


**PATIENT PRESENTING CLINICAL SIGNS**

**Kellari Goldin** History: Patient presented 5/10/23 for concerns of chronic D+ since April. BW & fecal were performed and were WNL. O reports minimal response to metronidazole or Fortiflora if any. Recommended trial with Hill's GI Biome. O called back on 5/12/23 reporting no improvement while on the GI biome and that stools were still liquid and that she was having accidents all over the house. Recommended Fecal PCR as next step - O declined. Pro-Pectalin was dispensed along with the continuation of the GI Biome. O then emailed on 5/15/23 for continued D+. Discussed option to trial hypoallergenic food. O elected to have the GI panel performed. While panel was pending O called in on 5/22/23 asking to trial Tylan powder. On 5/24/23 O was called to relay that GI panel was WNL. O reported positive response to the Tylan powder and had not had any more D+ since starting it. O then called in 5/31/23 stating D+ had returned and elected to do the Feline Fecal PCR. Fecal PCR came back WNL. Recommended abdominal US as next step. During this period of chronic D+ she has otherwise acted normal as far as eating, drinking and no vomiting.

**SPECIES** Feline

**BREED** DSH

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Female Spayed** **Urinary System**  
 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 proximal urethra, visible to a depth of 2 cm, are normal.

**AGE** 5 years  
 The left kidney is normal in size (3.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

**WEIGHT** 11.4 lbs  
 The right kidney is normal in size (3.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature appears normal.

**INTERPRETED BY Adrenal Glands**

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

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (3.60 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

**IMAGING PERFORMED BY**

Meghan Myers VMD

**Spleen**

The spleen is normal in size (0.91 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 appears normal.

**HOSPITAL NAME**

Hershire AH

**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.

**REFERRING VET**

Dr. Alesha Glass

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

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**Gastrointestinal**

The gastric lumen is mildly fluid-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 segmentally

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**PATIENT** Kellari Goldin  
gastric distended. The small intestinal wall is normal in thickness. In a few segments, there is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**Pancreas**

**SPECIES** 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.

Feline

**Free Abdomen**

**BREED**

There is no obvious evidence of free fluid. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 1.66 cm in length). The nodes are normal in shape and echogenicity.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Female Spayed

- The thickened muscularis layer seen in some small intestinal segments could be consistent with inflammatory bowel disease. GI lymphoma is possible but considered less likely.

**AGE**

**Secondary Findings**

5 years

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11.4 lbs

- A hypoallergenic or hydrolyzed protein diet trial is recommended to assess for food allergies.
- Also consider initiation of a probiotic, as well as a fiber supplement (i.e., psyllium), particularly if the diarrhea recurs.
- A small percentage of patients have antibiotic-responsive enteropathies. Therefore, if the diarrhea recurs, a repeat course of Tylosin may prove effective.
- Ultimately, endoscopic, or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

**INTERPRETED BY**

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Diplomate ACVIM (*Small Animal Internal Medicine*)

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**REFERRING VET**

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**PATIENT**

Kellari Goldin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

5 years

**WEIGHT**

11.4 lbs

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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.

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