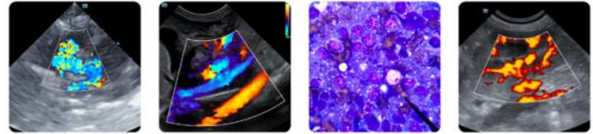
SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Faheem Clough

SPECIES
Feline

BREED
DMH

SEX
Neutered Male

AGE
14

WEIGHT
3.6 kg

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

IMAGING PERFORMED BY
Ryan Bergner, LVT

HOSPITAL NAME
Waterville VC

REFERRING VET
Heather Culbertson DVM

INVOICE
23060

DATE
5-22-26

PRESENTING CLINICAL SIGNS

History: Presented for a recheck examination and bloodwork due to concerns about weight loss and intermittent anorexia. Currently on transdermal thyroid medication - Methimazole. Has been having diarrhea for 2 weeks, seems to be watery and in large amounts.

Abnormal PE/Chem/CBC/UA Results: BW in April 2026: T4 normal, SDMA 19, BUN 47, Urine SG 1.013. Today BW: T4 normal, SDMA 20, BUN 44

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness. 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 proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. Trace pyelectasia is present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

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.

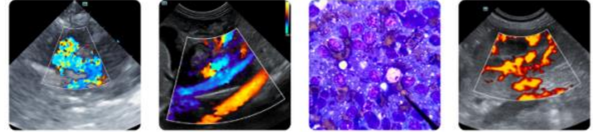
The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (0.52 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 with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal
The gastric lumen is mildly- to moderately-distended with fluid and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. Several small intestinal segments are moderately fluid-distended. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstruction.



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Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely 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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

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, normal variation, or less likely, emerging lymphoma. Gastrointestinal ileus is present.

Secondary Findings

- Bilateral nonspecific age-related renal changes with dystrophic mineralization and trace pyelectasia

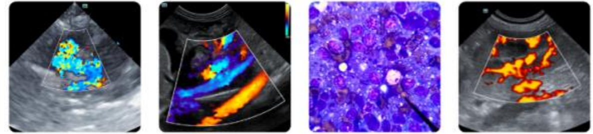
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

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 along with a fecal PCR infectious disease panel is recommended, along with prophylactic deworming with fenbendazole.
3. 3-4-week limited antigen or hydrolyzed protein diet trial to assess for food allergies
4. Initiation with a probiotic, as well as a fiber supplement (i.e., psyllium) may also prove beneficial.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Thoracic radiographs are recommended prior to anesthesia.



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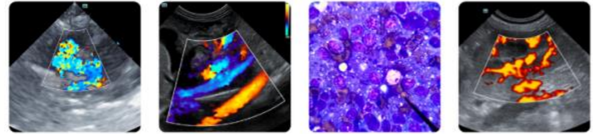

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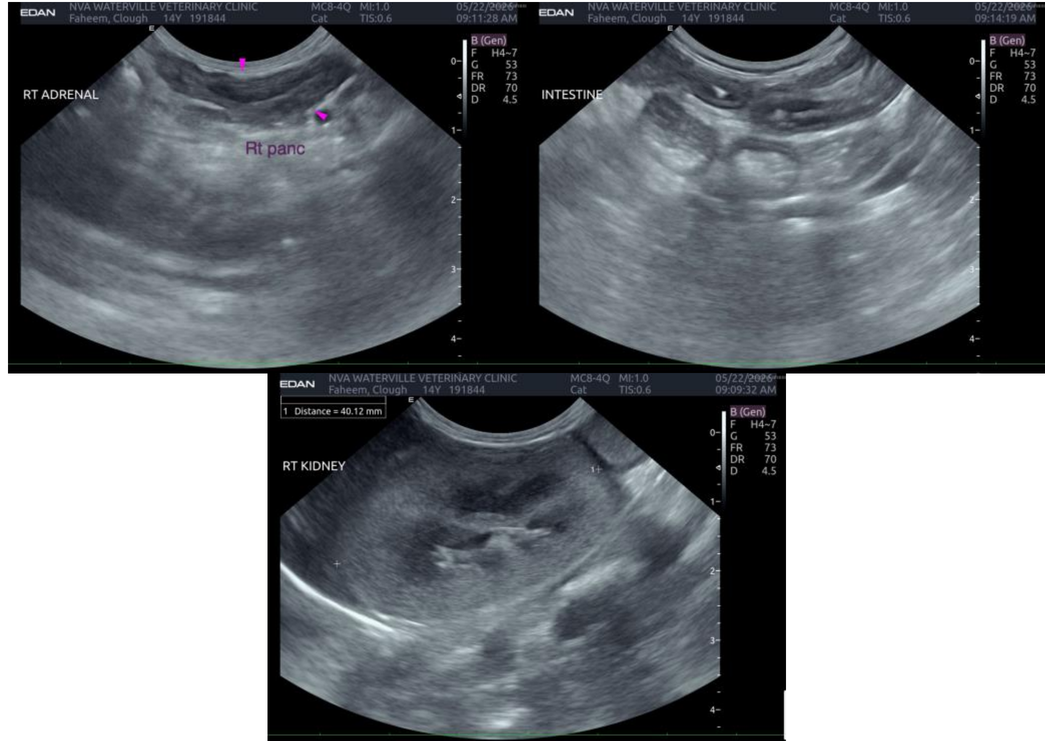

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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