



## PATIENT PRESENTING CLINICAL SIGNS

**Sasha Noonan**  
**SPECIES** History: Owner adopted cat 3-4 yrs ago from shelter. always had soft, cowpie feces. in last 6-7 mo progressing to diarrhea, watery without any form. also regularly vomits 2x/wk sometimes food, other times bile, or hair. diet recently was hydrolyzed diet and seemed to help initially, but not as much later. Antibiotics helped for a couple days but stool never firmed up much. P still has a decent appetite per O

**Feline** Abnormal PE/Chem/CBC/UA Results: elevated WBC count, otherwise all normal.

## BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**DSH** **Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

**SEX**

Spayed Female

The **left kidney** is normal size (3.66 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 hydroureter.

**AGE**

8 years

The **right kidney** is normal size (.70 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

4.26 kg

### Adrenal Glands

The region of the **left adrenal gland** is evaluated. No obvious pathology is observed.

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

## INTERPRETED BY

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

### Spleen

The **spleen** is normal in size (0.72 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

Dallas Ramberg

### 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.

## HOSPITAL NAME

Lone Mt AH

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.

## REFERRING VET Gastrointestinal

Shreya Gowda

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid and chyme. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio and evidence of mucosal fogging in several segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains liquid-appearing fecal material and gas. There is no obvious evidence of an obstructive pattern.

## INVOICE

11343

## DATE

8.5.22

### ***Pancreas***

The base and limbs of the **pancreas** are visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. 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. Several prominent mesenteric and colic **lymph nodes** are visualized, the largest measuring 2.31 cm in length (mesenteric). The mesentery surrounding the nodes is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

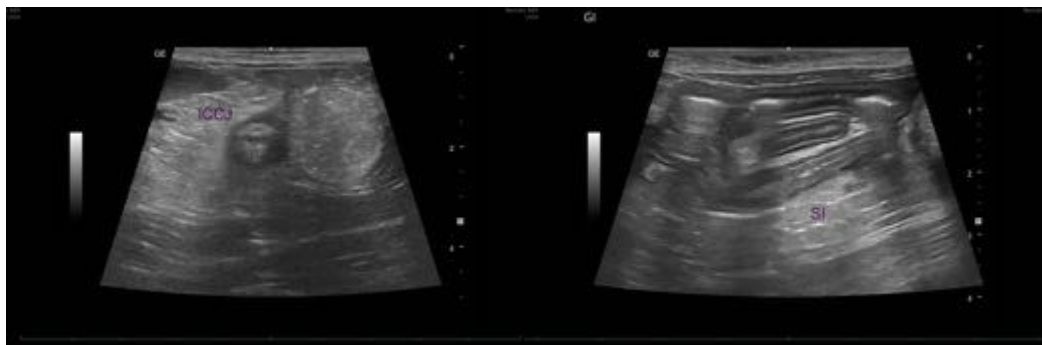
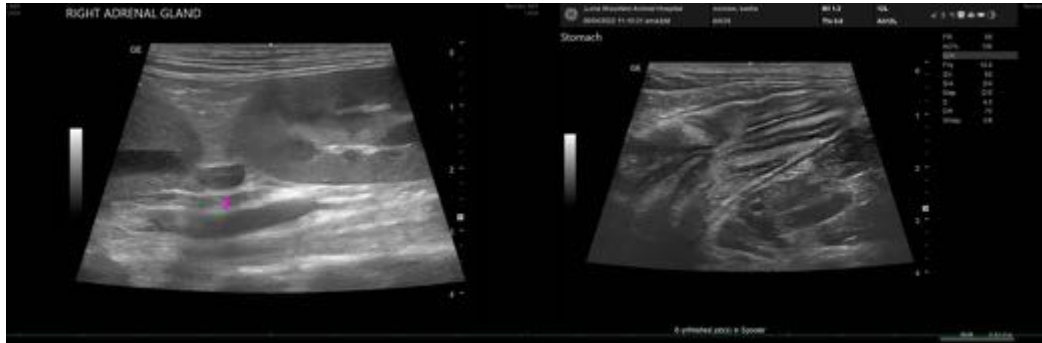
### **Primary Findings**

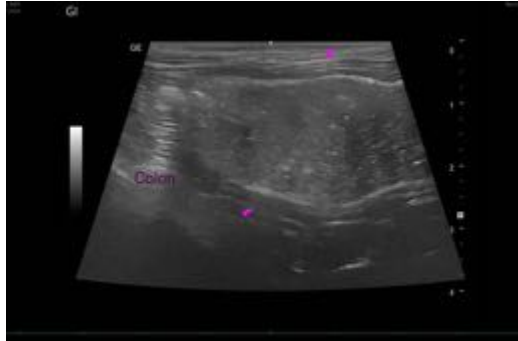
- Bowel changes consistent with inflammatory bowel disease, with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. Consider empirical treatment for small intestinal bacterial overgrowth with a full-week course of Tylosin.
5. A 6-week limited antigen diet trial to assess for food allergies
6. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)