



PATIENT

Merlin Faubion

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male Neutered

AGE

18 Years

WEIGHT

4 kgs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Dr. Callihan - Pacific
Crest Mobile Vet

REFERRING VET

Dr. Harvey

INVOICE

12091

DATE

9/14/21

PRESENTING CLINICAL SIGNS

History: Presented to ER on 9/6/2021 for difficulty walking/general weakness in hind, trouble defecating, decreased appetite. Vomits regularly. On PE, thin body condition and dehydration reported. Full Chem panel including T4, and CBC, all WNL. UA showed rod bacteria and isosthenuria. Was given enema and passed large amt stool, SC fluids and appetite stimulant, instructed to follow with primary care.

Abnormal PE/Chem/CBC/UA Results: With primary care on 9/10. Radiographs showed no bony abnormalities with hips, spine, and nothing overtly amiss with abdomen or thorax. Was given Convenia for the UTI (owner cannot medicate cat), and 3 days Onsior, made appt to come back today for abd ultrasound. Reports some improvement in mobility with Onsior. No additional diagnostics today. (I did do a brief echo which was unremarkable); PE today quiet cat, mildly unkempt coat, thin body condition 3+/9; muscle wasting in hindquarters.

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 moderately distended with mostly anechoic urine. 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.

The left kidney is small in size (2.41 cm in length) with a slightly irregular shape. The cortex is variable in thickness with moderate loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

The right kidney is mildly enlarged (4.85 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Mild to moderate pyelectasia is present (0.33 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No focal lesions are observed. There is a subtle increase in portal markings. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.



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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 0.33 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.39 cm in diameter).

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Free Abdomen

Trace free fluid is observed. A few prominent to enlarged lymph nodes are observed at the mesenteric root, the largest measuring 2.00 cm in length. In addition, a 0.64 cm cranial abdominal lymph node is seen. Mesentery surrounding the nodes is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The trace ascites is likely secondary to increased vascular permeability due to bowel pathology.
- Hepatic changes are non-specific and could be consistent with inflammatory/infectious disease, hepatic lipidosis, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- Bilateral age-related renal pathology, more severe on the left side with probable right compensatory hypertrophy and pyelectasia.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

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The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia



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3. A 6-week limited antigen diet trial to assess for food allergies
4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
5. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.





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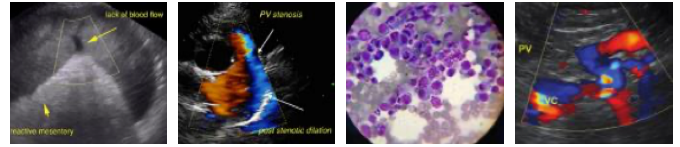
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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