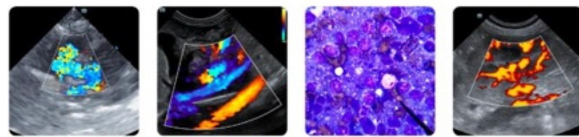


PATIENT

Budderfly Everett

SPECIES

Feline

BREED

Maine coon

SEX

Male, neutered

AGE

6/22/2010

WEIGHT

13.5 lbs.

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

Saddleback Mobile

REFERRING VET

Dr. Klein

INVOICE

13460

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Pt has been losing weight over the past year. Recent inappetence, hypertension. ALT in the 200s, normal T4, urinalysis pending.

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 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 (4.35 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 1.3 cm cortical cyst is observed at the caudal aspect. Echogenic material is observed within the cyst. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. 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 (0.39 cm width) with a normal shape. 1-2 small hyperechoic foci are observed within the parenchyma. The remaining glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.78 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.

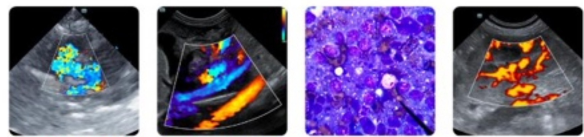
Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.79 x 0.58 cm ill-defined hypoechoic nodule is observed mid to right liver at the caudal aspect. The remaining parenchyma is homogeneous. 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. A small amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal to moderately thickened (up to 0.71 cm) with questionable retention of the normal layering pattern in the thickened segments. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.



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Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. A few ill-defined hypoechoic nodules are observed within the left limb. The pancreatic duct is dilated (up to 0.33 cm). There is no obvious evidence of peripancreatic effusion.

Lymph nodes

A few prominent lymph nodes are observed adjacent to the stomach, one of the nodes measuring 1.04 x 0.33 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Variable gastric wall thickening. This could be consistent with an inflammatory process or emerging neoplasia (i.e., lymphoma, adenocarcinoma). The regional lymphadenopathy could be consistent with reactive change or emerging neoplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.
- The pancreatic changes are suggestive of chronic pancreatitis. The ill-defined hypoechoic nodules could be consistent with benign nodular hyperplasia or less likely, emerging neoplasia.

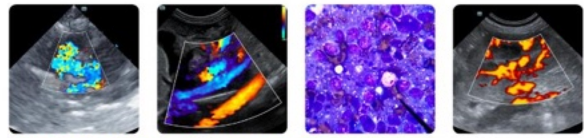
Secondary Findings:

- Bilateral nonspecific chronic renal changes with a left cortical cyst
- The small hepatic nodule could be consistent with a benign focus (i.e., inflammation, other) with a lower possibility of emerging neoplasia.
- The hyperechoic foci in the right adrenal gland likely represent a benign age-related incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If an aggressive approach is desired, consider the following:

1. Three-view thoracic radiographs to assess cardiopulmonary status
2. Upper GI endoscopy or surgical GI biopsies
3. GI panel including serum cobalamin, folate, TLI and PLI
4. If further testing is not pursued, consider empirical treatment for inflammatory bowel disease (i.e., limited antigen diet (once the patient is eating again) along with corticosteroids) as long as the patient understands the risks of treatment without a definitive diagnosis.
5. Cobalamin supplementation can also be considered.



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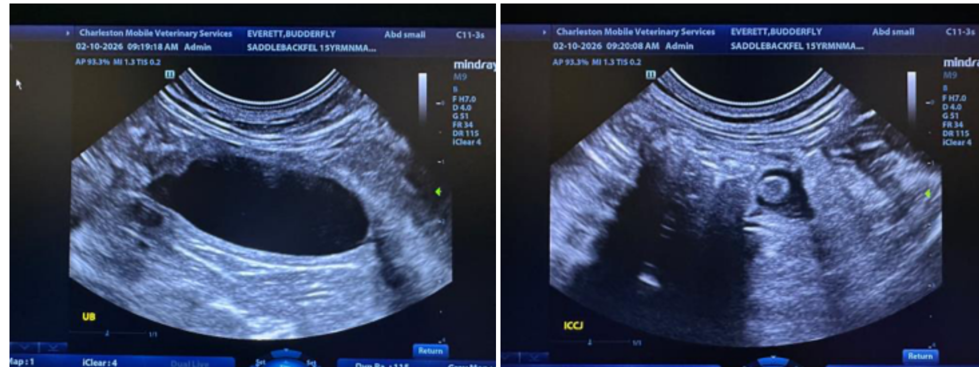

