



PATIENT PRESENTING CLINICAL SIGNS

Nermal Rice Clinical Exam Findings: 1-year history of diarrhea. Recent weight loss. PE unremarkable except for decreased muscle mass and weight loss.

SPECIES

Feline

Abnormal lab-work values: Chemistry and CBC unremarkable. T4 2.0. UA shows USG of 1.030 and 1+ protein.

BREED

DSH

Current Medications: none

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is 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.

AGE

4.1.2007

The **left kidney** is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

12 lbs

The **right kidney** is normal size (4.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
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Internal Medicine)

Adrenal Glands

The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The **spleen** is normal in size (0.85 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Kim Wilson

The **gall bladder** is moderately distended. A bilobed conformation is suspected. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

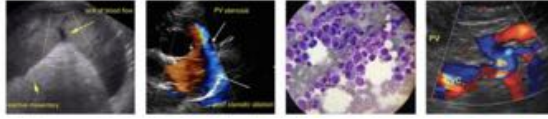
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Gastrointestinal

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 0.54 cm) with a normal layering pattern and

DATE

8.12.22



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appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

The right limb of the **pancreas** is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.63 cm in diameter). There is no evidence of peripancreatic effusion.

BREED

DSH

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized (measuring around 0.50 cm in length). Surrounding mesentery is hyperechoic.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are consistent with chronic pancreatitis with some suggestive of age-related remodeling

WEIGHT

12 lbs

Secondary Findings

- Minor geriatric/age-related renal and hepatic changes
- Bilobed gall bladder - incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A 6-week novel protein diet trial is recommended if the patient will tolerate it.
- Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
- Ultimately gastrointestinal biopsies (i.e., endoscopic or surgical) will likely be necessary to get a definitive diagnosis. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, novel protein diet), as long as the client understands the risks of treatment without a definitive diagnosis. If biopsies are pursued, three-view thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.

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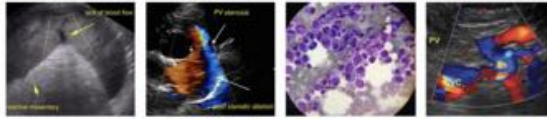
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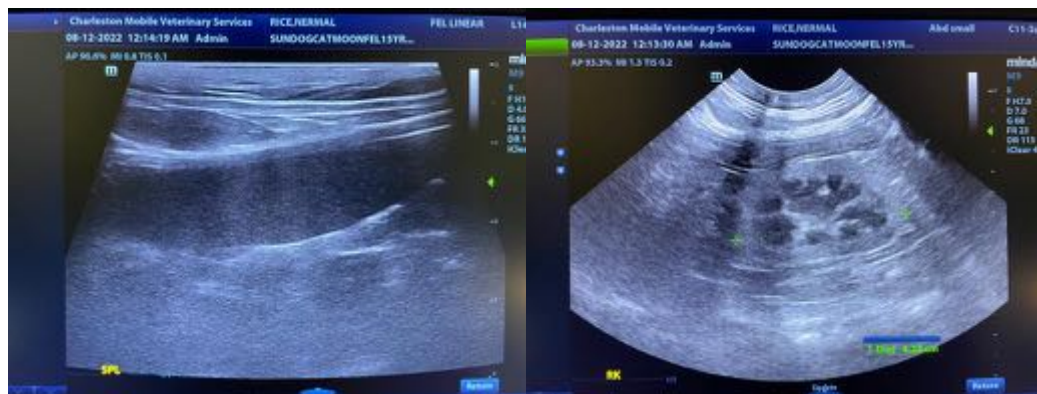
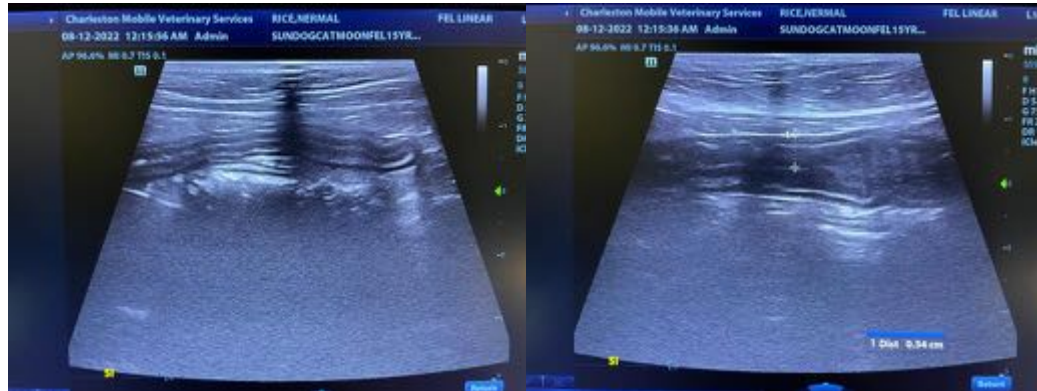
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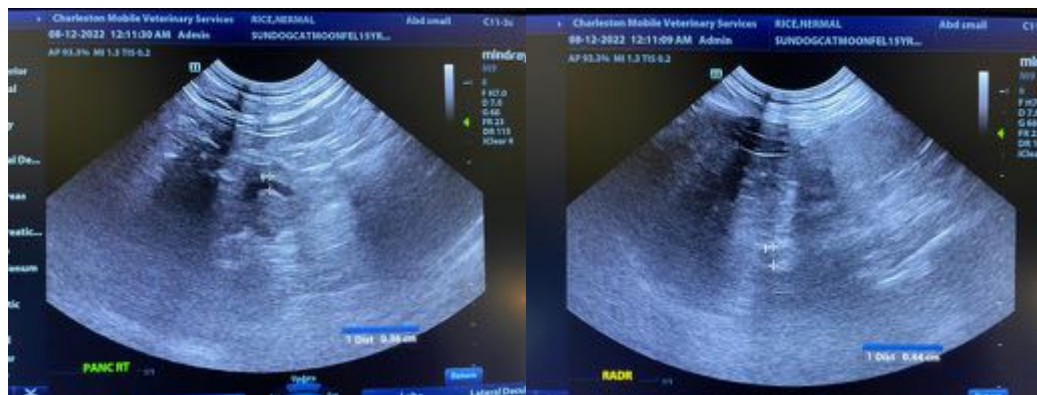


