PATIENT

Georgie Sirois

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male neutered

AGE

7/18/22

WEIGHT

3.64 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruit

INVOICE

13378

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Presented to CVRC 12/23/25 for diarrhea (diarrhea to pasty/creamy white stool), hyporexia, and vomiting. He initially had vomiting which resolved for the past 3 days, but then he vomited a small amount this morning along with a hack/cough/sneeze type noise. History of dietary indiscretion with endoscopic removal of the ear of a toy 1.5ya and passage of the tail of a toy via stool 6 months ago. Previously feral and FIV positive, on Imuquin immune support supplement (no other medications). He is not UTD on preventatives (order currently in for next supply) but is UTD on vaccines. Indoor only, another cat in the household. No other known medical history. Pt still eating.

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the ileocecocolic junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the ileocecocolic junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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.

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. The portal vein to caudal vena cava ratio is approximately 1:1.

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. The duodenal papilla is normal in size (0.29 cm in width).

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 small intestinal wall is diffusely thickened (up to 0.43 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a greater than 1:1 ratio in some regions. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obvious obstructive disease is noted.

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.

Lymph nodes

A 0.90 x 0.48 cm mesenteric lymph node is visualized.

Free Abdomen

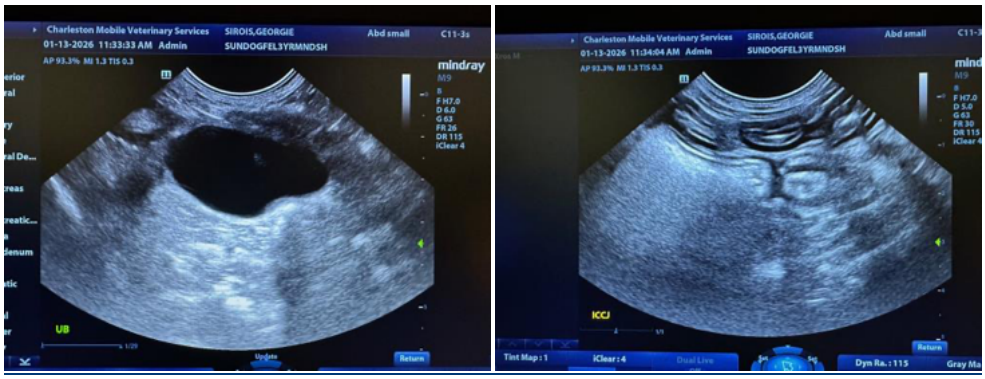
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended (if not already performed).
2. Prophylactic deworming with fenbendazole is also recommended (if not already performed).
3. A GI panel including serum cobalamin, folate, TLI and PLI is recommended.
4. Also consider transitioning to a limited antigen or hydrolyzed protein diet.
5. Ultimately, endoscopic or surgically GI biopsies would be necessary to get a definitive diagnosis. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, limited antigen diet) as long as the client understands the risks of treatment without a definitive diagnosis.



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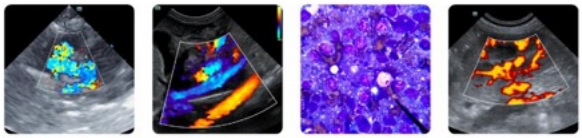

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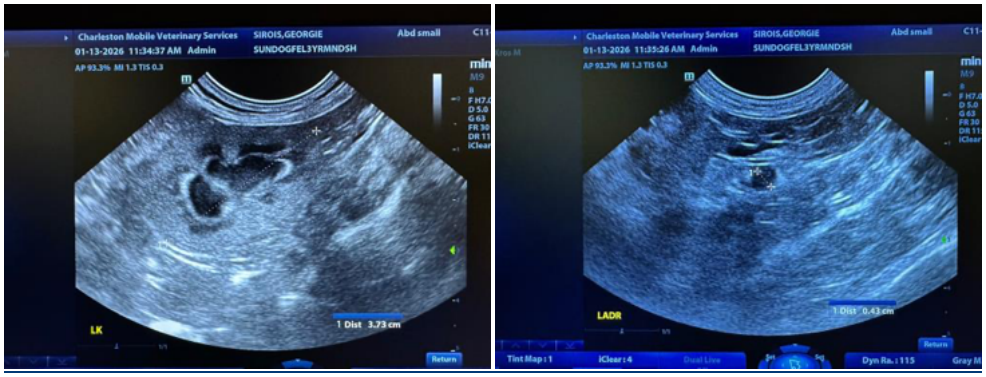

