



PATIENT

Paco Suarez

PRESENTING CLINICAL SIGNS

History: High Spec FPL. High SDMA. Low hemoglobin and hematocrit. Low albumin. Low protein and globulin

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*50 still images and 2 video clips are available for interpretation.

BREED

Domestic shorthair

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A scant amount of echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Male, neutered

The left kidney is normal size (4.43 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

AGE

11 Yrs.

The right kidney is normal size (4.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

6.76 kg.

Adrenal Glands

The left adrenal gland is normal in size (0.36 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*)

The right adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is not definitively visualized in the available images.

IMAGING PERFORMED BY

Dave Stasiuk

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Bowmont AH

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. A >6 cm segment of small intestine is severely thickened (up to 1.46 cm), irregular and hypoechoic with loss of the normal layering pattern. The remaining small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. The ileoceocolic junction and colonic wall are normal. No obstructive disease is noted.

INVOICE

13736

Pancreas

DATE

7/18/22



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The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Feline

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

Male, neutered

- The small intestinal wall thickening is most consistent with infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a severe inflammatory process (i.e., pyogranulomatous) cannot be completely excluded.
- The trace ascites is likely secondary to bowel pathology.

AGE

11 Yrs.

Secondary Findings:

WEIGHT

6.76 kg.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral, chronic age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**IMAGING
PERFORMED BY**

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, a fine needle aspirate of the thickened bowel wall is recommended (if clotting status is appropriate). If cytology results are inconclusive or if the area is not accessible for aspiration, an abdominal exploratory with biopsies of the intestinal mass should be considered.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended.
- Submission of video clips of all organs is also recommended, as some pathology may be missed with still images.

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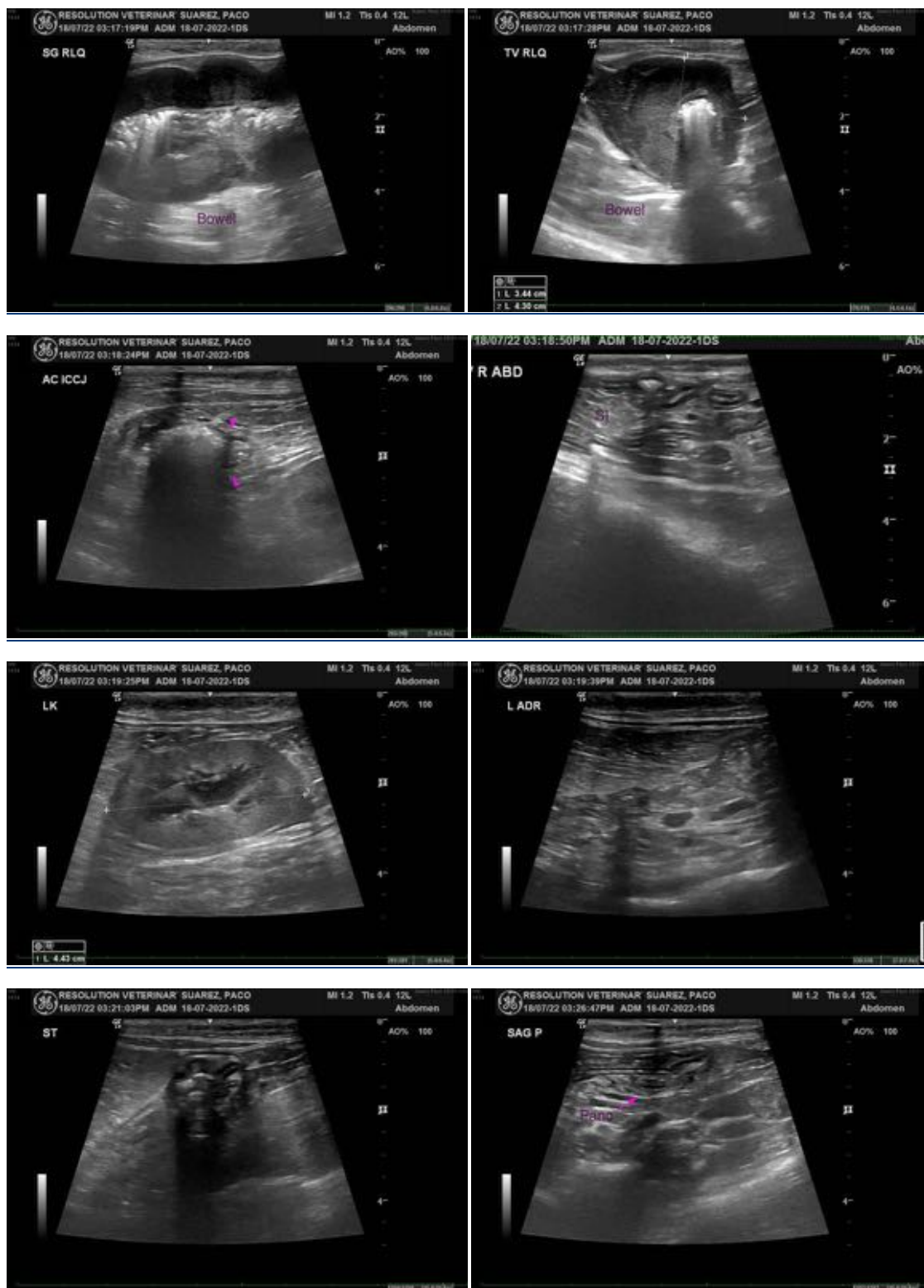
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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