

**PATIENT**

Winston Fredline

PRESENTING CLINICAL SIGNS

History: Weight loss and Diarrhea.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Slightly elevated Calcium

BREED

DSH

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 mildly 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 1-2 cm, are normal.

SEX

Neutered Male

The left kidney is normal size (3.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present (0.01 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

AGE

6 years

The right kidney is normal size (3.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

8.8 lbs

Adrenal Glands

The left adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
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Spleen

The spleen is normal in size (0.67 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.

IMAGING PERFORMED BY

Amy Mayhew LVT

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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Pinecrest AH

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 normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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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. is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of

DATE

8.15.22

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the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent colic and mesenteric lymph nodes are visualized, the largest node measuring 1.21 cm in length.

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ULTRASONOGRAPHIC FINDINGS**BREED**

DSH

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Primary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Minor, bilateral, chronic renal changes with trace left pyelectasia
- *An obvious cause for the patient's weight loss and diarrhea is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**WEIGHT**

8.8 lbs

- Regarding the weight loss and diarrhea, consider the following:
 1. A fecal evaluation for ova and Giardia
 2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
 3. Malabsorption panel including serum cobalamin and folate, TLI and PLI
 4. 6-week novel protein diet trial
 5. Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
 6. Also consider initiation of a probiotic with a high colony count (i.e., Provable Forte).
 7. Ultimately, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis. If biopsies are not pursued, empirical treatment for inflammatory bowel disease (novel protein diet, corticosteroids) can be considered as long as the client understands the risks of treatment without a definitive diagnosis.
- Regarding the mild hypercalcemia, consider and ionized calcium +/- a PTH/PTHrP

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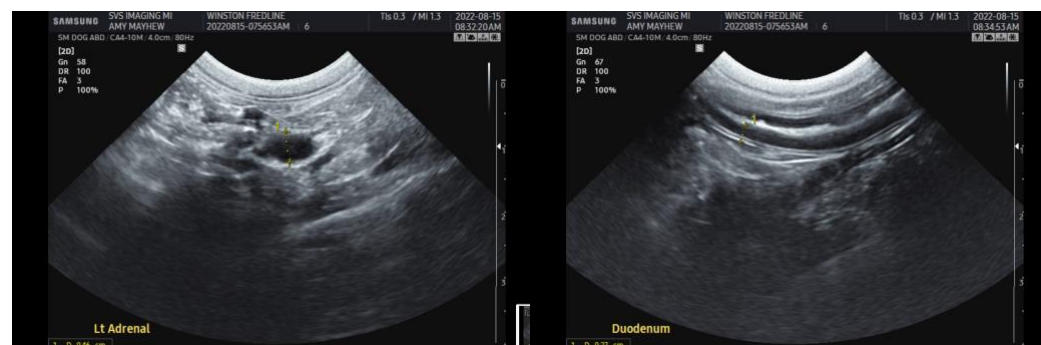
Pinecrest AH

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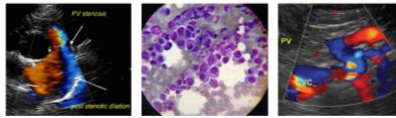
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svsimagingqc.net 309-737-3070



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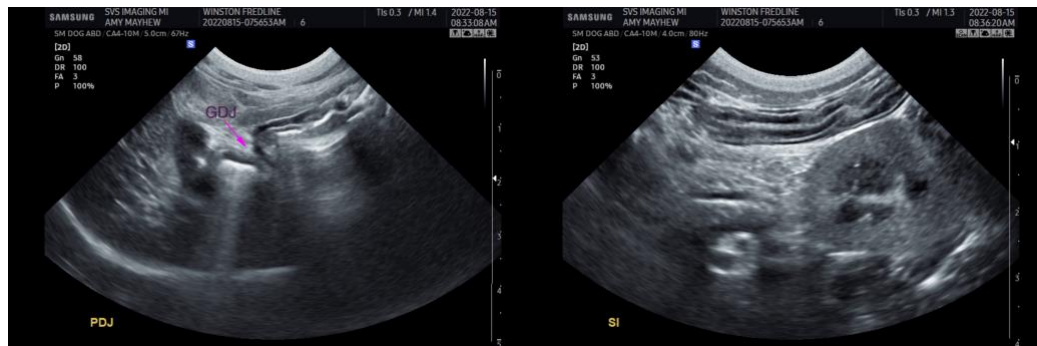
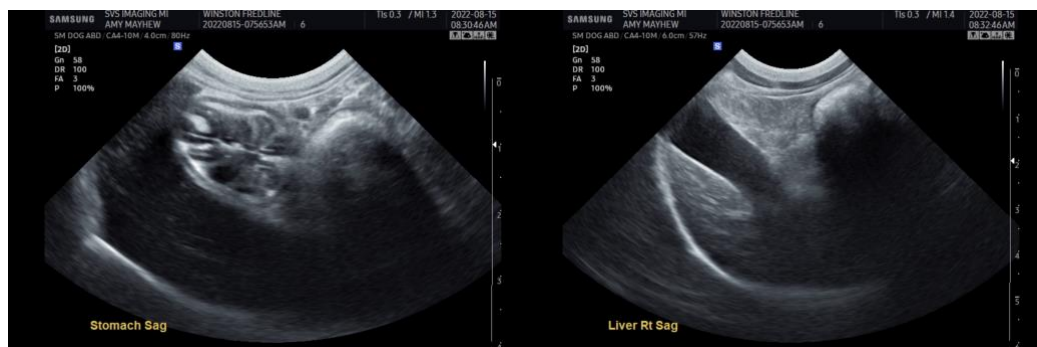
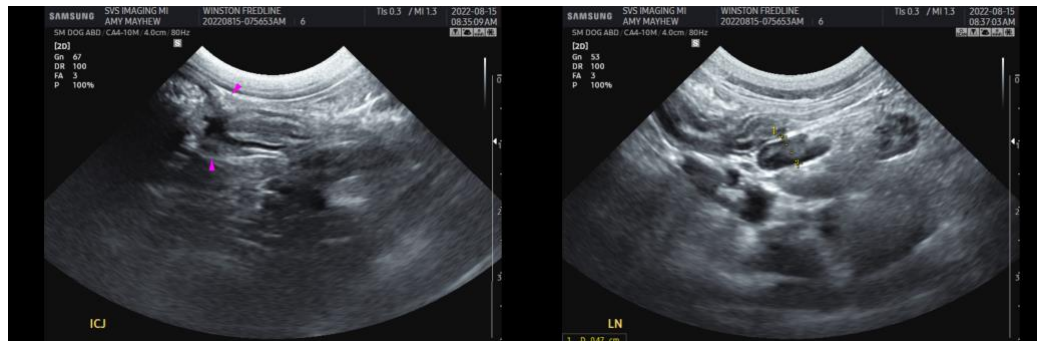
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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