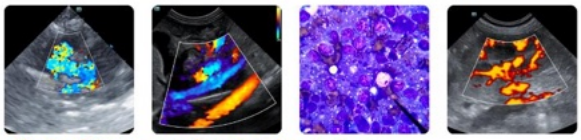


DATE

5/18/26

PATIENT

Will Welsh

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

7/1/2013

WEIGHT

9.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Lutherville AH

REFERRING VET

Dr. Morgan

INVOICE

13729

PRESENTING CLINICAL SIGNS

Patient History: Will presented for continued vomiting since last visit, pruritus with excessive licking at paws, and weight loss. Wt 9.6 lbs (two days ago, weight was 9.94 lbs). Appetite is present but vomiting occurs after eating. Owner reports polydipsia which is increased from baseline. See submission form for more detailed history.

Current Medications: Admin Cerenia 0.43 mL SQ + LRS 100 mL SQ + 0. 25 mL Dexamethasone IM
Labwork Results: Labwork submitted. Reported as CBC- very minor increase in basophils (WBC count WNL), platelets increased, clumping noted. No WBC/RBC morphology concerns. Chem- unremarkable. Total T4- WNL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: dex dom ketamine buprenex required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Andi Parkinson RDMS

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 is normal.

The left kidney is normal in size (3.59 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.14 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.61 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 slightly irregular peripheral margins. The parenchyma is isoechoic relative to the spleen. Several varying sized cystic and multi-septated cystic nodules/masses are observed throughout the organ, one of the lesions measuring 1.4 x 1.0 cm. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta and soft-shadowing material. 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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. The left limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. A 0.51 x 0.31 cm hypoechoic nodule is observed within the parenchyma. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Lymph nodes

A few prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.62 x 0.29 cm. Surrounding mesentery is slightly 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 cystic hepatic lesions could be consistent with biliary cystadenomas or less likely, biliary cystadenocarcinomas.
- The pancreatic changes are suggestive of chronic pancreatitis with parenchymal remodeling. The hypoechoic pancreatic nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of an emerging tumor.

Secondary Findings:

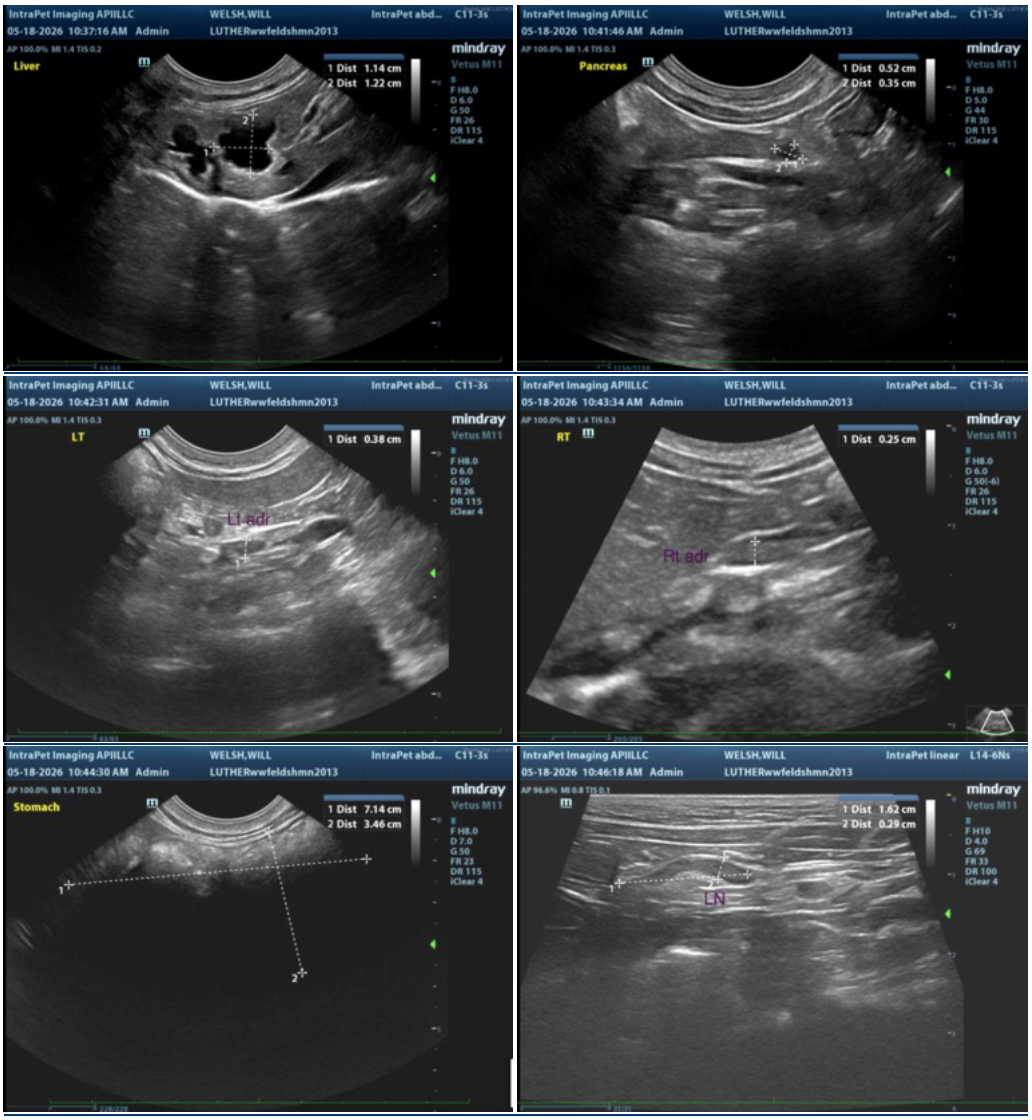
- Bilateral nonspecific, age-related renal changes
- The soft-shadowing material within the gastric lumen may represent normal ingesta and/or foreign material (i.e., hair). It appears non-obstructive at the time of this study.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

