



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Tony Char Will Rescue

History: Vomiting multiple times throughout the day, will E/D

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: CBC shows a white count of 22,000 with a neutrophilia and a severe eosinophilia. The chemistry panel is unremarkable. T4 is normal. Specific gravity is 1.056. 2+ proteinuria. Inactive sediment. Whole body radiographs are unremarkable.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

*Urinary System*

Domestic medium hair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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.

**SEX**

Male Neutered

The left kidney is normal size (3.97 cm in length) with a slightly irregular shape. The cortex is severely thickened and there is visible loss of renal medullary volume. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

11 Years

**WEIGHT**

7.8 lbs.

The right kidney is normal size (3.74 cm in length) with a slightly irregular shape. The cortex is severely thickened and there is visible loss of renal medullary volume. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

*Adrenal Glands*

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

The left adrenal gland is normal size (0.87 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**IMAGING PERFORMED BY**

*Spleen*

Adrienne Ligenza

The spleen is subjectively enlarged with swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

*Liver*

Rush Veterinary  
Center

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.

**REFERRING VET**

Dr. Milot

**INVOICE**

*Gastrointestinal*

11677kk

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

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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. 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. No obstructive disease is noted.

**SPECIES**

Feline

***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.

**BREED**

Domestic medium hair

***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Male Neutered

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

**AGE**

11 Years

- Bowel pattern is consistent with inflammatory bowel disease with potential for emerging lymphoma. Given the severe eosinophilia, hypereosinophilic syndrome is a concern in this patient.
- The splenomegaly could be consistent with eosinophilic infiltration, extramedullary hematopoiesis, lymphoid hyperplasia, or emerging neoplasia (i.e., round cell tumor).

**WEIGHT**

7.8 lbs.

**Secondary Findings:**

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- The mild urinary debris is likely a benign, incidental finding.

**INTERPRETED BY**

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Diplomate ACVIM  
(*Small Animal Internal  
Medicine*)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Adrienne Ligenza

1. Consider a fine needle aspirate of the spleen (if clotting status is appropriate). A 25-gauge needle should be used. If a large population of eosinophils is seen cytologically, this would lend more support to hypereosinophilic syndrome. Ultimately, endoscopic, or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If hypereosinophilic syndrome is confirmed, immunosuppressive therapy is recommended. However, the prognosis for long-term survival is guarded.
2. Other diagnostic considerations include a malabsorption panel and fecal evaluation for ova and Giardia.

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## BREED

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## SEX

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Medicine)

## IMAGING PERFORMED BY

Adrienne Ligenza

## HOSPITAL NAME

Rush Veterinary  
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## REFERRING VET

