

## PATIENT

Tie Durgin

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 years, 10 mos

## WEIGHT

8.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
RVT LVT

## HOSPITAL NAME

Pine Creek VC

## REFERRING VET

Dr Denny Nolet

## INVOICE

11593

## DATE

9.8.22

## PRESENTING CLINICAL SIGNS

History: Constant diarrhea, antibiotics (metronidazole) didn't help. Possible IBD per Dr. Gave fluids and a polyflex inj the day before

Abnormal PE/Chem/CBC/UA Results: LABs attached. CBC and mini chemistry panel unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** wall is 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.

The **left kidney** is normal size (4.00 cm in length); normal shape and smooth peripheral contours. The cortex is hyperechoic and diffusely thickened, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.75 cm in length); normal shape and smooth peripheral contours. The cortex is hyperechoic and diffusely thickened, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### 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.

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

### Spleen

The **spleen** is prominent in size (1.15 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

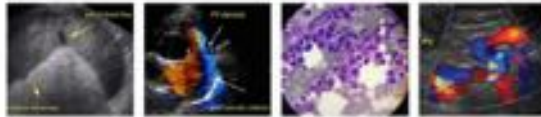
### Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### 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 intestine is diffusely thickened (up to 0.41 cm) with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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### *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.

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### *Free Abdomen*

There is no evidence of free fluid. A cluster of enlarged, rounded to irregular, hypoechoic mesenteric **lymph nodes** are visualized, the largest measuring 2.54 cm in length. Surrounding mesentery is mildly hyperechoic. In addition, a cluster of prominent to enlarged periportal lymph nodes are also seen, the largest measuring 0.98 cm in length.

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## ULTRASONOGRAPHIC FINDINGS

### SEX

Neutered Male

### Primary Findings

- The small intestinal changes are consistent with inflammatory bowel disease or emerging lymphoma.
- The lymphadenopathy could be secondary to infiltrative neoplasia, reactive lymphadenopathy or lymphoid hyperplasia.

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### Secondary Findings

- The mild splenomegaly may be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation) or infiltrative neoplasia (i.e., lymphoma)
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the enlarged mesenteric lymph nodes if clotting status is appropriate. Twenty-five gauge-needles should be used. If results are inconclusive, surgical GI and abdominal lymph node may be necessary to get a definitive diagnosis.
- Three-view thoracic radiographs are recommended to assess for lymphadenopathy in the chest.
- A GI panel (send to Texas A&M) is also recommended.
- If further diagnostics are not to be pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hydrolyzed or a novel protein diet), as long as the client understands the risks of treatment without a definitive diagnosis.

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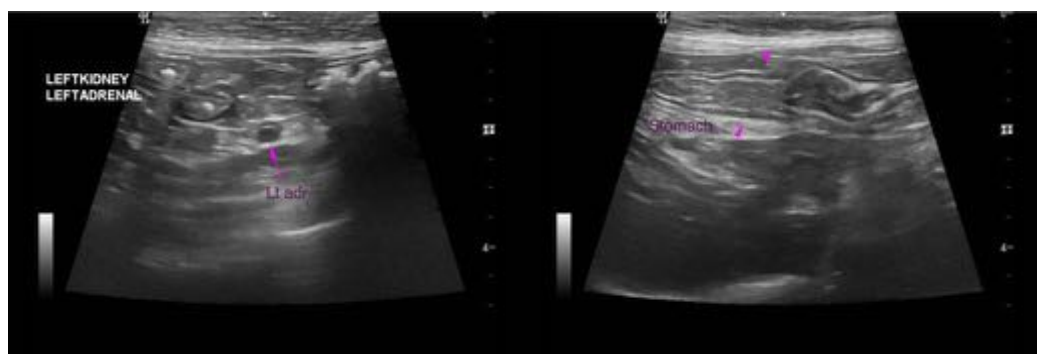
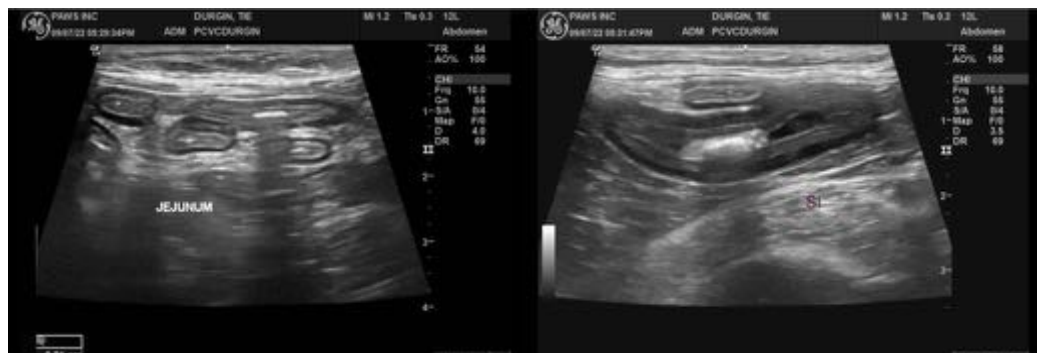
Dr Denny Nolet

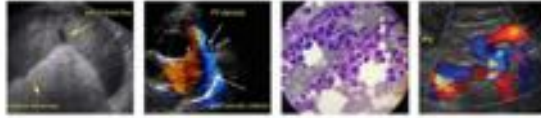
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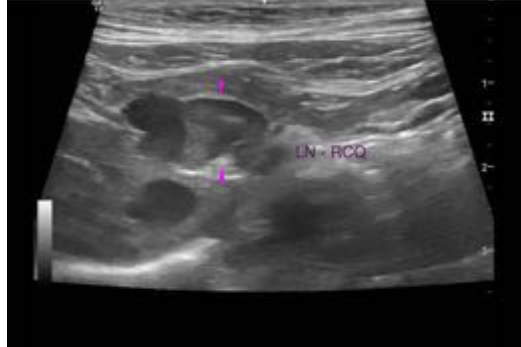
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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