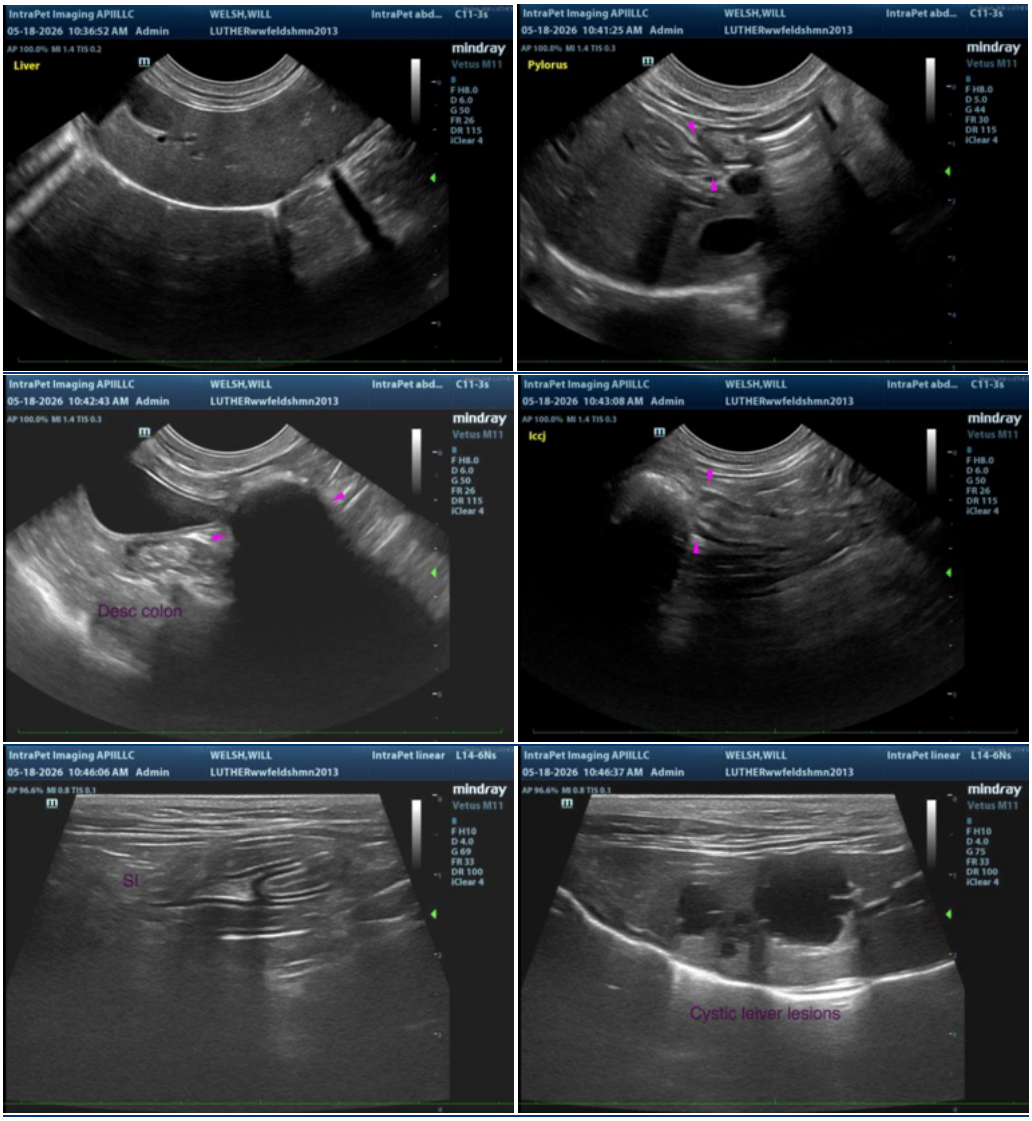
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
4. Initiation with a probiotic may also prove beneficial.
5. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.

6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.
7. For patients where chronic vomiting is present but additional diagnostics are not to be performed, consider empirical treatment for Helicobacter gastritis, which includes a 14–21-day course of amoxicillin, metronidazole, clarithromycin and an acid blocker (i.e., omeprazole or famotidine).





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