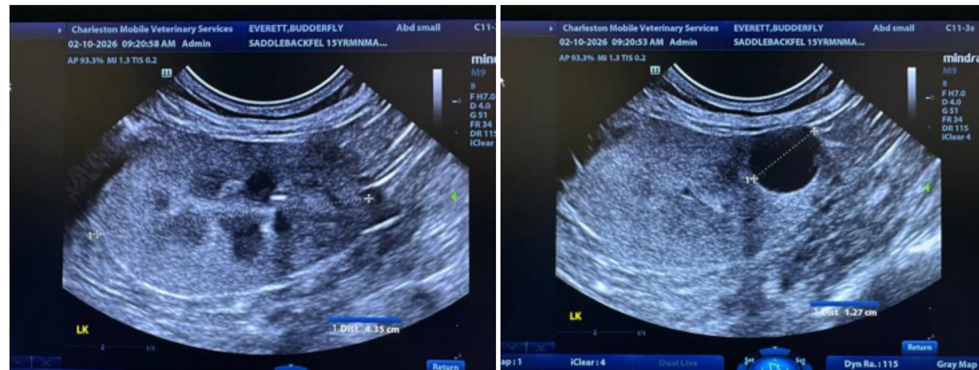

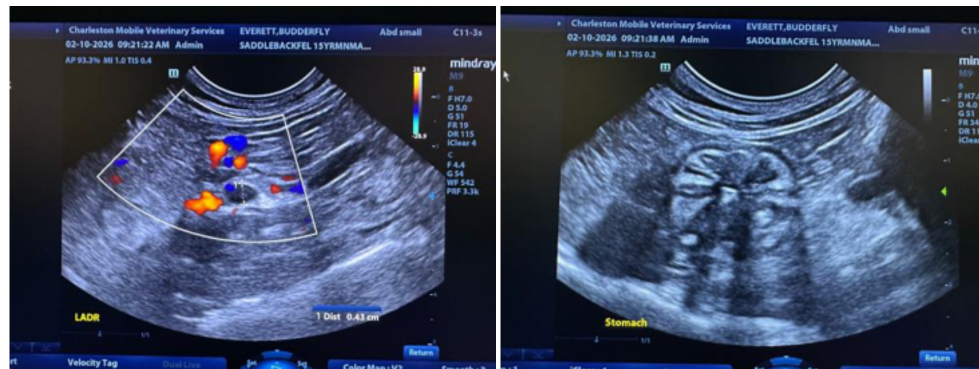

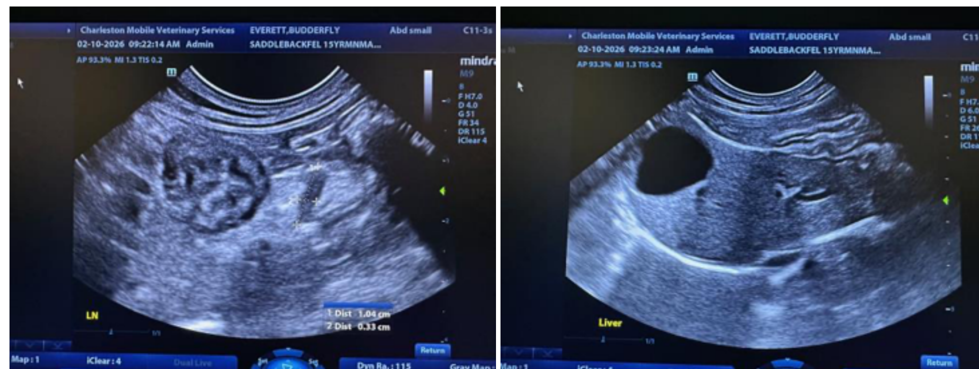

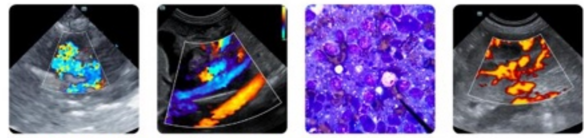

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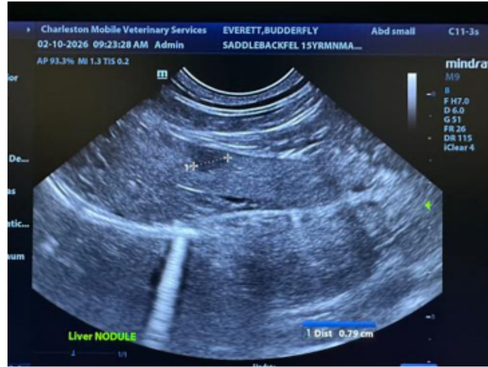

