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IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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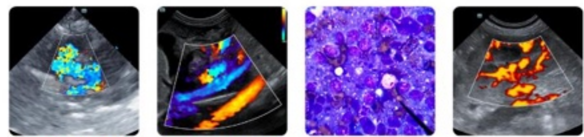

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Squeaks Lindahl

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

11 Yrs. 5 months

WEIGHT

10.01 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

Cats Meow

REFERRING VET

Dr. Levy

INVOICE

13619

DATE
3/18/26

PRESENTING CLINICAL SIGNS

Pt presented 1/29 for decreased appetite, losing weight and lethargy. Was seen again on 2/5 and was put on Clindamycin for dental disease. On 3/6 came in for a follow up. Still losing weight. Bloodwork from 1/29 revealed globulins of 6.9, albumin of 2.5, T4 1.8, CBC not performed due to lack of enough blood in the sample.

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 small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1.5-2 cm, are normal.

The left kidney is normal in size (3.82 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. At least one non-obstructive mineralized focus is visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.02 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least one non-obstructive mineralized focus is visualized. There is no evidence of pyelectasia, 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 (0.47 cm width). Normal shape and glandular echogenicity. 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. Using the high frequency probe, a light micronodular pattern is observed throughout the organ. 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 diffusely homogeneous in appearance. No distinct focal lesions are observed. 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.

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 duodenal and jejunal walls are normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio. The walls of the ileum and ascending colon are thickened (up to 0.59 cm) with a loss of the normal layering pattern. The

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mesentery effacing the serosal surface in this region is hyperechoic. The remaining colonic wall is normal to borderline thickened. No obvious obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A few prominent hypoechoic mesenteric lymph nodes are observed adjacent to the ileocecocolic junction, one of the nodes measuring 0.99 x 0.51 cm.

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:

- The ileal and ascending colonic wall thickening is concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of an inflammatory process. Mild adjacent peritonitis is present. The regional lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are suggestive of benign parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. To further evaluate the bowel thickening, surgical biopsies would be needed. If pursued, three-view thoracic radiographs should be performed prior to anesthesia.
2. A GI panel is also recommended to assess for maldigestion/malabsorption and pancreatic disease.
3. A CBC is also recommended to assess the patient's cell lines.
4. If further testing is not pursued, palliative care is recommended.

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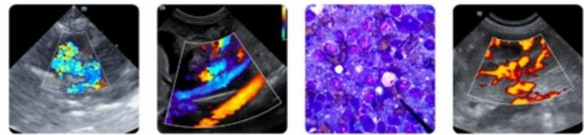

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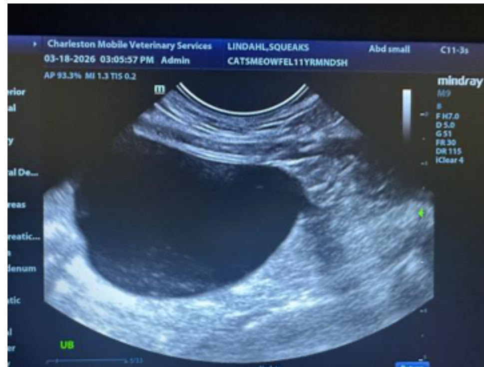

