

**PATIENT PRESENTING CLINICAL SIGNS**

Mowgli Morgan  
History: Weight loss- 2 lbs, vomiting, History of hyperthyroidism. On methimazole and is well controlled.  
Abnormal PE/Chem/CBC/UA Results: Lab work NSF- T4 0.8 -renal tech positive

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline  
*Urinary System*

**BREED**  
Domestic Shorthair  
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.

**SEX**  
Neutered Male  
The left kidney is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

**AGE**  
8/1/2009  
The right kidney is normal size (3.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**  
6.95 kg.  
*Adrenal Glands*  
The left adrenal gland is upper limits of normal in size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**  
The right adrenal gland is upper limits of normal in size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**IMAGING PERFORMED BY**

The spleen is normal in size (0.93 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.

Loetitia Saint-Jacques, RVT  
*Liver*

**HOSPITAL NAME**  
Desert Hills AH  
The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen. A 0.89 cm ill-defined hypoechoic nodule is observed on the left side. In addition, an ill-defined 1.48 cm hypoechoic nodule is observed on the right. 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 aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**REFERRING VET**  
Dr. Brock  
*Gastrointestinal*

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14884  
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

**DATE**  
5/2/23



**PATIENT** *Pancreas*

Mowgli Morgan

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SPECIES**

Feline

*Free Abdomen*

**BREED**

Domestic Shorthair

There is no obvious evidence of free fluid. A 0.83 cm lymph node is observed at the aortic trifurcation. A few prominent colic lymph nodes are also seen, the largest measuring 0.58 cm. The mesentery surrounding all nodes is hyperechoic.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**AGE**

8/1/2009

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The diffuse hepatic parenchymal changes are non-specific and could be secondary to hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging neoplasia (i.e., lymphoma, other hepatopathy). The hypoechoic nodules may represent inflammatory foci, granulomas, emerging neoplasia, other.

**WEIGHT**

6.95 kg.

**Secondary Findings:**

**INTERPRETED BY**

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

- Mild bilateral chronic renal changes with left pyelectasia.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Desert Hills AH

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease and neoplasia.
- Consider a fecal evaluation for ova and Giardia as well as a malabsorption panel (i.e., serum cobalamin, folate, TLI and PLI).

**REFERRING VET**

Dr. Brock

- Fine needle aspiration of the liver with particular attention to the hypoechoic nodules can also be considered, if clotting status is appropriate. 25-gauge needles should be used.

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- A 2-4-week limited antigen or hydrolyzed protein diet trial can also be considered to evaluate for food allergies.

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- Initiation of a probiotic may also prove beneficial.

- Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



**PATIENT**

Mowgli Morgan

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

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Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

