



**PATIENT**

Mr. Magoo Slaats

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

13 Yrs.

**WEIGHT**

9.4 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Crystall Hill

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

Dr. Kazienko

**PRESENTING CLINICAL SIGNS**

History: Was previously diagnosed with FIP. Chronic sinusitis and upper respiratory issues. Has been on Clinacin. Got into some distress, open mouth breathing during scan. Had to give a couple of breaks. Owner thought blood from nose or mouth noted. Possible bleeding tumor on right front paw/digit noted as well.

Abnormal PE/Chem/CBC/UA Results: Elevated Neuts and Eosinophils. Normal T4. Chem Normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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.

The left kidney is normal size (3.85 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.

The right kidney is normal size (4.04 cm in length) with a slightly irregular shape. 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 or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The region of the adrenal glands is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is normal in size (0.60 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*

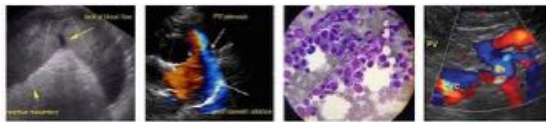
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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.

*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 small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains a large amount of granular appearing fecal material. No obstructive disease is noted.

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*Pancreas*

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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.

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*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.73 cm mesenteric lymph node is visualized.

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**Primary Findings:**

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma. However, there is no obvious evidence of neoplasia at this time. Given the eosinophilia, food allergy/intolerance, infectious/parasitic disease and inflammatory bowel disease (i.e., eosinophilic enteritis) are the top differentials.

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**Secondary Findings:**

- The prominent mesenteric lymph node is likely reactive.
- Bilateral, non-specific age-related renal changes.

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(*Small Animal Internal  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the patient is exhibiting gastrointestinal signs, further workup (i.e., fecal evaluation for ova and Giardia, GI panel (i.e., serum cobalamin, folate, TLI and PLI) +/- GI biopsies) may be warranted.
- Given the respiratory signs, thoracic radiographs (three-view) should be considered to assess cardiopulmonary status.
- Given the eosinophilia, a thorough search for flea infestation is also recommended.

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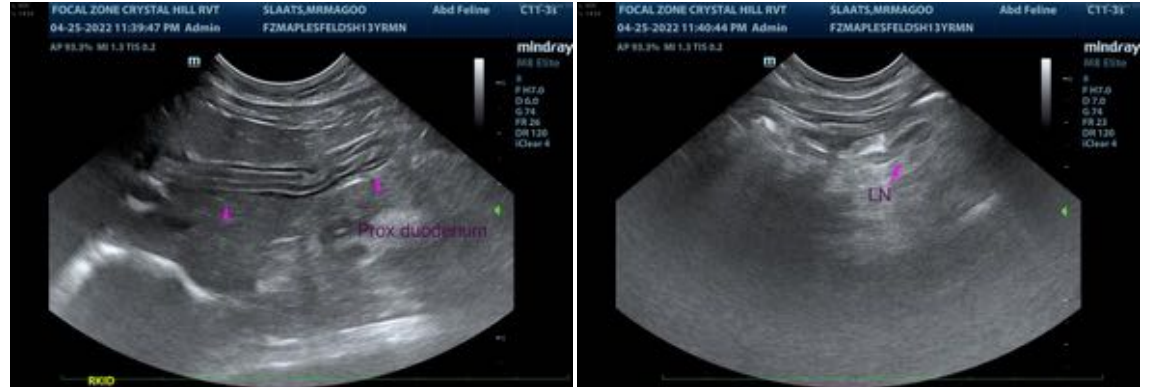
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com

**DATE**

4/25/22