



PATIENT PRESENTING CLINICAL SIGNS

Mittens Klotzkin
History: Weight loss and chronic diarrhea, elevated TLI. No current meds.
Abnormal PE/Chem/CBC/UA Results: Bloods WNL. USG: 1.044. HCT 42.7.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

DSH

SEX

The **left kidney** is normal size (3.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio minimal to mild loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Spayed Female

AGE

The **right kidney** is normal size (3.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

9 years

Adrenal Glands

WEIGHT

The **left adrenal gland** is normal size (0.55 cm length; 0.23 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

8.6 lbs

The **right adrenal gland** is normal size (1.13 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Spleen

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

The **spleen** is normal in size (0.87 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.

IMAGING PERFORMED BY

Liver

Kelly Vazquez

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.

HOSPITAL NAME

Parsippany AH

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Gastrointestinal

Dr. Linda Dulude

The gastric lumen is not distended. 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 to borderline thickened (up to 0.25 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In addition, there is thickening of the submucosal layer. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

INVOICE

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DATE

Pancreas

6.24.22

The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No



PATIENT

Mittens Klotzkin

distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.11 cm in diameter).

SPECIES

Feline

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic changes are suggestive of mild, chronic pancreatitis. However, correlation with clinical findings is recommended.

SEX

Spayed Female

Secondary Findings

- Minor bilateral, age-related renal changes

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.6 lbs

The following diagnostic/treatment recommendations can be considered:

- Full GI panel, including serum cobalamin, folate, TLI and PLI, is recommended if not already performed.
- Fecal evaluation for ova/Giardia
- Consider prophylactic deworming with Fendbendazole
- Consider a 4-week course of Tylosin as empirical treatment for small intestinal bacterial overgrowth.
- Consider supplementation with a probiotic with a high colony count (i.e., Provable Forte).
- A 6-week limited antigen diet trial to assess for food allergies
- If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted. Given the patient's age, thoracic radiographs are recommended prior to anesthesia.

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HOSPITAL NAME

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REFERRING VET

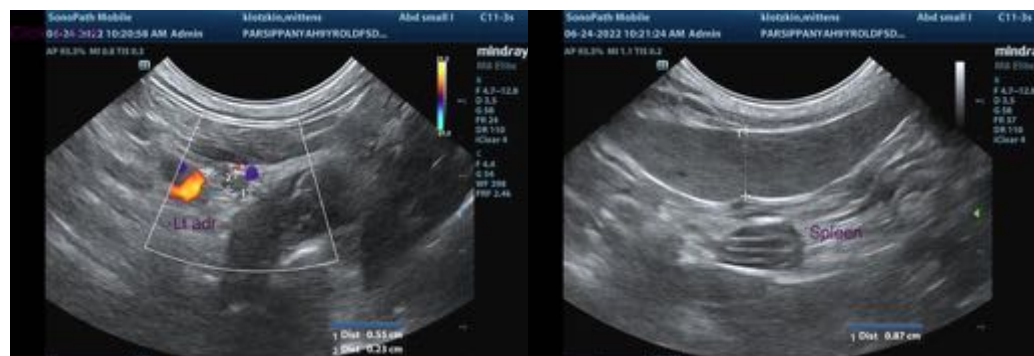
Dr. Linda Dulude

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PATIENT

Mittens Klotzkin

SPECIES

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DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

8.6 lbs

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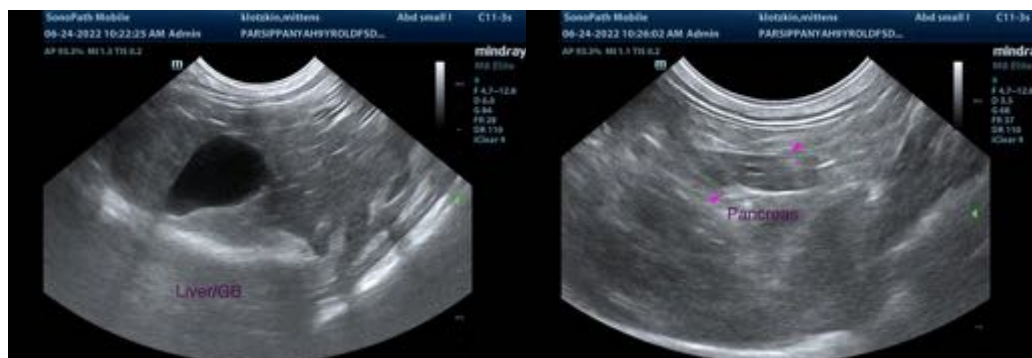
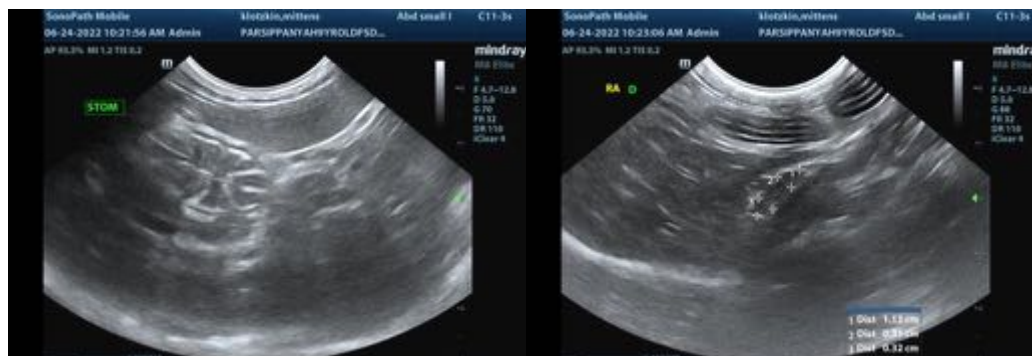
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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