



**PATIENT PRESENTING CLINICAL SIGNS**

Squints Brown History: The patient has blood and mucus in the stools. Baseline lab work unremarkable. T4 normal. Fecal negative. Has tried Prednisolone.

**SPECIES**

FNA: Client approved sedation only

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended, a small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The left kidney is normal size (3.76 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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

10/11/2007

The right kidney is normal size (3.50 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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

12.8 Pounds

**INTERPRETED BY**

**Adrenal Glands**

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

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 (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

**Spleen**

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

The spleen is normal in size (0.62 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.

**HOSPITAL NAME**

**Liver**

Brighton AH

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 portal vein to caudal vena cava ratio is approximately 1:1.

**REFERRING VET**

Mackenzie Ciccone,

**INVOICE**

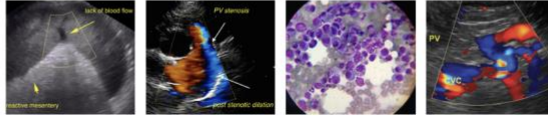
The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

22295

**DATE**

**Gastrointestinal**

4/25/23



**PATIENT**

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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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. A line of mucosal fibrosis is seen in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**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.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Other**

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The bowel changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.

**Secondary Findings**

- Bilateral chronic age-related nephropathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- A malabsorption panel, including serum cobalamin, folate, TLI and PLI is also recommended.
- Consider a 2-4-week limited antigen or hydrolyzed protein diet trial.
- Also consider initiation of a probiotic, as well as a fiber supplement (i.e., psyllium)
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

**INTERPRETED BY**

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Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**IMAGING  
PERFORMED BY**

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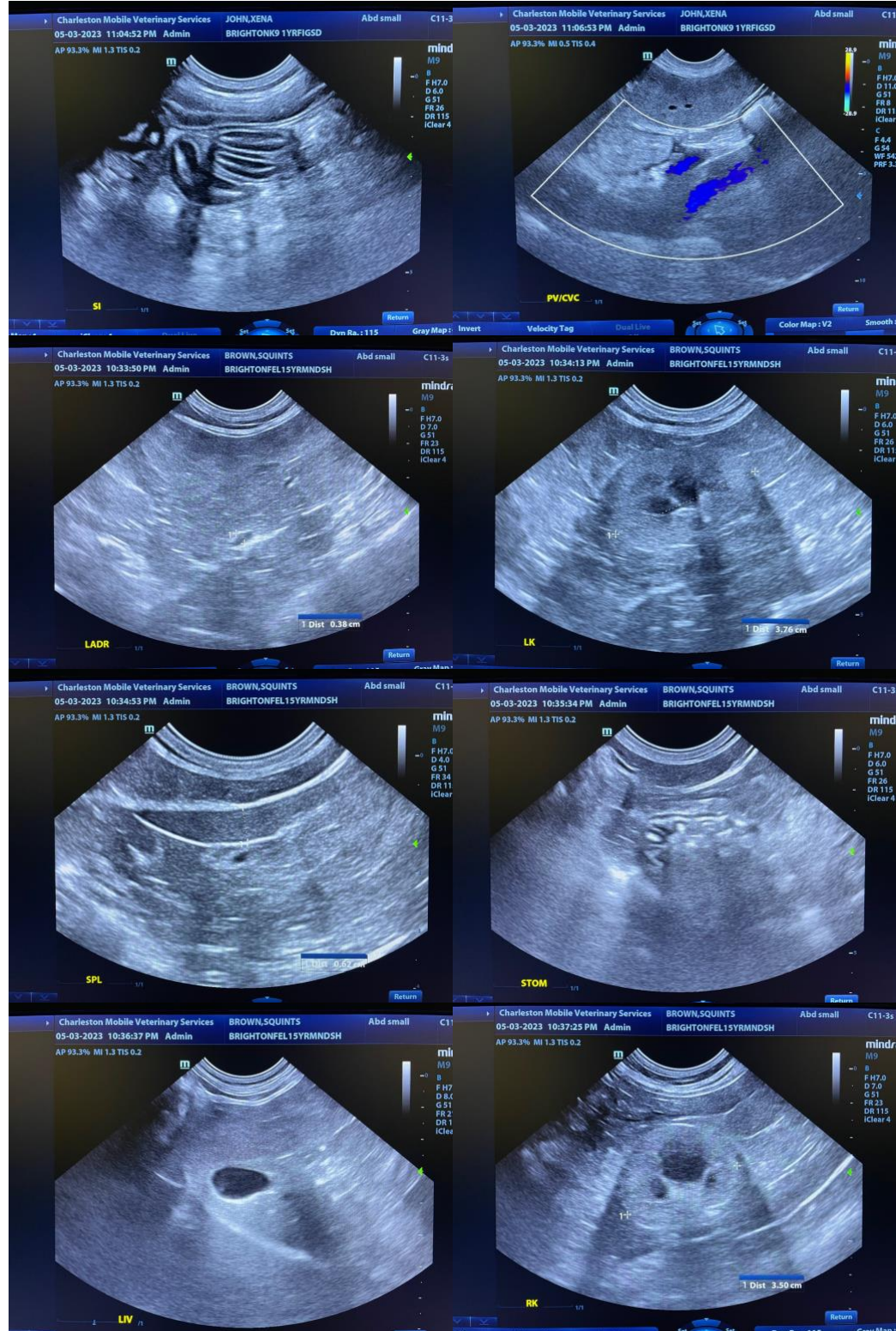
Mackenzie Ciccone,

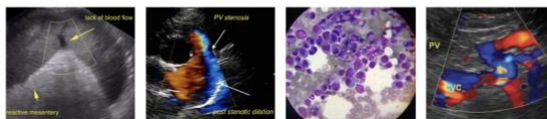
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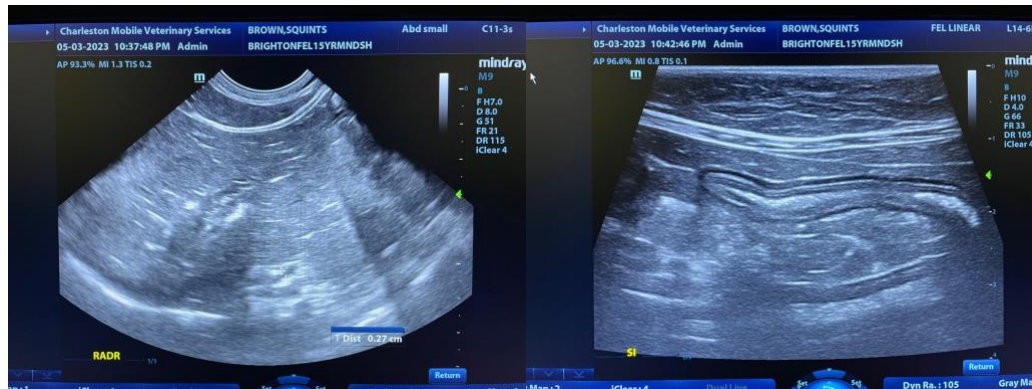
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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