



PATIENT

Simon LaRocca

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 year

WEIGHT

NP

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

Flowertown AH

REFERRING VET

Dr. McLaughlin

INVOICE

13602

DATE

7.7.23

PRESENTING CLINICAL SIGNS

History: Chronic vomiting. No recent lab-work.

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. A scant 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.

The left kidney is normal in size (3.88 cm) with a normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.07 cm in length) with a normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and mildly thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

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.

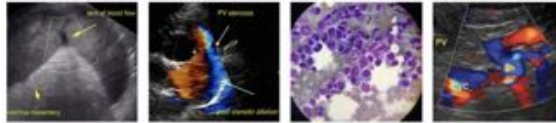
Liver

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 ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 is normal to moderately thickened (up to 0.38 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in many segments. Discrete masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

The base and limbs of the pancreas are 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.

Free Abdomen

Trace free fluid is observed. A 0.55 cm gastric lymph node is visualized. A few prominent mesenteric lymph nodes are also visualized (the largest measuring 1.95 cm in length). The nodes are normal in shape and echogenicity. Surrounding mesentery is mildly hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

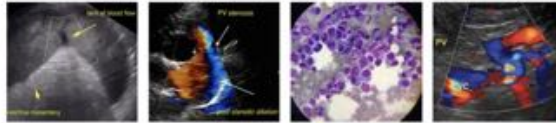
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy trends toward the benign (i.e., reactive change). However, emerging lymphoma cannot be completely excluded.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended, along with a Texas GI panel including serum cobalamin and folate, TLI and PLI.
- Consider a fecal evaluation for internal parasites.
- Also consider a hypoallergenic or hydrolyzed protein diet trial, along with initiation of a probiotic.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- Given the presence of a heart murmur, also consider three-view thoracic radiographs, an echocardiogram, baseline blood pressure measurement, +/- an ECG.



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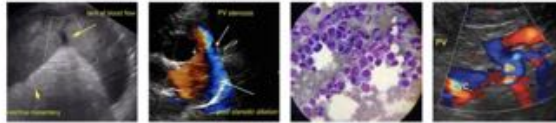
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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