



PATIENT PRESENTING CLINICAL SIGNS

Clover Flowers
SPECIES History: Clover has had tendency to have diarrhea for a few years. He vomits on average about once every other day. He has a good appetite and is not a picky eater. Clover has lost 1.4 pounds over the last 22 months' time. no change in stool consistency after starting z/d rx diet w/ continued profuse diarrhea and tenesmus.

Feline

BREED Abnormal PE/Chem/CBC/UA Results: BW CBC/chem/T4/FT4/UA wnl USG 1.042 PH 7.5

DSH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

AGE

10 years

WEIGHT

9.6 lbs

The left kidney is normal in size (3.59 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal in size (3.87 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

IMAGING PERFORMED BY

Christina Sitton

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME

Sherwood Family PC

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

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Robert Merrill

Spleen

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 appears normal.

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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.

DATE

7.19.23

The gall bladder lumen is moderately distended. The wall is normal in thickness. A bilobed conformation is suspected. A small amount of echogenic debris is observed within the lumen (most of which is gravity-dependent, some of which is suspended). The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is



PATIENT normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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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.

Free Abdomen

There is no obvious evidence of free fluid. There is no evidence of inflammation or effusion. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 0.93 cm in its longest dimension).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma (less likely), or may be a normal variant for this patient.

Secondary Findings

- Bilateral chronic renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider the following:
 - Fecal evaluation for internal parasites
 - Prophylactic deworming with Fenbendazole
 - Texas GI panel including serum cobalamin and folate, TLI and PLI
 - Consider attempting a second diet trial with a different hypoallergenic or a hydrolyzed protein diet. Also consider initiation of a probiotic along with a fiber supplement (i.e., psyllium).
 - Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
 - Thoracic radiographs are recommended prior to any anesthetic event.





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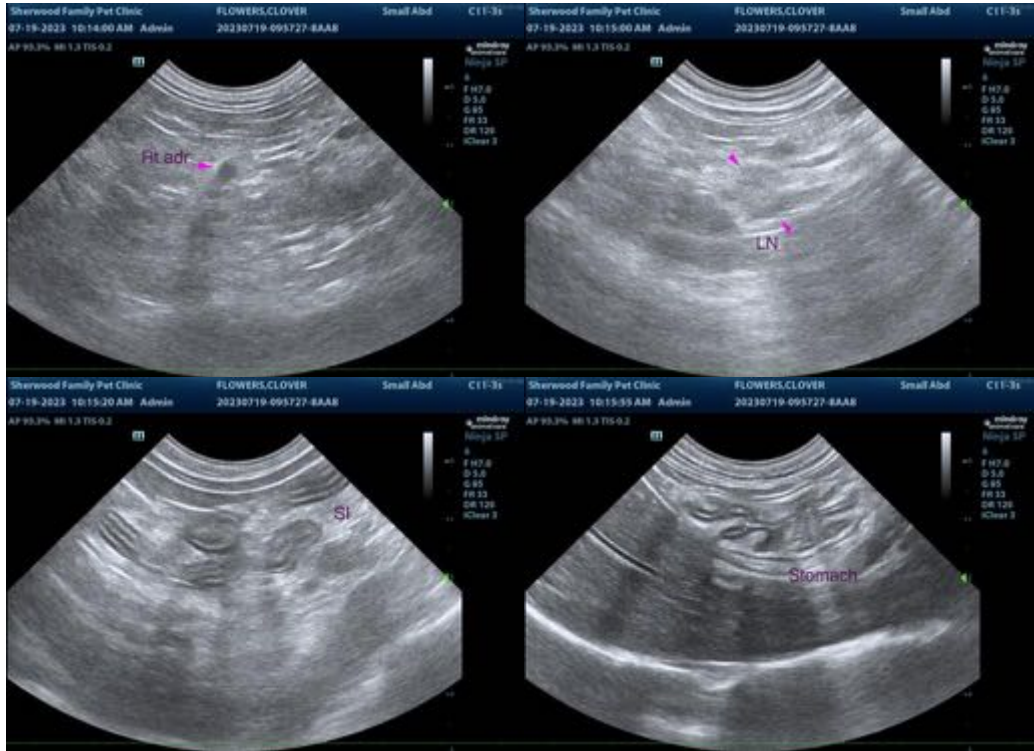
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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