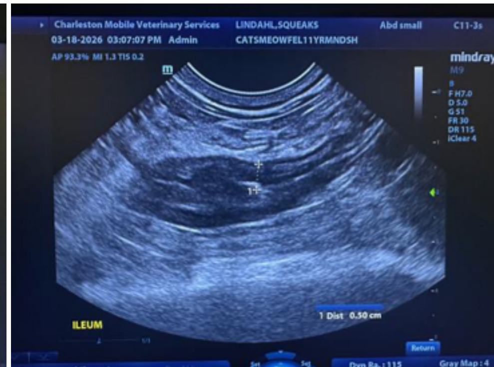

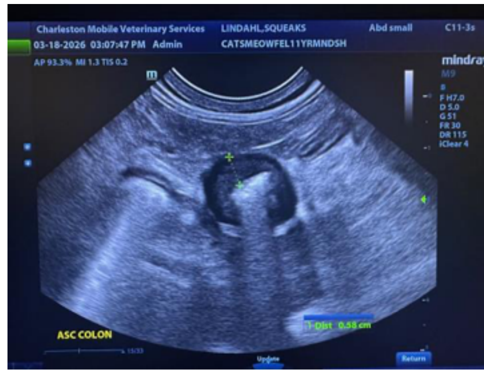

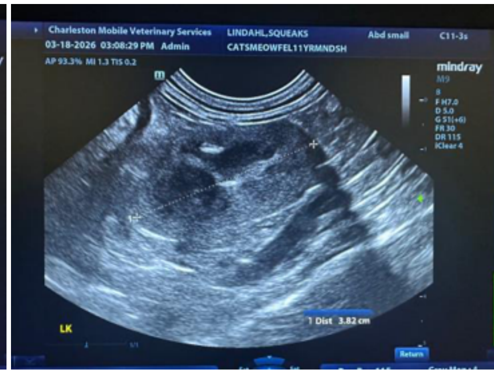

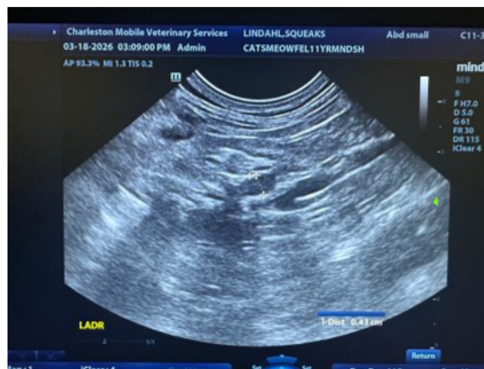

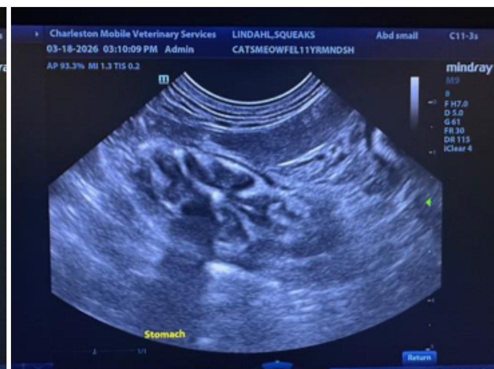

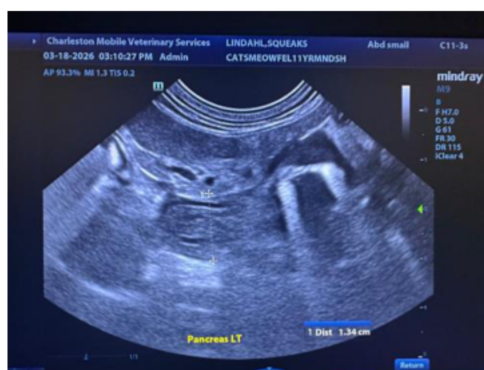

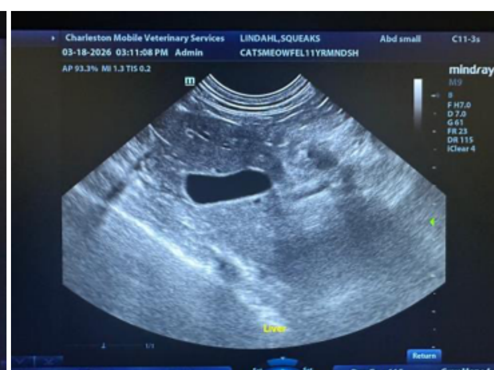

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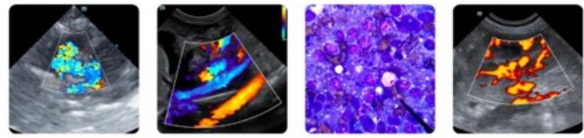

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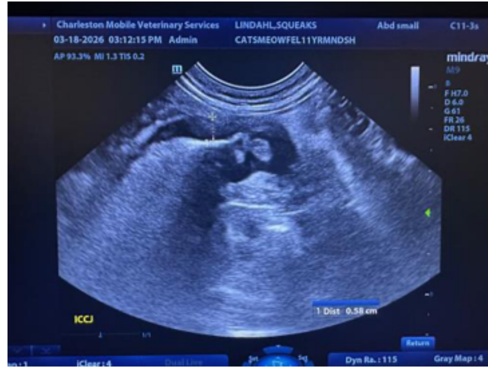

