraluminal obstruction.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Fishcreek Emergency

REFERRING VET

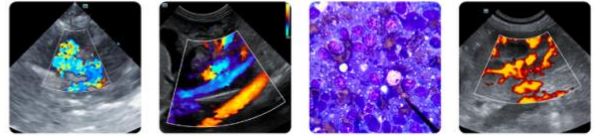
Dr. Alex

INVOICE

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DATE

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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 is diffusely thickened (up to 0.42 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes

One- to two prominent mesenteric lymph nodes are visualized (one measuring 1.45 x 0.37 cm).

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 diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- Mild cystic/common bile duct distention without obvious evidence of intraluminal obstruction

Secondary Findings

- The trace right pyelectasia may be secondary to fluid therapy, pyelonephritis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia, FIV, and FIP testing are recommended.
- Consider fine-needle aspiration of the liver (assuming normal clotting status). A 25-gauge needle should be used.
- Given the bowel changes, consider a GI panel including serum cobalamin and folate, TLI and PLI, fecal evaluation for ova and Giardia, +/- GI biopsies (i.e., endoscopic or surgical). If GI biopsies are indicated, surgical GI biopsies are preferred in that full-thickness tissue samples can be obtained of all parts of the bowel.
- While awaiting test results, continued symptomatic care and nutritional support is recommended.



