



PATIENT

Butters Ward

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male Neutered

AGE

12 Years

WEIGHT

10 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Goodman

HOSPITAL NAME

Evandale-Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

11624kk

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: This is a recheck ultrasound. Original one sent on 6/25/21. Patient is receiving B12 injections and is currently on a hydrolyzed diet. Clinically patient is doing very well. Has a little bit of soft stool right now but has had less vomiting than in the past. Appetite and activity levels great.

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 with anechoic urine. 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 (4.38 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thin and there is minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thin and there is minimal 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 size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

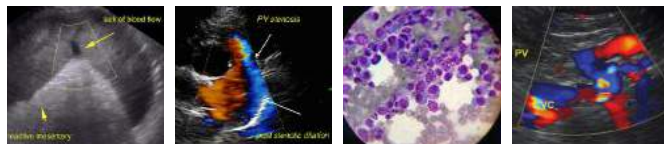
The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis to mucosal ratio with a 1:1 ratio in many segments. There is also thickening of the submucosal layer. Discreet masses are not



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identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is diffusely visible/prominent with slightly irregular contours in the left limb. Within the parenchyma of the left limb, 1-2 ill-defined, hypoechoic nodules are visualized. The pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface of the left limb is hyperechoic.

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Free Abdomen

Trace free fluid is observed. Several prominent mesenteric lymph nodes are present, the largest measuring 2.82 cm in length. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern is consistent with inflammatory bowel disease or emerging lymphoma. **Changes are similar to the previous scan.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic active pancreatitis with benign nodular hyperplasia in the left limb.
- The trace ascites is likely secondary to bowel and/or pancreatic pathology.

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Secondary Findings:

- Bilateral, age-related renal changes with left pyelectasia (new finding).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If an aggressive approach is desired, consider endoscopic or surgical gastrointestinal biopsies. Alternatively, if a more conservative approach is desired, consider the use of corticosteroids if clinical signs worsen (as long as the client understands the risk of corticosteroid use without a definitive diagnosis).
2. Given the left pyelectasia, a urinalysis and urine culture and sensitivity should be considered.