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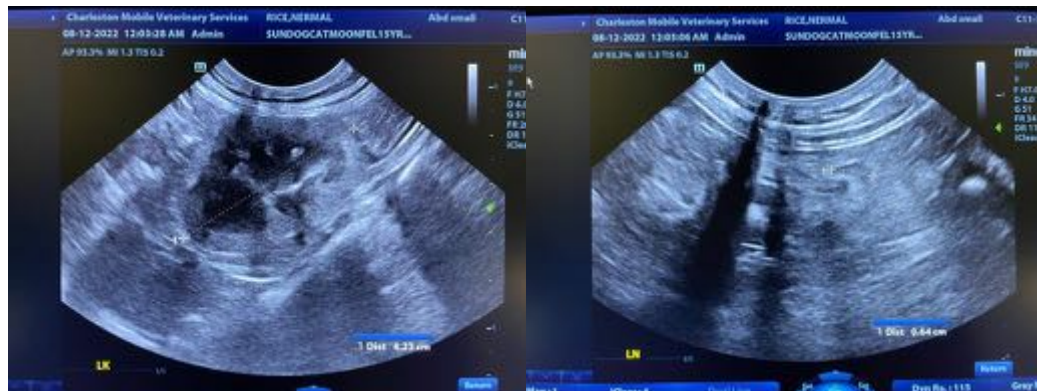
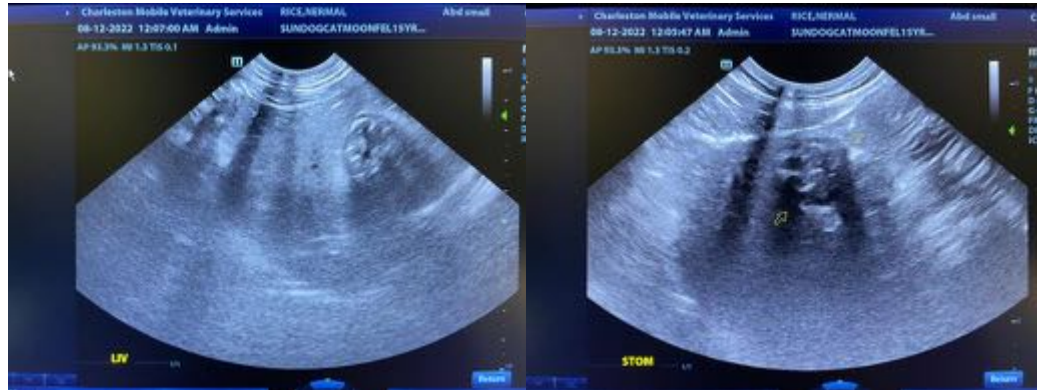
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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