

**PATIENT PRESENTING CLINICAL SIGNS**

Mugsy 2 Stasio

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Neutered Male

**AGE**

1 Year 5 Months

**WEIGHT**

4.14 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Blue Pearl Mt. Pleasant

**REFERRING VET**

Dr. Graham

**INVOICE**

38432

**DATE**

6/6/22

Mugsy is a 1Y 5M MN Siamese presenting for lethargy, anorexia, feeling warm. O says that P did not finish his dinner Friday evening, and did not want to eat at all Saturday. O says that P is drinking less as well. O says that P feels hot to the touch. O has noted that P has been coughing recently and has had ocular discharge. P has been urinating as normal, P has chronic diarrhea/soft stool since O got him as a kitten. O says when they purchased P, he was very ill, he had severe diarrhea, giardia, and a URI that was all treated. P has been on RK GI diet since then and has done well with it. O says they do have ferns in their home but P is not likely to mess with them.

On presentation Mugsy is grumpy.  
T 105

EENT mmbpink <2  
CV/R no murmur/arrhythmia lungs clear  
Abd palp soft/fluidy but no fluid on AFAST liver is Swiss cheese in appearance, pot bellied  
MS/N wnl  
Integ nsf  
PLNS wnl

Pet is leaking brown diarrhea

Mugsy II is doing well with no vomiting or diarrhea. Mugsy ate a tiny bite of chicken but no interest in GI canned food.

On chem 17. BG 200 Glob 5.6 (normal high 5.1)  
CBC- WBC 28K. Neutrophilia 23K

PHyLyte 100ml over 1 hour then 18ml/hr IV Cerenia 1mg/kg IV Q24H unasyn 30mg/kg IV Q8h

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

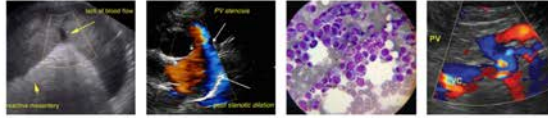
The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of aggregated, echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed.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

The left kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland was normal in size, measuring 0.33 cm in width. Normal shape and glandular echogenicity.



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The right adrenal gland was borderline enlarged in size, measuring 0.55 cm in width with slightly rounded shape and smooth curvilinear peripheral contours. There is normal glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

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**Spleen**

The spleen is normal in size (0.73 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.

**BREED**

Siamese

**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 is approximately 1:1. 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.

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**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. Several small intestinal segments are segmentally dilated with chyme and appear hypomotile. In these segments, the wall is thickened up to 0.33 cm with retention of the normal layering pattern. The submucosa layer in these regions is thickened. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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**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.

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**Free Abdomen**

There is no obvious evidence of free fluid. Several prominent to enlarged mesenteric lymph nodes are visualized, the largest measuring 2.85 cm in length. The nodes are slightly rounded to irregular in shape and are hypoechoic. Surrounding mesentery is hyperechoic.

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**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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\*Fine needle aspirates of the mesenteric lymph nodes were performed at the end of this study, without incident.

**PRIMARY FINDINGS**

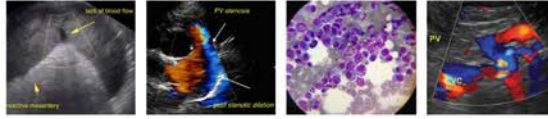
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- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma) or a benign process (i.e., reactive lymphadenitis or lymphoid hyperplasia). Regional peritonitis is present.

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- The thickened bowel wall could be consistent with an inflammatory disease or emerging neoplasia. Segmental small intestinal ileus is present.

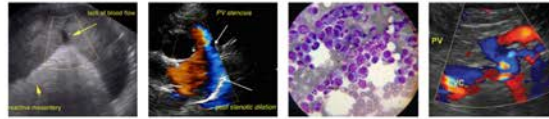
**SECONDARY FINDINGS**

- Urinary bladder debris
- Mild bilateral pyelectasia – This may be secondary to IV fluid therapy, pyelonephritis, parenchymal remodeling, PU/PD (if applicable), other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If lymph node cytology results are inconclusive, surgical GI and lymph node biopsies may be necessary to get a definitive diagnosis.
- If a GI panel has not been performed recently, consider repeating (send to Texas A&M).
- A fecal evaluation for ova and Giardia is also recommended, if not already performed.
- Consider thoracic radiographs to assess cardiopulmonary status, particularly if corticosteroids are to be initiated in the near future.
- Symptomatic care is recommended while awaiting test results.