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**REFERRING VET**

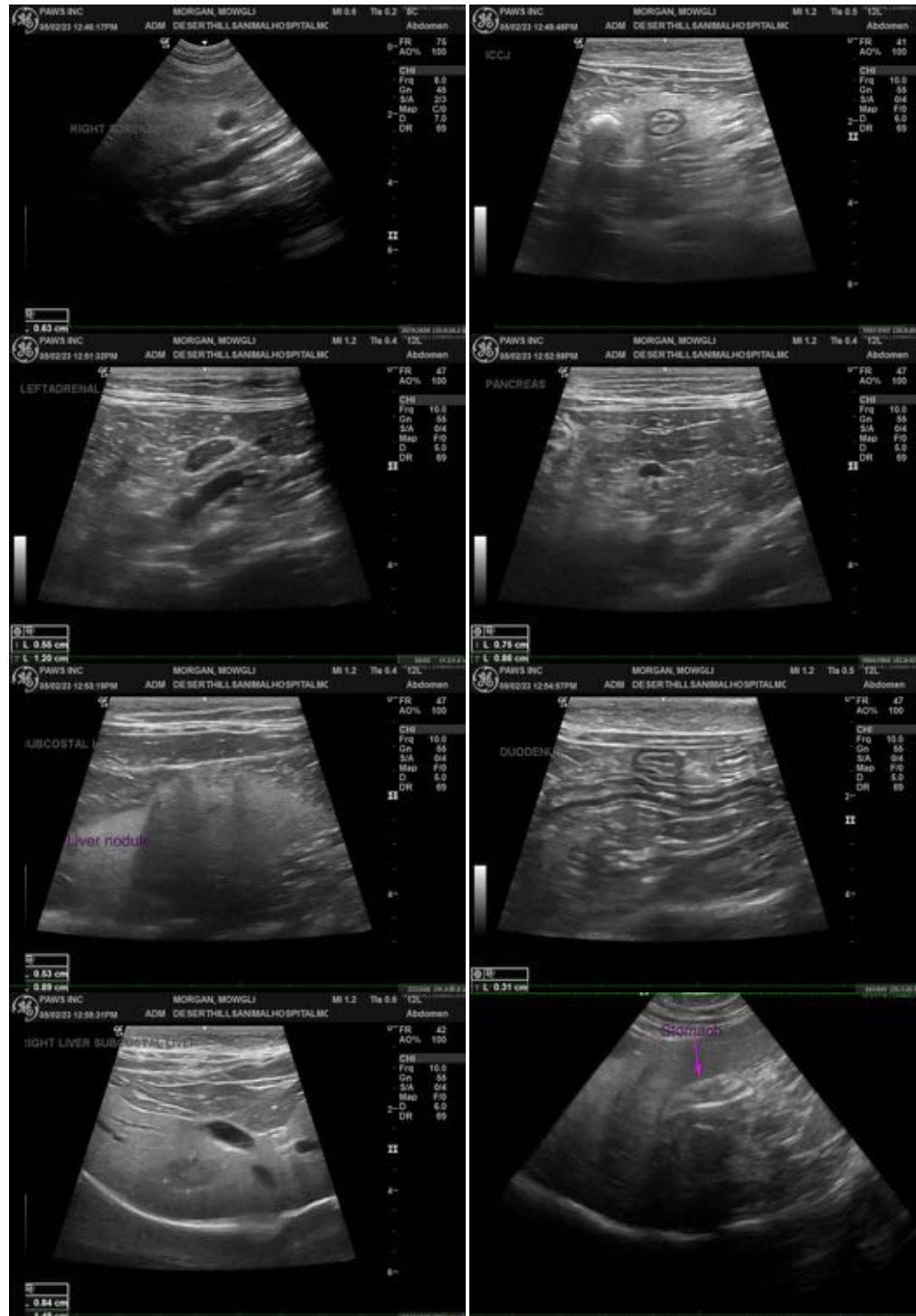
Dr. Brock

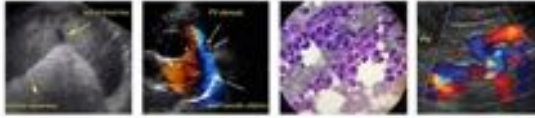
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**PATIENT**

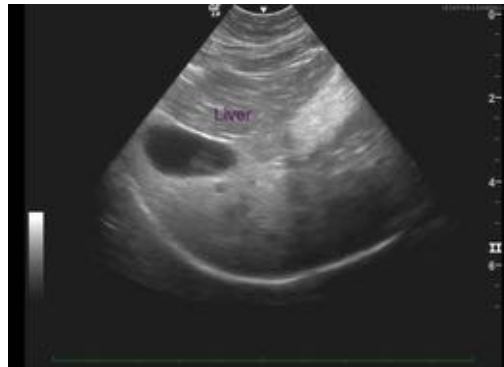
Mowgli Morgan

**SPECIES**

Feline

**BREED**

Domestic Shorthair



**SEX**

Neutered Male

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.

**AGE**

8/1/2009

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](mailto:info@SonoPath.com)

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6.95 kg.

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