



PATIENT PRESENTING CLINICAL SIGNS

Stinky Small Presented for hiding / not acting right/ not eating normal. No c/s/v/d. u/d wnl
Weight loss

SPECIES Thyroid slip present.
Slightly unkept haircoat, skin appears normal.
Skin tent delayed.

Feline

BREED - Hyperglobinemia (Increased TP).
- Leukocytosis (Neutrophilia).
TT4 normal

Domestic longhair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Male, neutered The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen 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.

AGE

6/1/2011

The left kidney is normal size (4.17 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 hydroureter. Renal vasculature is normal.

WEIGHT

9.3 lbs.

The right kidney is normal size (4.29 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

Spleen

The spleen is normal in size (0.67 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.

REFERRING VET

Dr. Forcier

Liver

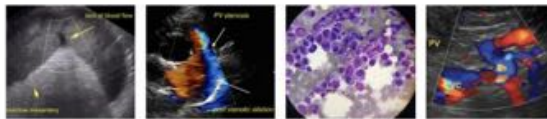
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder 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.

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13088

DATE

3/8/22



PATIENT

Gastrointestinal

Stinky Small

The gastric lumen is mildly distended with ingesta. 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 intestinal wall is diffusely thickened (up to 0.47 cm). In one segment of jejunum, there is questionable loss of the normal layering pattern. The mesentery effacing the serosal surfaced in this region is hyperechoic. In the remaining segments there is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES

Feline

BREED

Domestic longhair

Pancreas

SEX

Male, neutered

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.22 cm in diameter). There is no evidence of peripancreatic effusion.

AGE

6/1/2011

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.19 cm in length.

WEIGHT

9.3 lbs.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel pattern, particularly the segment of jejunum with the questionable loss of the normal layering pattern, is concerning for emerging neoplasia (i.e., lymphoma). However, inflammatory bowel disease cannot be completely excluded.
- The pancreatic changes are consistent with chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Secondary Findings:

- Bilateral non-specific age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

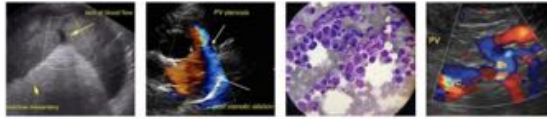
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- Three-view thoracic radiographs are recommended to assess for evidence of neoplasia in the chest.
- Given the hyperglobulinemia, a serum electrophoresis should be considered to assess for a monoclonal gammopathy.

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- Given the bowel and pancreatic changes, a malabsorption panel (send to Texas A&M) is also recommended.
- To definitively diagnose the bowel changes, surgical biopsies would be necessary.

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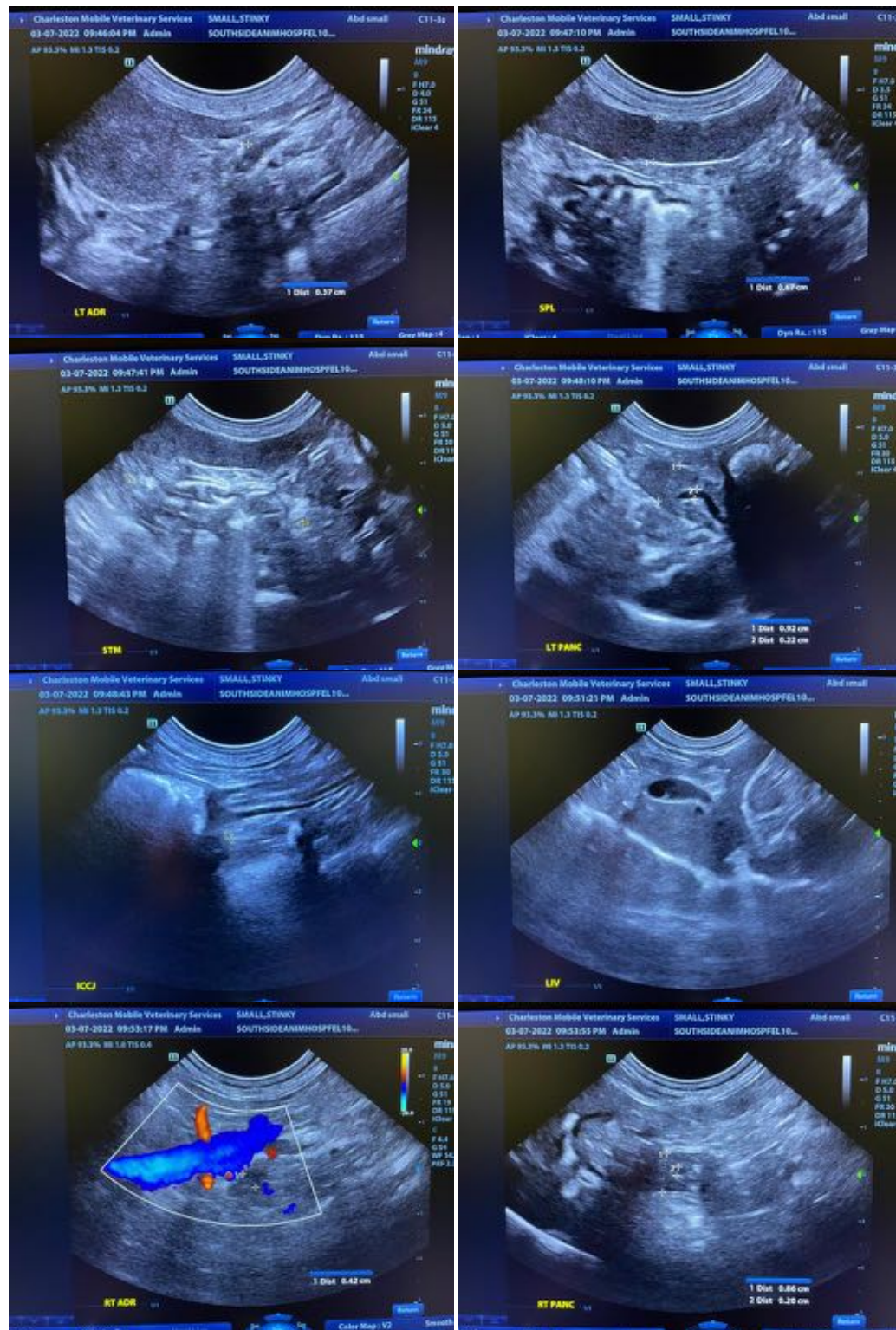
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SPECIES