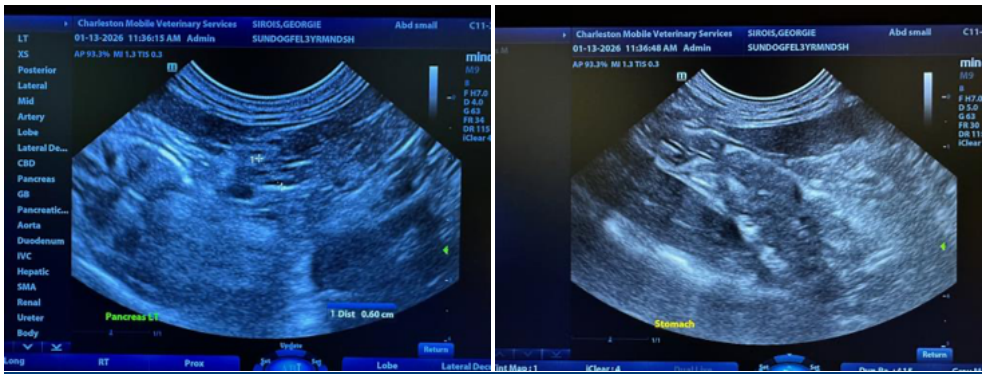

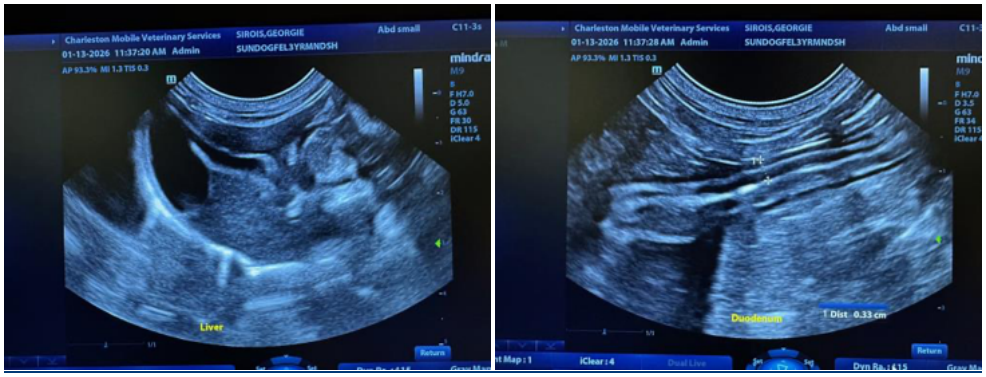

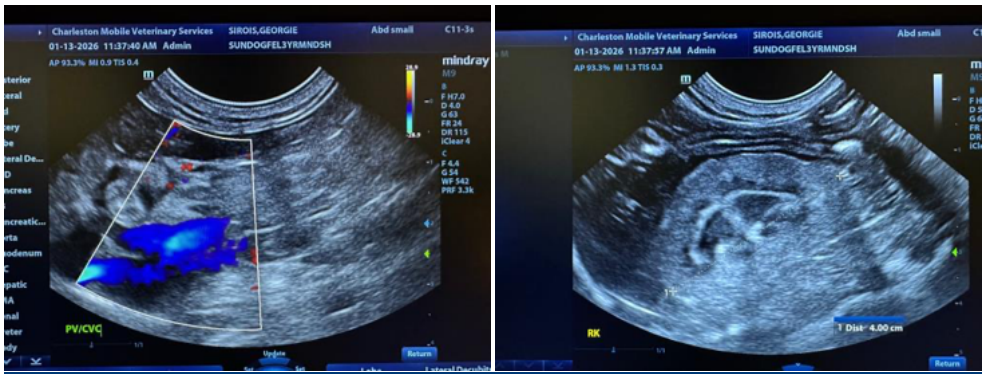

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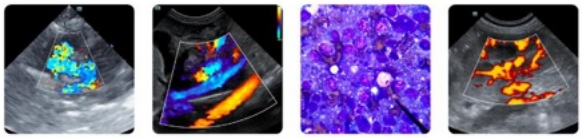

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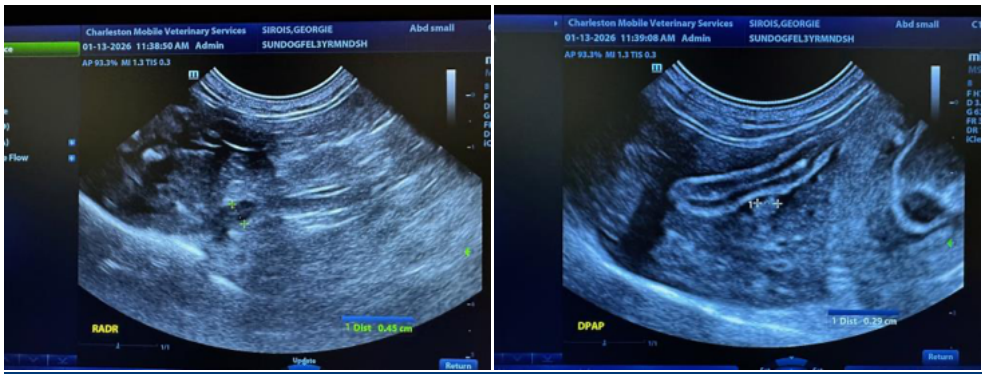