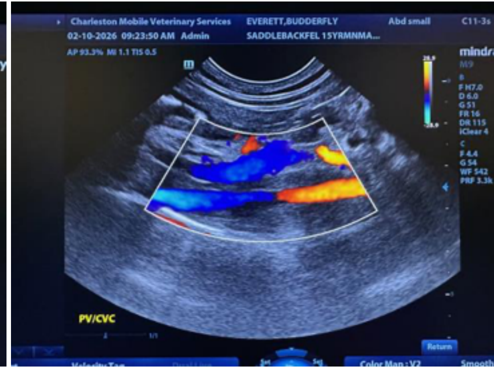

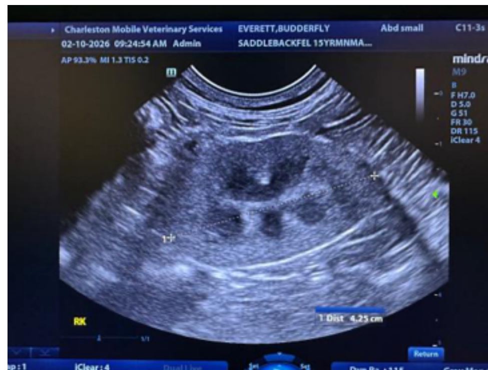

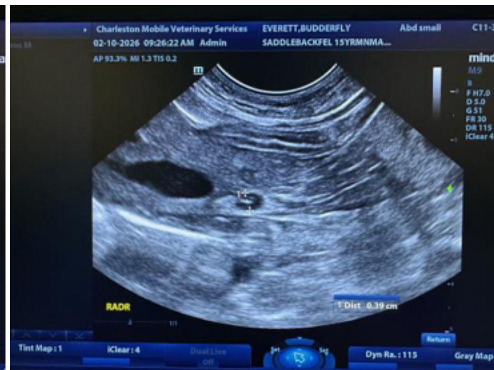

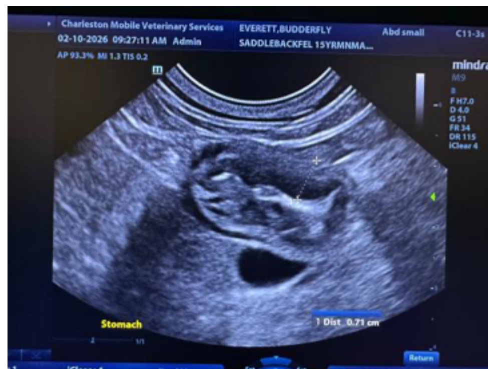

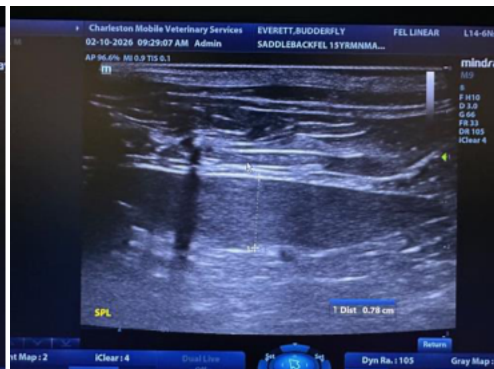

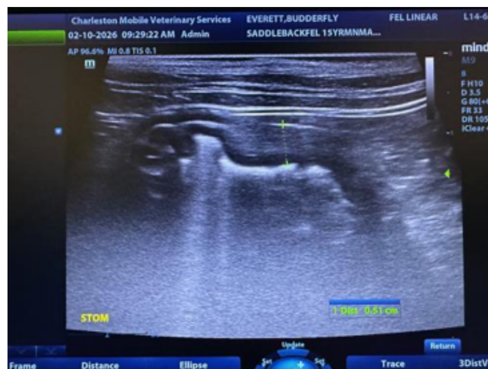

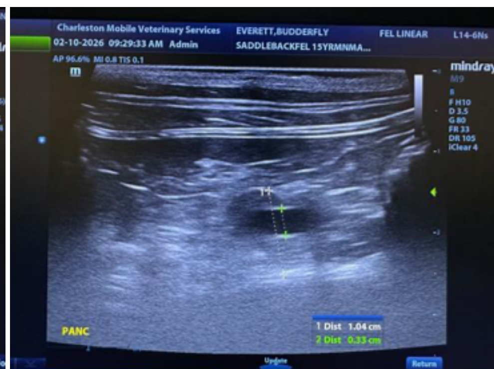

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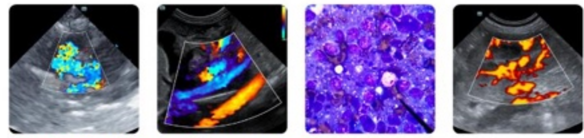

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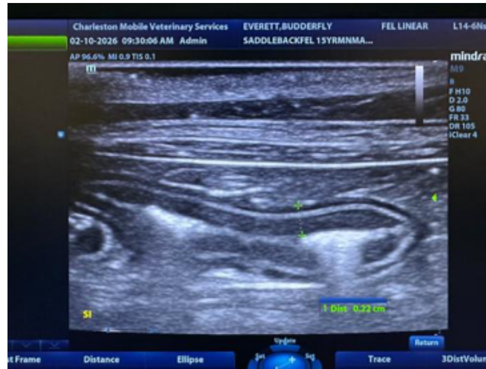

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com