



PATIENT PRESENTING CLINICAL SIGNS

Lionel Kauffman CBC eosinophilia. Chem panel unremarkable. PSL negative. USG 1.057, 1+ proteinuria, inactive sediment.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic longhair

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately 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

Male, neutered

The left kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

10/2010

The right kidney is normal size (4.37 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

10.7 lbs.

Adrenal Glands

INTERPRETED BY

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

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

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

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The spleen is normal in size (0.89 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

HOSPITAL NAME

Flowertown AH

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: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.37 cm in width).

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Gastrointestinal

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11/16/2022

The gastric lumen is distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is



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patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is diffusely thickened (up to 0.33 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a greater than 1:1 ration in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.40 cm in length. In addition, a few prominent lymph nodes are observed at the ileocecolic junction. Surrounding mesentery is hyperechoic.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- 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 bowel pathology.

Secondary Findings:

- Minor, bilateral, age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia +/- fecal PCR infectious disease panel.
- Consider prophylactic deworming with Fenbendazole.
- A GI panel including serum cobalamin, folate, TLI and PLI is recommended (send to Texas A&M).
- Consider transitioning to a hydrolyzed protein or limited antigen diet.
- Ultimately, endoscopic or surgical gastrointestinal 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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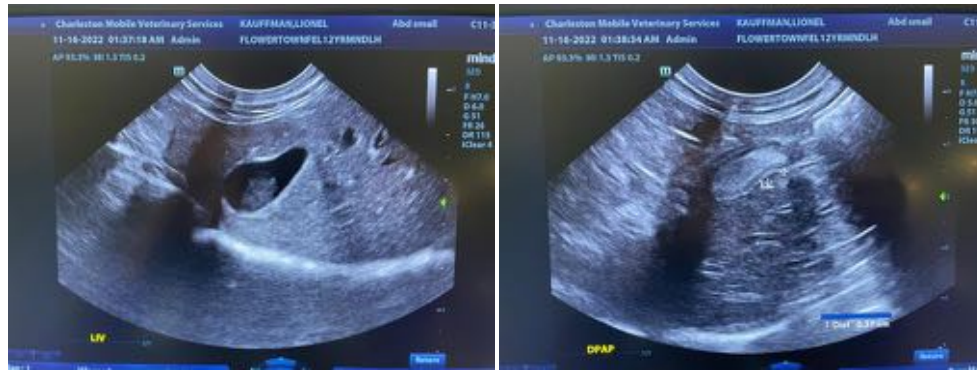


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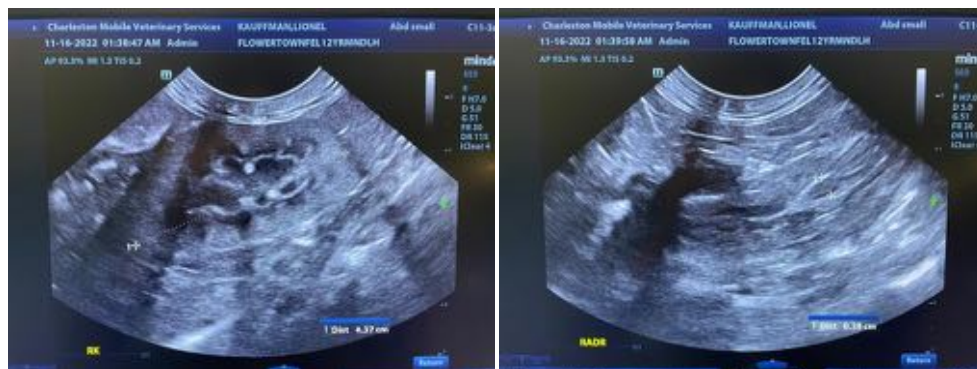
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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