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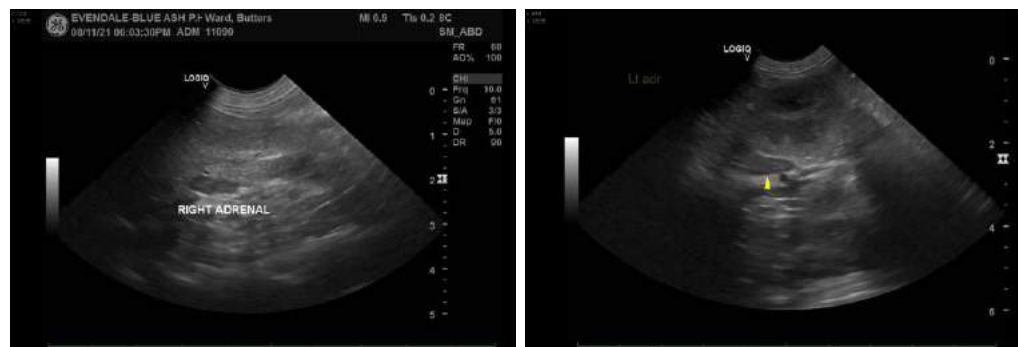
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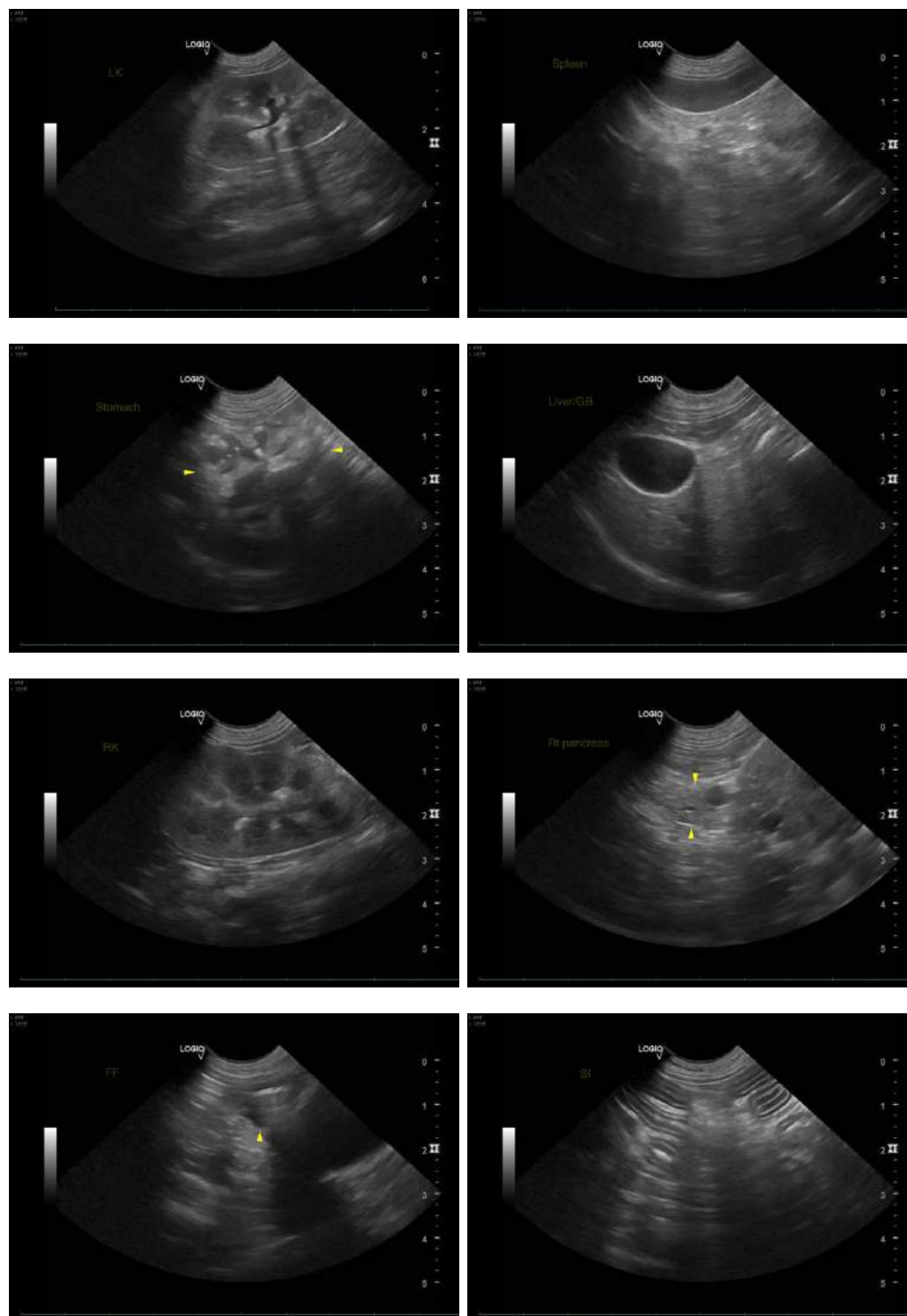
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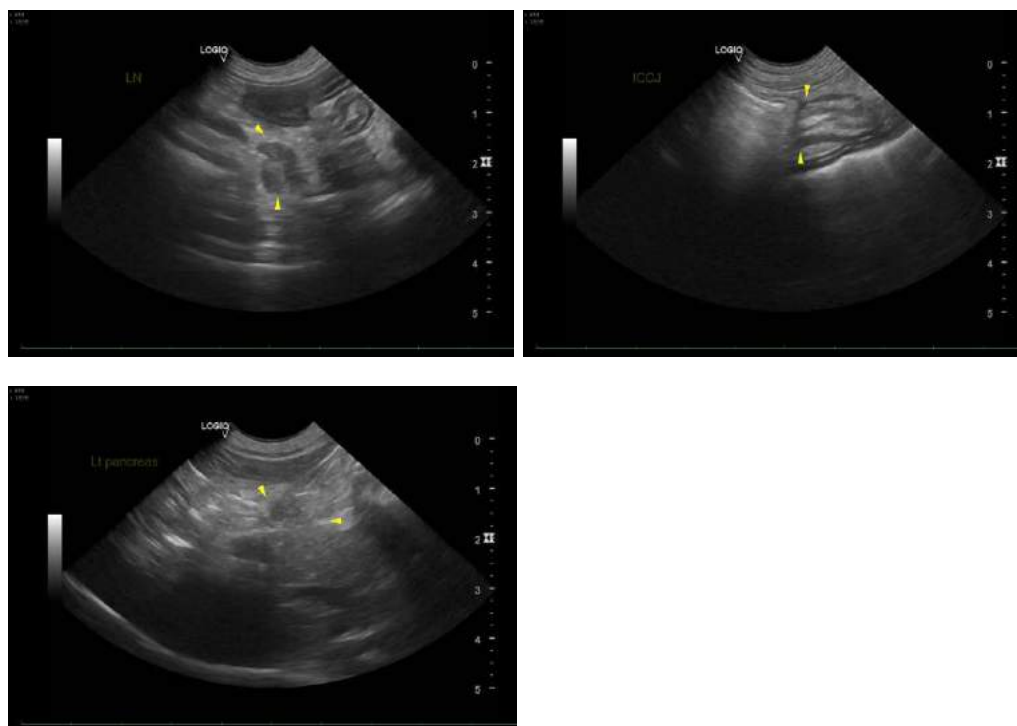
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
Andrea.nicastro@sonopath.com