
 Expo Advanced Pet
Care

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

16 Yrs.

WEIGHT

10.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

 Advanced Pet Care of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

15122

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: Pet is on royal canin hydrolyzed protein. Pet has been having on and off diarrhea. Pet has lost about 1 pound since December but was recently diagnosed with hyperthyroidism and is on Methimazole.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.41 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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. Renal vasculature is normal.

The right kidney is normal size (3.72 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

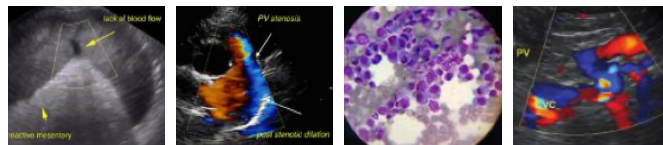
The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous varying sized multi-septated cystic nodules/masses, some of which are coalescing, are observed throughout the organ, the largest measures >3 cm in diameter. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

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 diffusely thickened (up to 0.37 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in some segments. The submucosal layer is also thickened. A line of mucosal fibrosis is also seen in a few



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regions. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic 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.

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Free Abdomen

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Trace free fluid is observed. A few prominent mesenteric lymph nodes are suspected.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The pancreatic changes could be consistent with chronic pancreatitis with age-related remodeling +/- fibrosis.
- The cystic hepatic lesions could be consistent with biliary cystadenomas or cystadenocarcinomas.
- Trace ascites

Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral chronic age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for internal parasites, if not already performed.
- Consider prophylactic deworming with Fenbendazole.
- A Texas GI panel including serum cobalamin, folate, TLI and PLI is recommended.
- Also consider a 4 week limited antigen or hydrolyzed protein diet trial.
- Initiation of a probiotic +/- fiber supplement (i.e., psyllium) may be prove beneficial.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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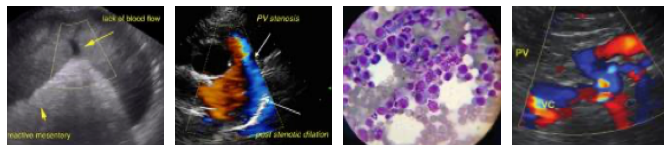
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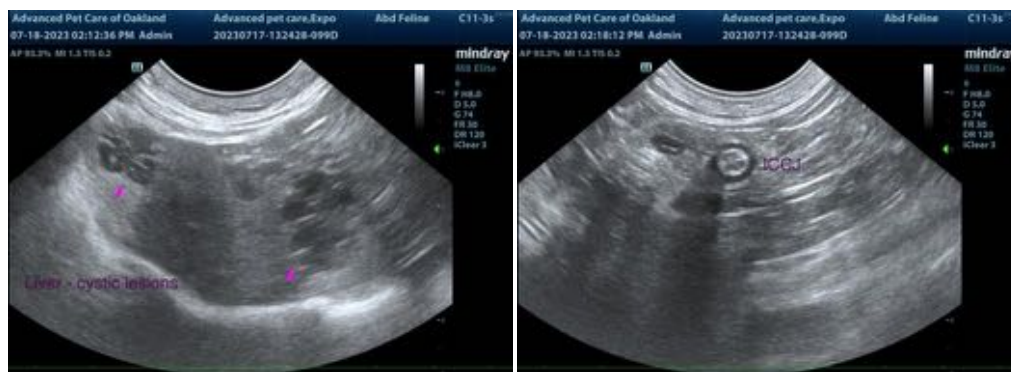
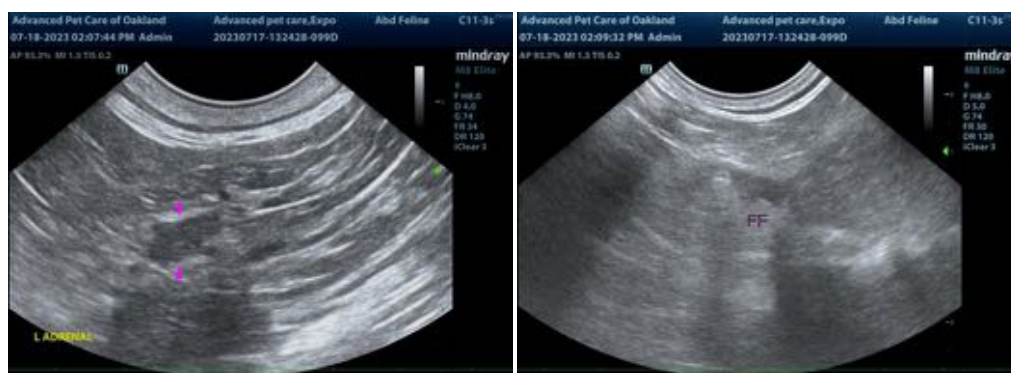
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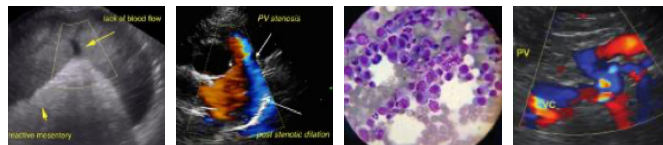
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com