



PATIENT

Sketch Kinsman

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6/11/2015

WEIGHT

8.98 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

River Oaks AH

REFERRING VET

Dr. Duncan

INVOICE

23079

DATE

5-29-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic diarrhea, some vomiting, weight loss over the last 6 months
Abnormal lab-work values: No abnormalities noted
Current Medications: Probiotics

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.44 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.65 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.83 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.80 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 peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary ducts are dilated. There is a subtle increase in portal markings.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are tortuous and dilated (up to 0.58 cm). A scant amount of echogenic debris is observed within the cystic and common bile duct lumen. The duodenal papilla is normal-in-size (0.25 cm in width).

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 diffusely fluid-distended (mild). The small intestinal wall is diffusely thickened (up to 0.32 cm). 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. The lumen of the ascending and transverse colon contains liquid-appearing fecal material. More-formed fecal material is observed within the lumen of the descending colon. There is no obvious evidence of an obstructive pattern.



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Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is normal- to mildly dilated (0.27 cm in diameter) is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.98 x 1.28 cm).

Free Abdomen

Trace free fluid is observed.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, lymphadenitis or emerging neoplasia (i.e., lymphoma).
- The hepatic changes are suggestive of an inflammatory hepatopathy (i.e., cholangiohepatitis/ cholangitis/ lymphoplasmacytic hepatitis. However, other hepatopathies (i.e., emerging neoplasia) cannot be completely excluded.
- The cystic and common bile duct changes are suggestive of cholangitis.
- The pancreatic changes are suggestive of chronic pancreatitis with minor parenchymal remodeling.
- Trace ascites

Secondary Findings

- Bilateral nonspecific age-related renal changes

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A minimum database (including a CBC, chemistry panel, urinalysis, and T4) is recommended if not already performed.
- Other considerations include the following:
 1. Fecal evaluation for ova and Giardia
 2. Prophylactic deworming with fenbendazole
 3. GI panel including serum cobalamin and folate, TLI and PLI
 4. Limited antigen or hydrolyzed protein diet trial



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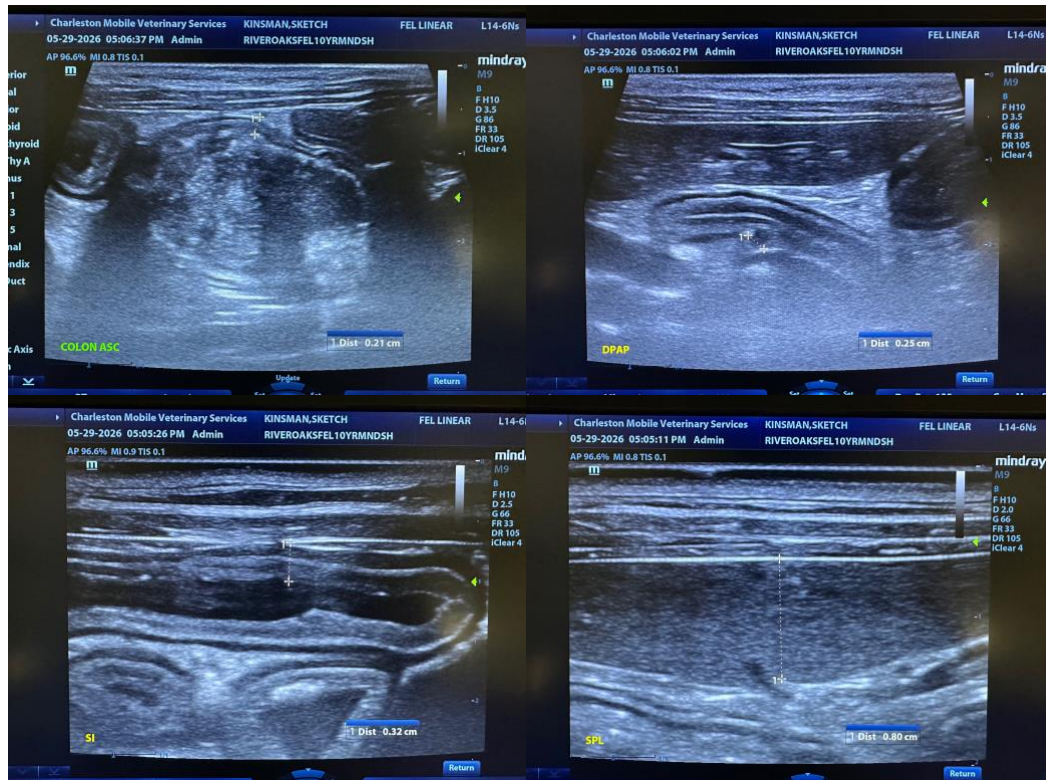
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5. +/- fine-needle aspiration of a prominent mesenteric lymph node (assuming normal clotting status). A 25-gauge needle should be used.
6. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.





