



PATIENT PRESENTING CLINICAL SIGNS

Seamus Spence History: History of weight loss, used to weight 20 lbs. No other health concerns per owner
Abnormal PE/Chem/CBC/UA Results: WNL including T4. Last BW was December

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 years

WEIGHT

14.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Lynette Reyes

HOSPITAL NAME

Chain of Lakes AC

REFERRING VET

Dr Lynette Reyes

INVOICE

10864

DATE

5/5/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.37 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (3.48 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.30 cm hyperechoic nodule is observed approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal.

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. The abdominal lymph nodes are normal/not visible.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

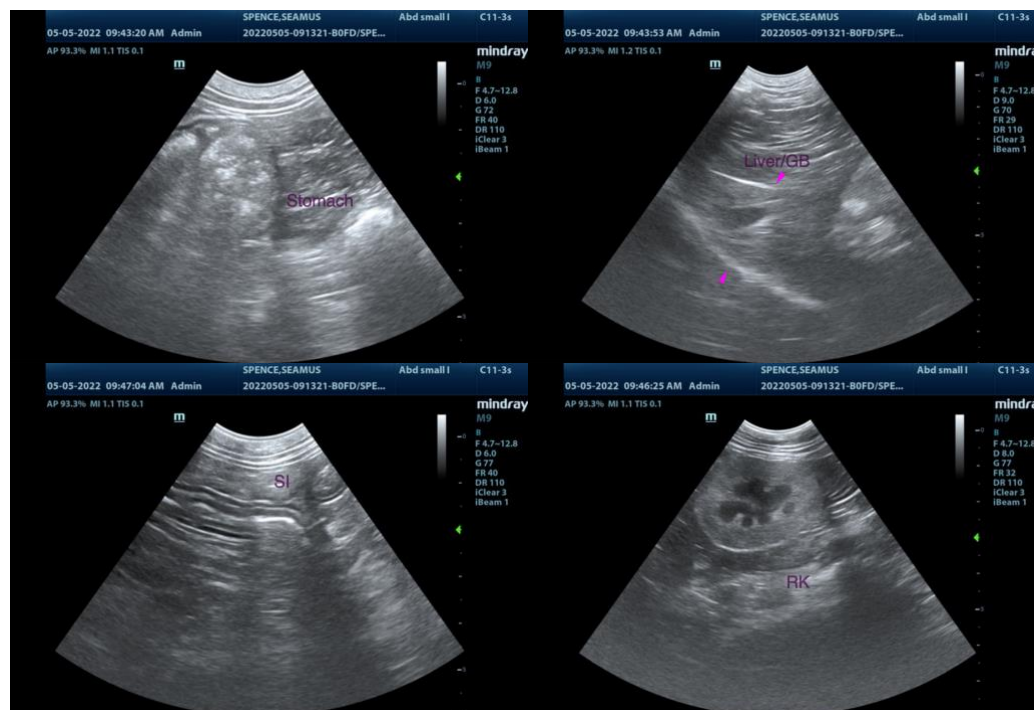
- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

Secondary Findings

- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a low possibility of emerging neoplasia.
- Bilateral, chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A thorough neurologic examination should be performed to assess for deficits, as brain tumors can sometimes present with weight loss as the sole clinical sign.
- If the above diagnostics are inconclusive, further GI work-up (i.e., malabsorption panel, fecal evaluation for ova and Giardia +/- gastrointestinal biopsies) may be warranted.





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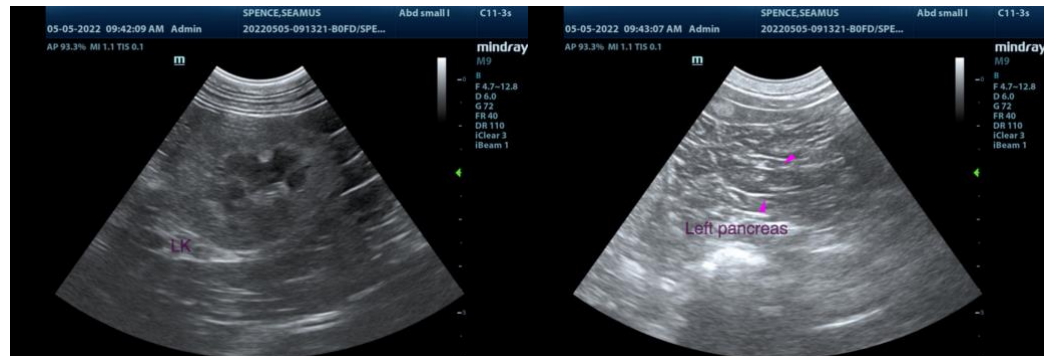
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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