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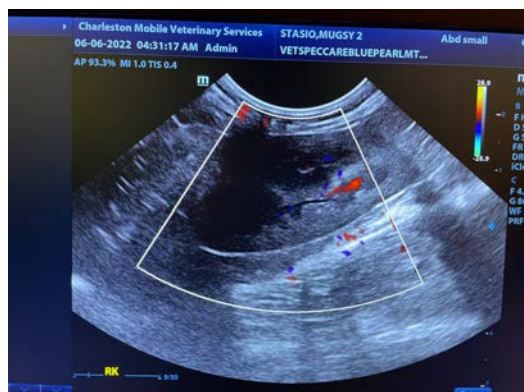
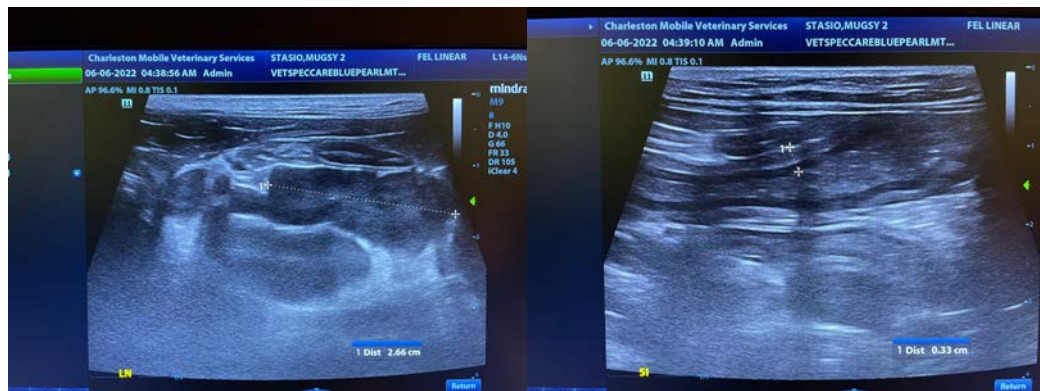
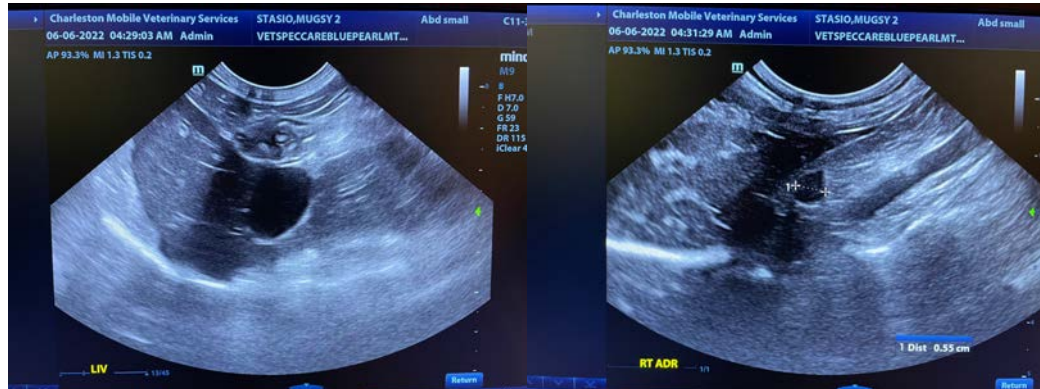
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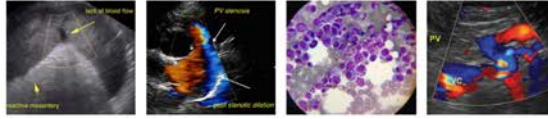
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

## SPECIES

Feline

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.

## BREED

Siamese

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Andrea.Nicastro@CharlestonMobile.net

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## AGE

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