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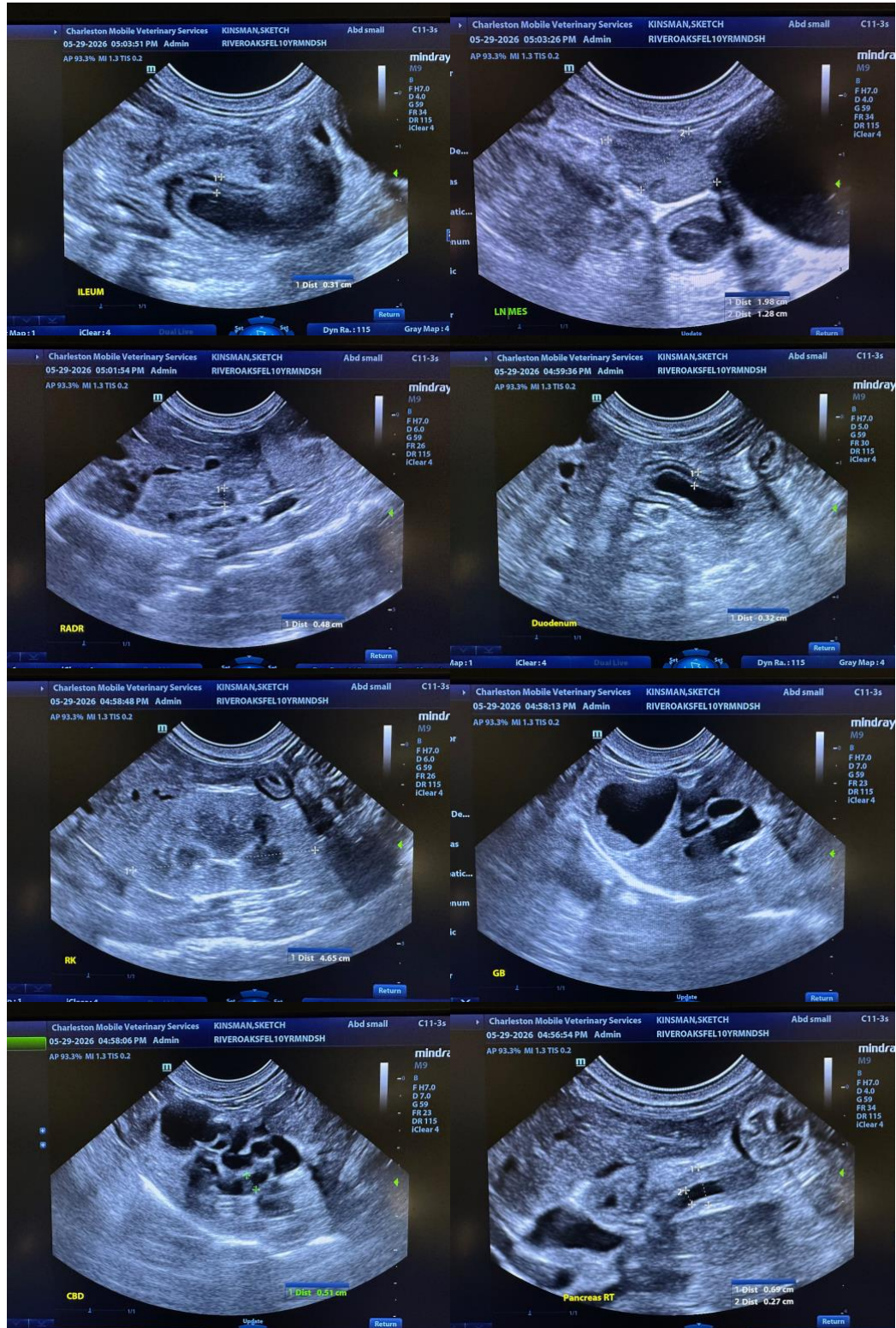
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