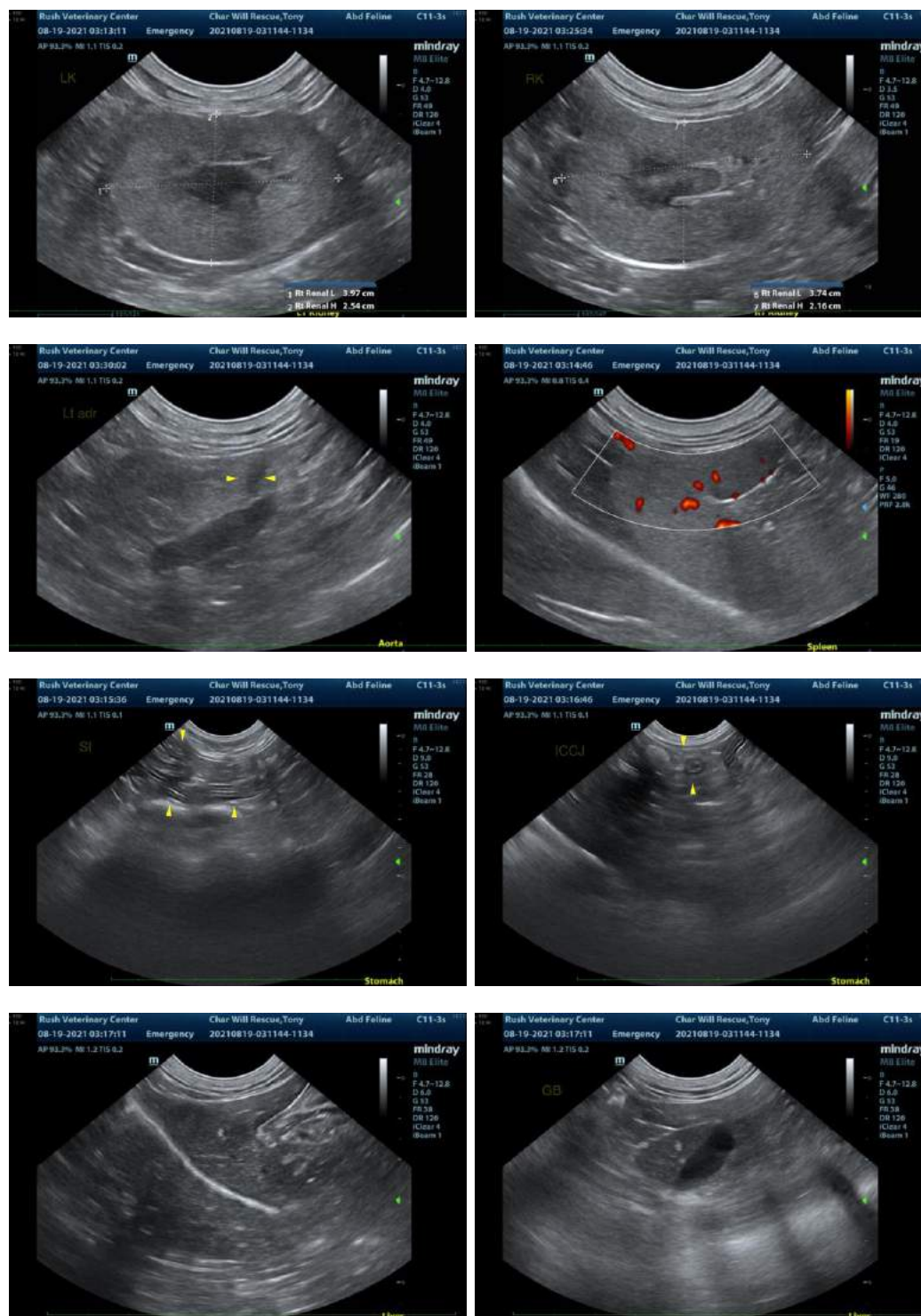
Dr. Milot

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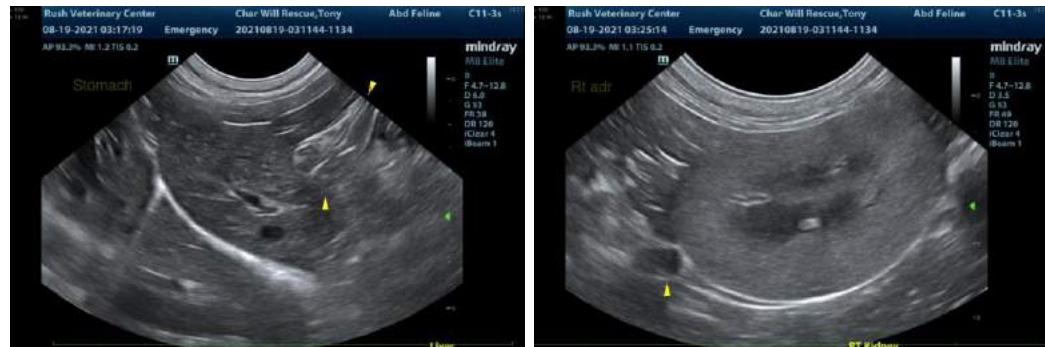
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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