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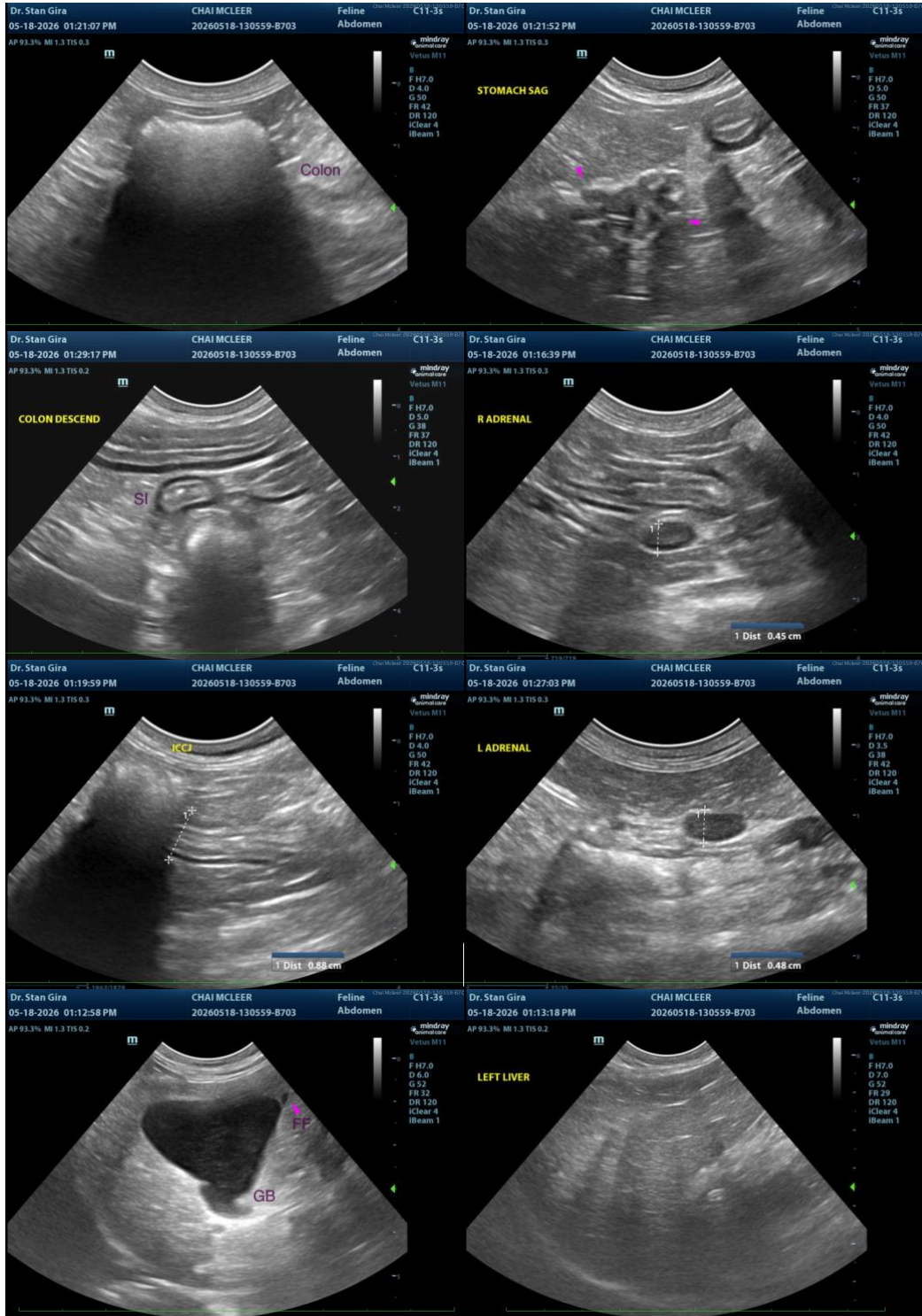
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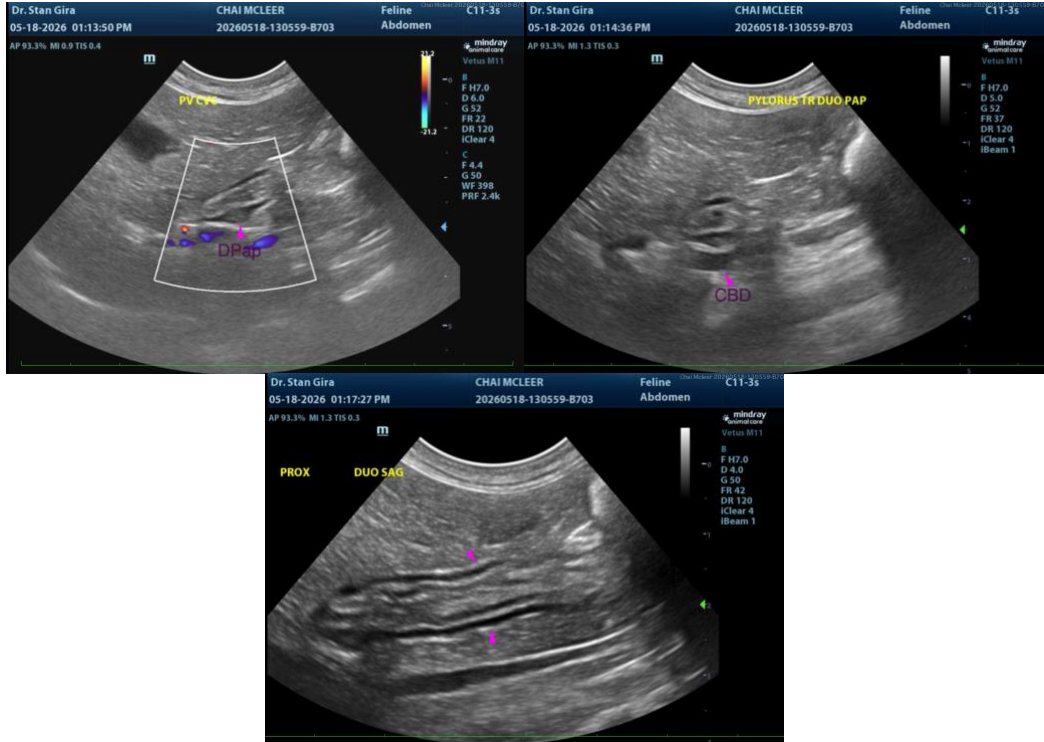
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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