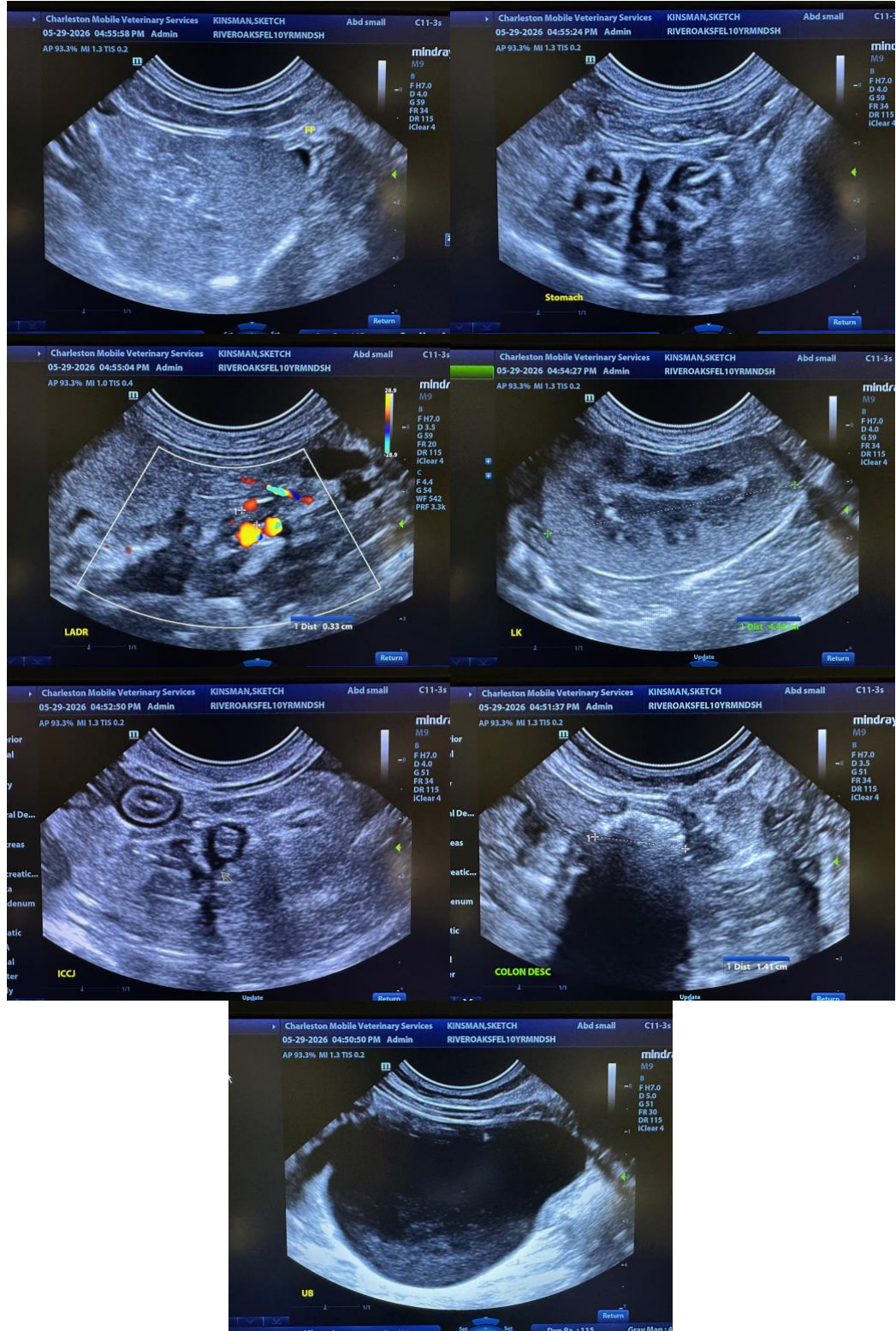
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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