



PATIENT

Huck Gilroy

PRESENTING CLINICAL SIGNS

History: Chronic progressive weight loss, no other health concerns. NO hx of vomiting or diarrhea. Indoor/outdoor. Weight loss persisted despite application of profender.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Slightly underweight, dental disease, otherwise NSF on exam. BW/UA: CBC: PLT (558), Lymph (48), Eos (1824) CHEM: Amylase (1363), BUN (31), Crea (1.8), Phos (3.9), Na:K (31) T4 (2.3) U/A: USG (1.042), PH (7.5), IS

BREED

Domestic shorthair

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 is moderately distended. A scant 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 (3.31 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. A cortical infarct is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

AGE

12 Years

WEIGHT

9.05 lbs.

The right kidney is normal size (3.50 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and there is moderate loss of corticomedullary distinction. A cortical infarct is observed at the cranial aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

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Andrea Nicastro, DVM,
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Adrenal Glands

The left adrenal gland is normal size (0.39 cm cranial; 0.32 cm caudal; 0.98 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.30 cm cranial; 0.27 cm caudal; 1.01 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Jessica Bailes

Spleen

The spleen is normal in size (0.84 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.

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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. A small amount of aggregated, echogenic, suspended debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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

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pyloric outflow tract is patent. The small intestinal lumen is not dilated. The duodenal and jejunal walls are diffusely thickened (up to 0.40 cm) with retention of the 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 some segments. The ileum is also thickened (up to 0.57 cm) with a very pronounced muscularis layer. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocolic junction. In addition, a 0.86 cm lymph node is observed in the right cranial quadrant. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

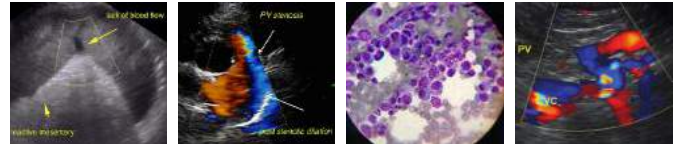
Secondary Findings:

- Bilateral, age-related renal pathology with cortical infarcts.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
2. A fecal evaluation for ova/Giardia.
3. Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
4. Ultimately, endoscopic, or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





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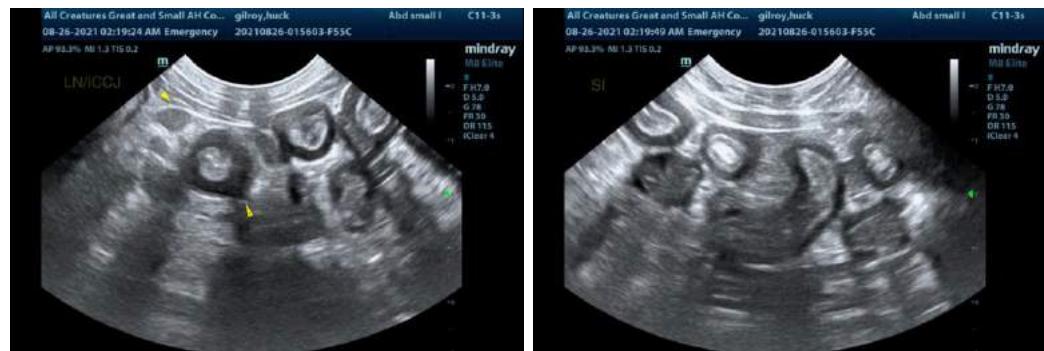
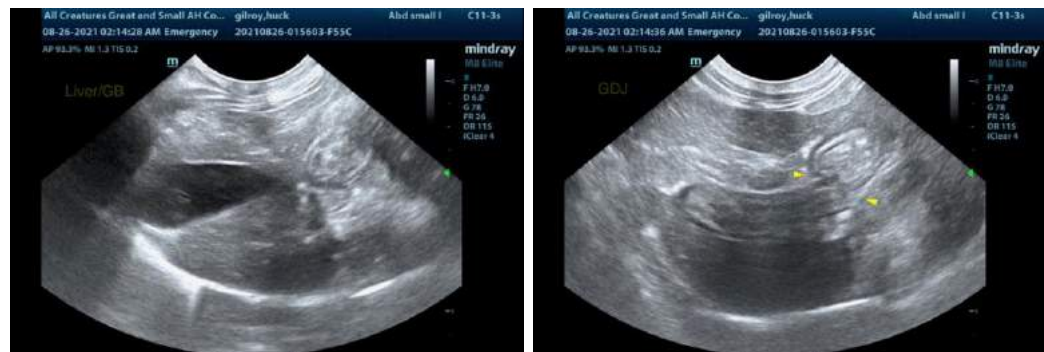
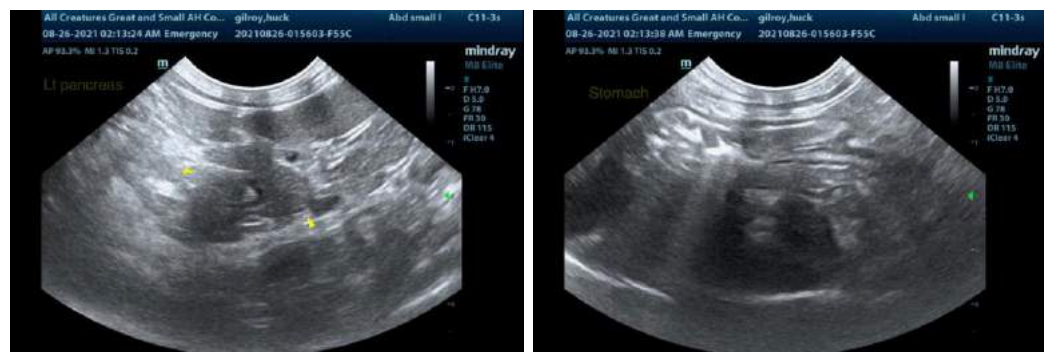
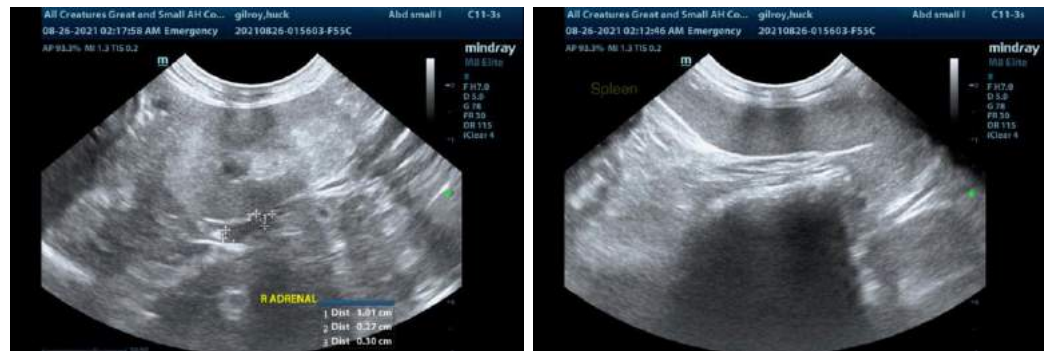
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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