

**PATIENT PRESENTING CLINICAL SIGNS**

**Moe Marshall**  
Clinical Exam Findings: Chronic intermittent vomiting. Acute onset hyporexia. Suspected weight loss  
Current Medications: None  
**SPECIES**  
CBC and chemistry panel are unremarkable.

**Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

**DSH**  
The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The urinary bladder is mildly distended. A small 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**

**Neutered Male**  
The **left kidney** is normal size (3.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

**9.6.2009**  
The **right 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 mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

**13.9 lbs**

**Adrenal Glands**

The **left adrenal gland** is normal size (0.38 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)

The **right adrenal gland** is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is normal in size (0.88 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 portal vein to caudal vena cava ratio is approximately 1: 1.

**HOSPITAL NAME**

**Flowertown 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/not seen.

**REFERRING VET**

**Dr.Pignatello**

**Gastrointestinal**

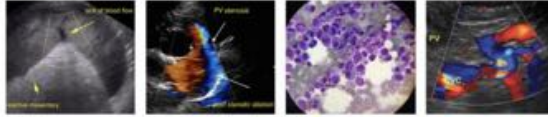
The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.25 cm) 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 colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

**INVOICE**

**11625**

**DATE**

**9.12.22**



**PATIENT**

Moe Marshall

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

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**Pancreas**

The tip of the left limb of the **pancreas** is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

**Free Abdomen**

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

**Other**

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

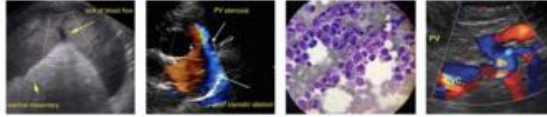
- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic changes in the left limb are suggestive of mild, acute or chronic active pancreatitis.

**Secondary findings:**

- Bilateral minor age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A malabsorption panel, including serum cobalamin and folate, TLI and PLI is recommended (send to Texas A&M).
- Consider a 6-week hydrolyzed protein or limited antigen diet trial.
- A fecal evaluation for ova and Giardia should also be considered, if not already performed.
- Ultimately, gastrointestinal biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis. If pursued three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- In the meantime, symptomatic care is recommended, including antiemetics, appetite stimulants, and acid blockers as needed.



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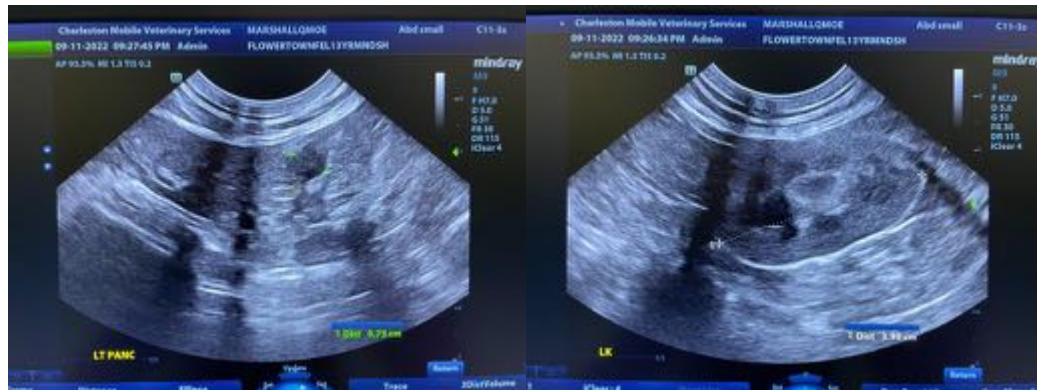
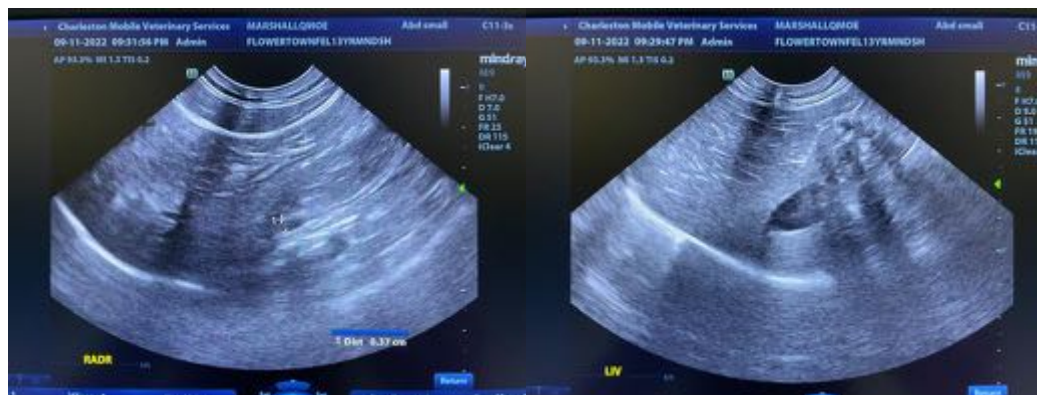
Dr.Pignatello

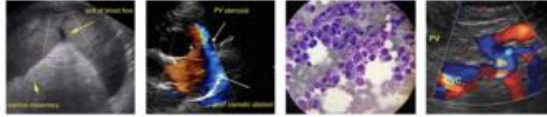
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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