

PATIENT

Monty Haine

PRESENTING CLINICAL SIGNS

History: thin- weight loss- eating well- free T4 is normal- LABS from 2 weeks ago normal

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

BREED

DLH

The **left kidney** is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

SEX

Neutered Male

The **right kidney** is normal size (3.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. The cortex is hyperechoic. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12 years

Adrenal Glands

The **left adrenal gland** is normal size (0.46 cm width) with a normal shape and smooth peripheral contours. At least one pinpoint hyperechoic to mineralized focus is observed. Glandular echogenicity and detail are otherwise normal. Surrounding vasculature is normal.

WEIGHT

9 lbs

The **right adrenal gland** is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The **spleen** is normal in size (0.75 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**

Loetitia Saint-Jacques,
RVT LVT

Liver

The **liver** is subjectively enlarged with slightly swollen 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.

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Grass Valley VH

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

REFERRING VET

Dr. Kristi Cortright

Gastrointestinal

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 is normal to mildly thickened (up to 0.32 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. In addition, there is thickening of the submucosal layer and evidence of mucosal fogging in some regions. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

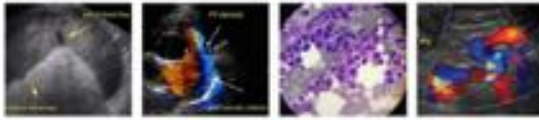
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DATE

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Pancreas

The **pancreas** is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No



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distinct focal lesions are observed. The pancreatic duct is dilated (0.30 cm in diameter). The mesentery effacing the serosal surface of the left limb is mildly hyperechoic.

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Free Abdomen

Trace free fluid is observed. Several prominent mesenteric lymph nodes are visualized, the largest measuring 1.72 cm in length. In addition, at least one cranial abdominal lymph node is seen (measuring 0.99 cm in length).

BREED

DLH

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

SEX

Neutered Male

Primary Findings

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are consistent with chronic active pancreatitis
- The trace ascites may be secondary to bowel pathology and/or pancreatitis.

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Secondary Findings

- The focus of mineralization in the left adrenal gland is likely a benign, age-related incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A malabsorption panel, including serum cobalamin and folate, TLI and PLI, as well as a fecal evaluation for ova and Giardia are recommended.

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In order to get a definitive diagnosis, surgical biopsies of the GI tract, abdominal lymph nodes, liver, +/- pancreas, are recommended. Thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.

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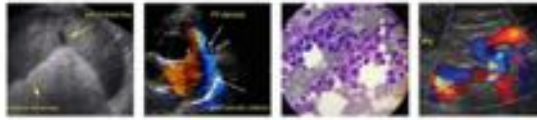
If biopsies are not pursued, empirical treatment for inflammatory bowel disease/chronic pancreatitis (i.e., hypoallergenic diet +/- corticosteroids along with symptomatic care) can be considered as long as the client understands the risks of treatment without a definitive diagnosis. Liver values should be monitored due to the potential for hepatic lipidosis.

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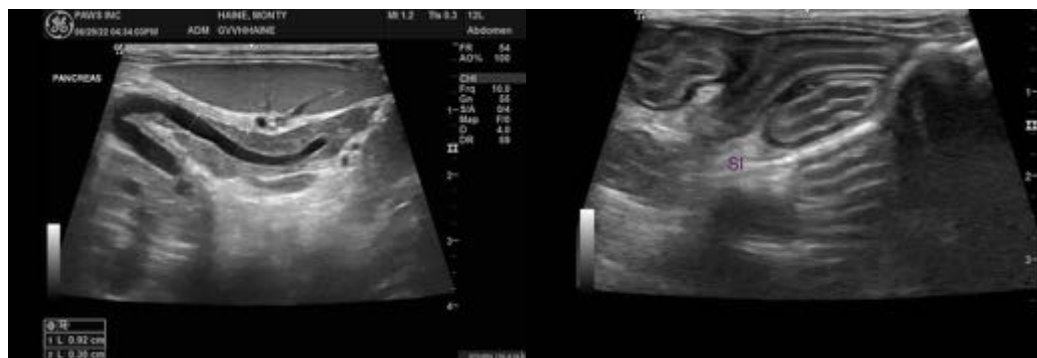
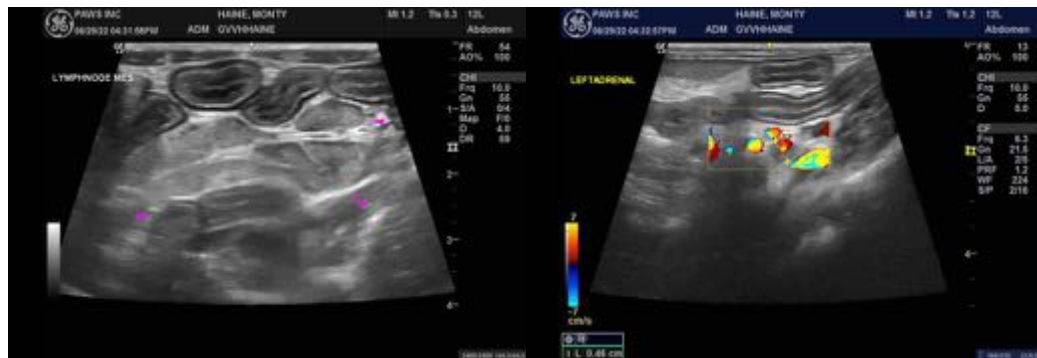
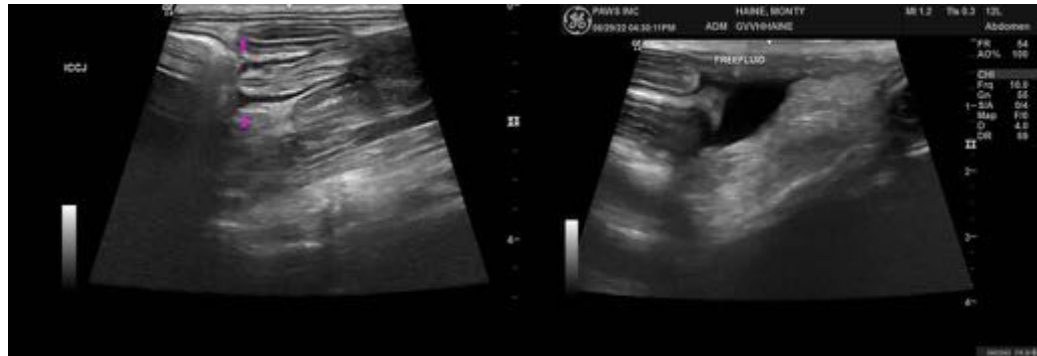
Dr. Kristi Cortright

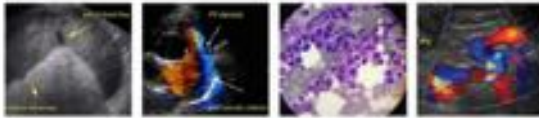
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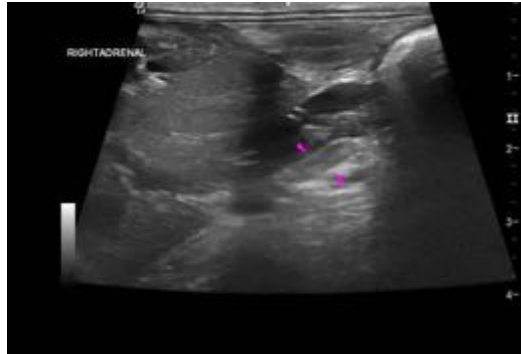
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com