



PATIENT **PRESENTING CLINICAL SIGNS**

Birdie Stewart

The patient presented with a history of dramatic weight loss over the last several months. Has had chronic vomiting which appeared to resolve but has recurred and is now severe and often projectile. Baseline lab work is unremarkable except for trace proteinuria. T4 normal. Texas GI panel pending. A hydrolyzed protein diet was recently initiated.

SPECIES

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic shorthair

Urinary System

SEX

Male, neutered

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 proximal urethra, visible to a depth of 2 cm, are normal.

AGE

3 Yrs.

The left kidney is normal size (4.23 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 hydroureter. Renal vasculature is normal.

WEIGHT

7.94 lbs.

The right kidney is normal size (4.62 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING
PERFORMED BY**

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

Spleen

The spleen is normal in size (0.83 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.

HOSPITAL NAME

West Ashley VC

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 to 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. The duodenal papilla is prominent in size (0.57 cm in width).

REFERRING VET

Dr. Ladon Wallace

INVOICE

15167

DATE

8/2/23

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



PATIENT

Birdie Stewart

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

7.94 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

West Ashley VC

REFERRING VET

Dr. Ladon Wallace

INVOICE

15167

DATE

8/2/23

layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall is diffusely thickened (up to 0.43 cm). There is disruption in the normal 1:3 muscularis to mucosal ratio with a greater than 1:1 ratio in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

Free Abdomen

A small amount of anechoic free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.11 cm in its longest dimension. The nodes are relatively normal in shape and echogenicity.

Other

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

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Trace ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for internal parasites is recommended, if not already performed.
- Continuation of the hydrolyzed protein diet along with initiation of a probiotic is recommended. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Thoracic radiographs should be performed prior to anesthesia. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, continuation of the hydrolyzed protein diet and other symptomatic measures) as long as the client understands the risks of treatment without a definitive diagnosis.



PATIENT

Birdie Stewart

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

7.94 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

West Ashley VC

REFERRING VET

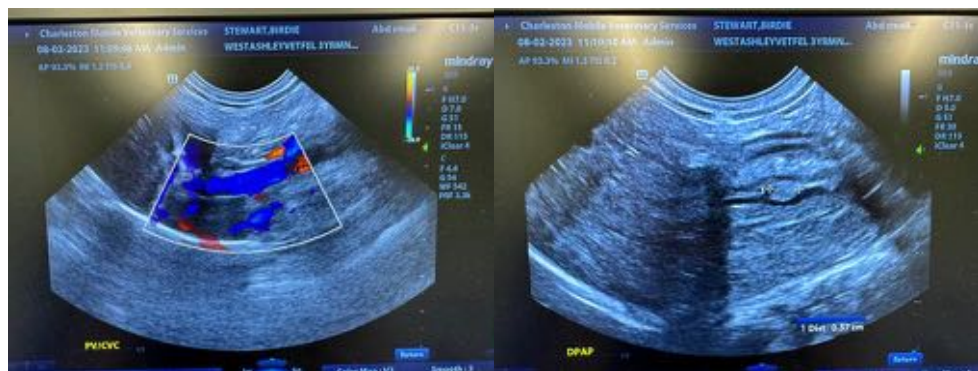
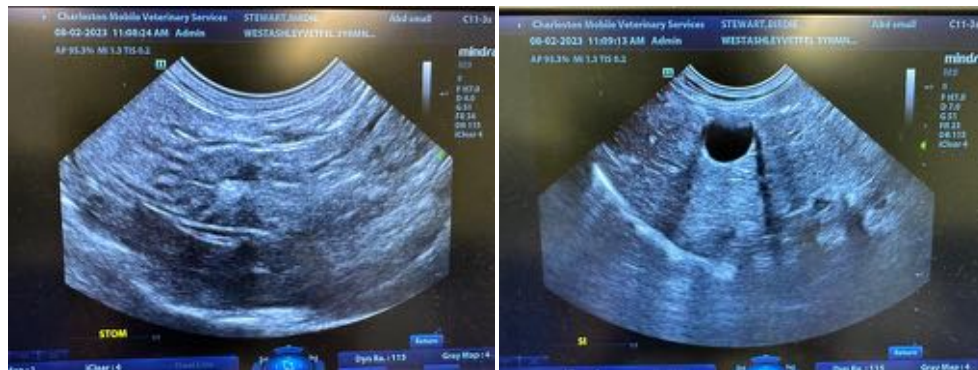
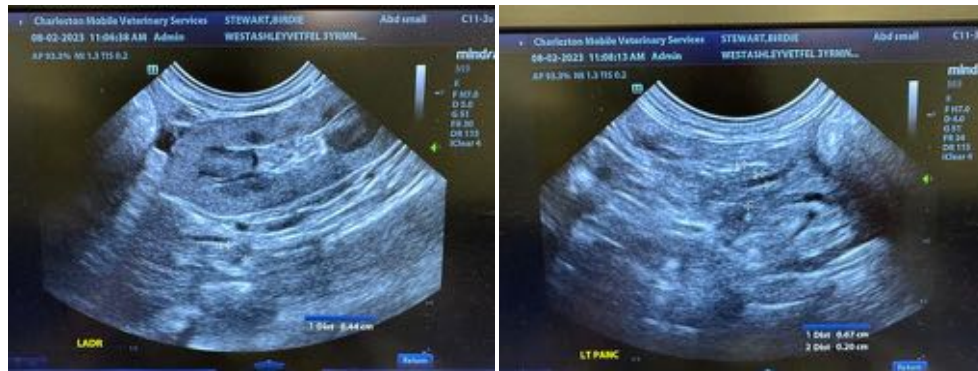
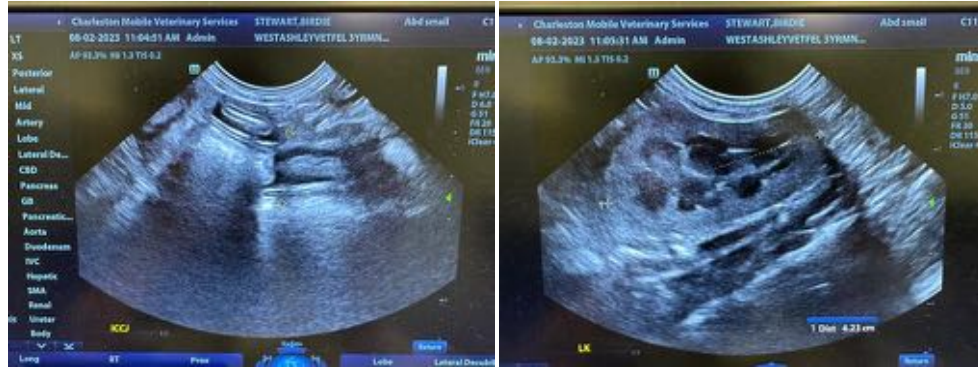
Dr. Ladon Wallace