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SEX

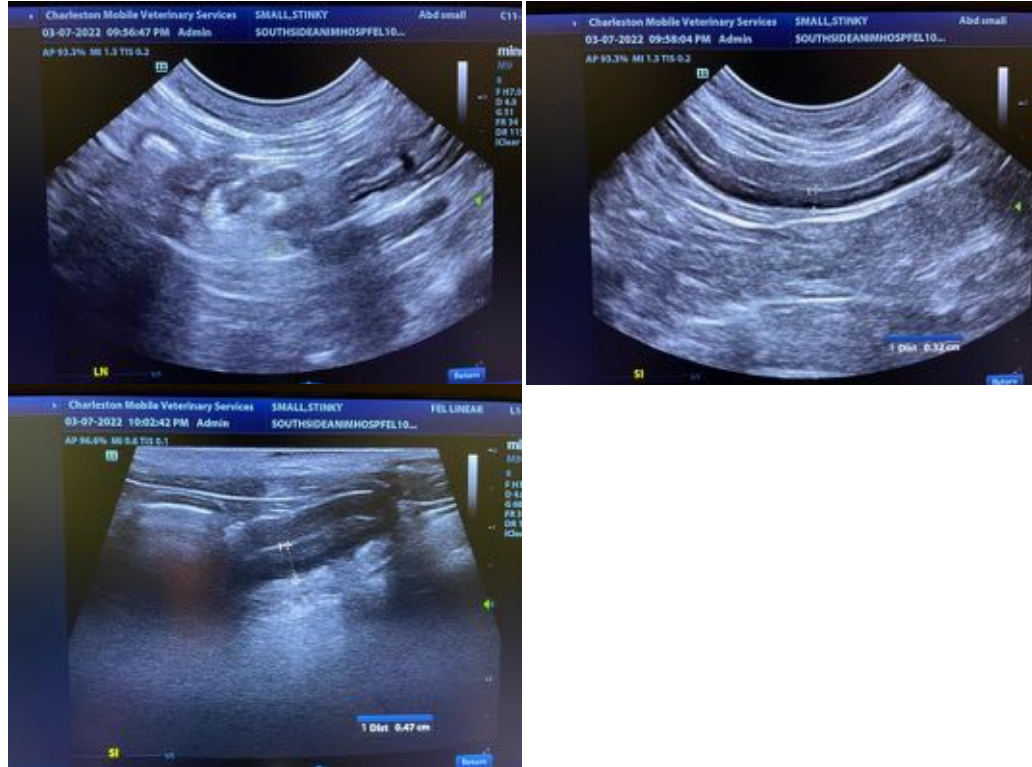
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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