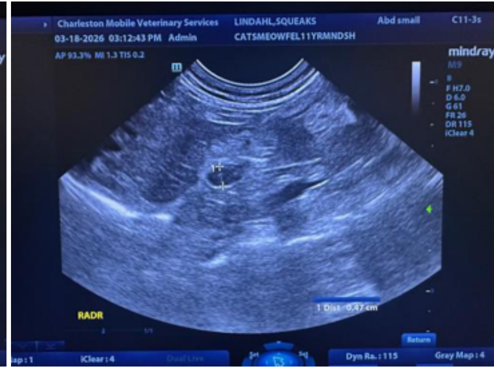

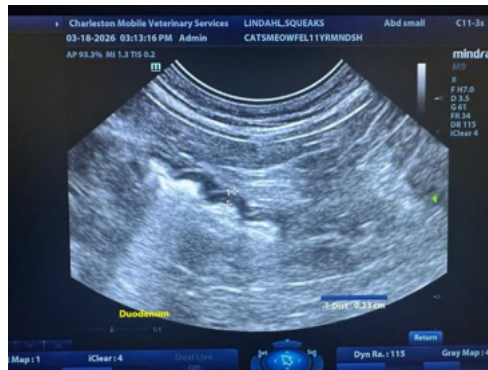

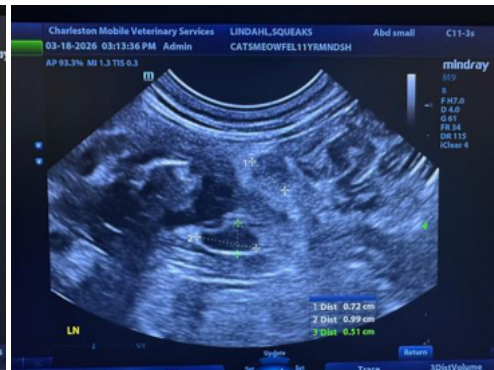

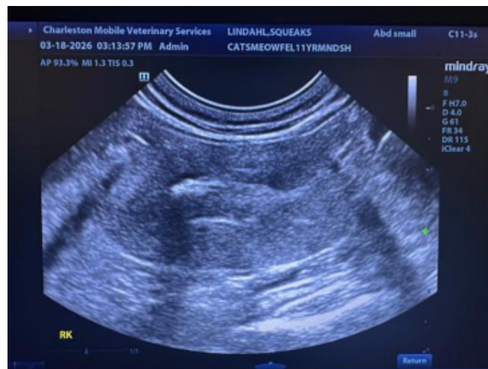

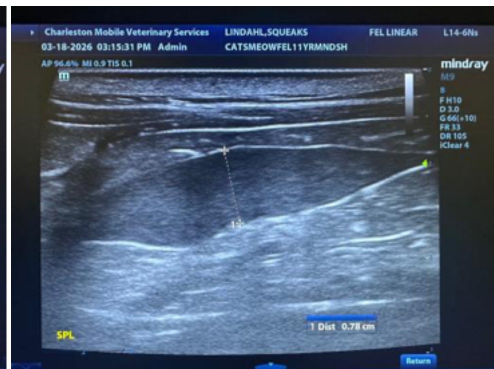

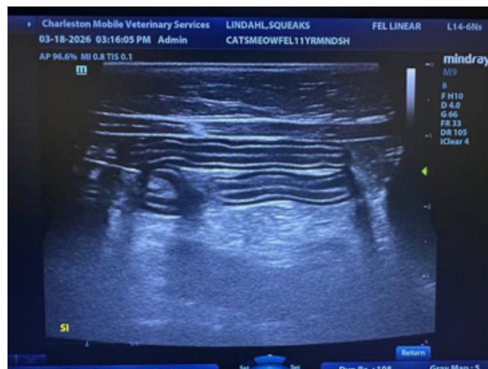

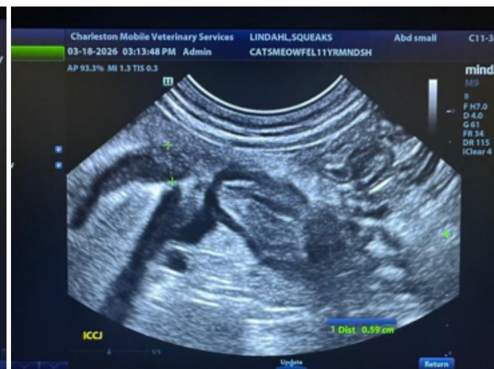

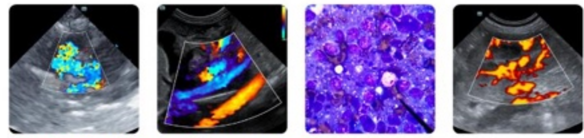

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com