



PATIENT

Taffy Walker

PRESENTING CLINICAL SIGNS

History: Not eating for the past four days. This is a recurrent issue for this boy. Was sedated for scan due to temperament.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 1-2 cm, are normal.

BREED

Ragdoll/Bengal

SEX

Male, neutered

The left kidney is normal size (3.92 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

9 Yrs.

The right kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

5.6 kg.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

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.

Spleen

The spleen is normal in size (0.68 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.

IMAGING PERFORMED BY

Crystal Hill

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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

HOSPITAL NAME

Burlington Lakeshore
VH

REFERRING VET

Dr. Aziz

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The colonic wall is normal. No obstructive disease is noted.

DATE

2/6/23


PATIENT
Pancreas

Taffy Walker

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES
Free Abdomen

Feline

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Ragdoll/Bengal

ULTRASONOGRAPHIC FINDINGS
SEX

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

Male, neutered

AGE
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9 Yrs.

- Given the patient's clinical history and sonographic changes, consider the following:
 - Feline retroviral testing (if not already performed)
 - Malabsorption panel including serum cobalamin, folate, TLI and PLI
 - Thoracic radiographs to assess for occult disease in the chest
 - A fecal evaluation for ova/Giardia
 - Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. While awaiting test results, symptomatic care (i.e., appetite stimulants, anti-nausea medication) should be considered.

WEIGHT

5.6 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

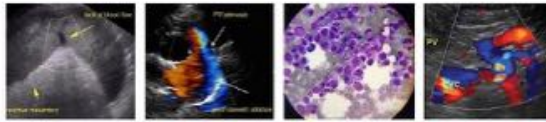
 Burlington Lakeshore
 VH

REFERRING VET

Dr. Aziz


DATE

2/6/23



PATIENT

Taffy Walker

SPECIES

Feline

BREED

Ragdoll/Bengal

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

5.6 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Burlington Lakeshore
VH

REFERRING VET

Dr. Aziz



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

DATE

2/6/23