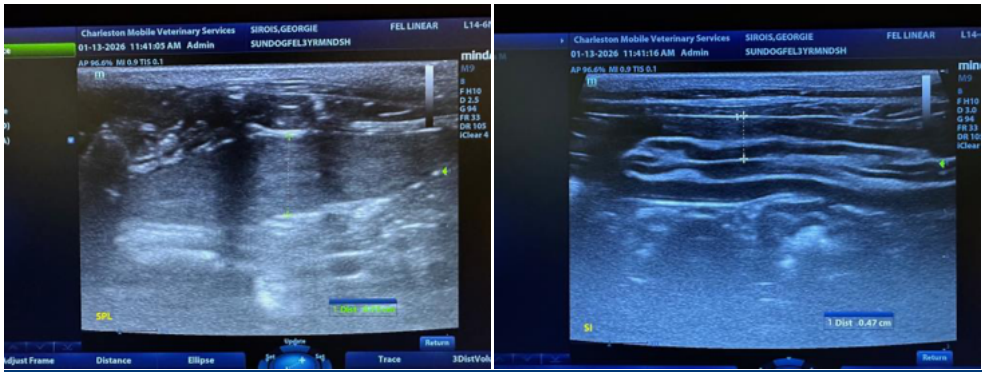

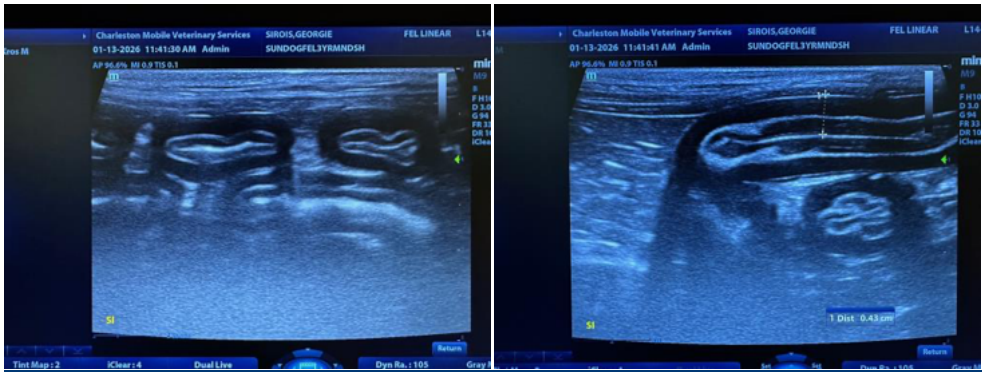

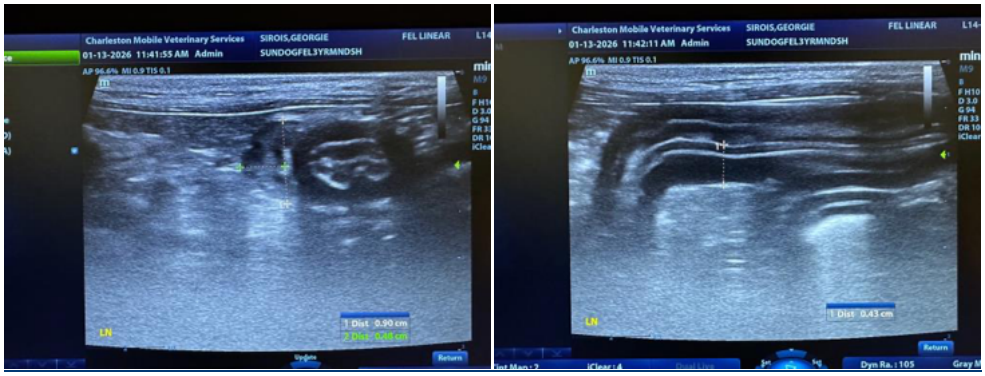

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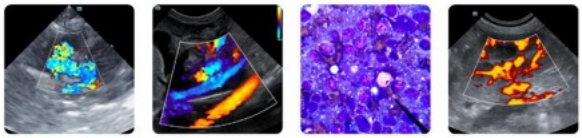

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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