INVOICE

15167

DATE

8/2/23





PATIENT

Birdie Stewart

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

3 Yrs.

WEIGHT

7.94 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

West Ashley VC

REFERRING VET

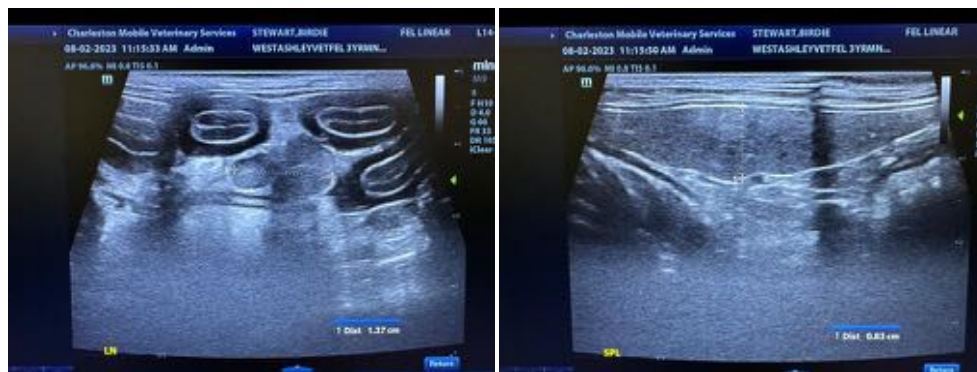
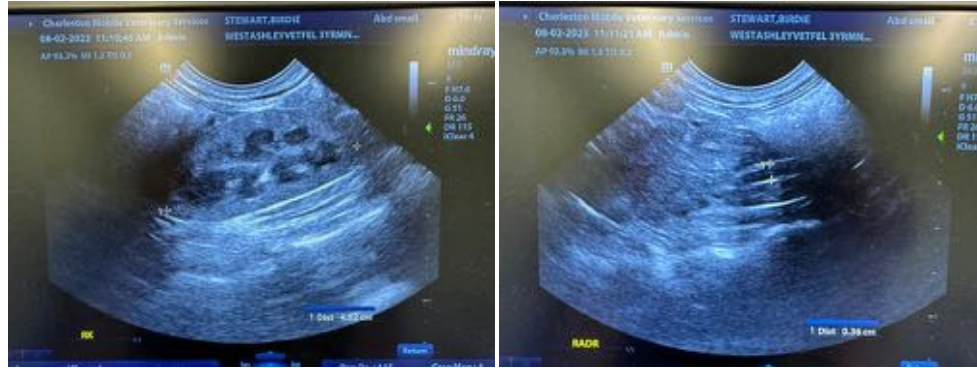
Dr. Ladon Wallace

INVOICE

15167

DATE

8/2/23



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