

PATIENT PRESENTING CLINICAL SIGNS

Figaro Teri
History: Chronic diarrhea and hyporexia for the last 3 weeks PE- No Abd pain, moderately dehydrated, evidence of recent weight loss -Vitals WNL, QAR - Empirical dewormer given 2 weeks ago at other vet -Metronidazole did not resolve symptoms -No previous similar symptoms -Indoor only -eats RC Hypo HP due to other cat in household having IBD -1 dog and 1 other cat in household Current Medications Tylosin 50mg BID, Cerenia 12mg SID, Mirtazipine 2mg Q48hrs
Abnormal PE/Chem/CBC/UA Results: Snap FeLK/FIV Negative, tt4 normal No significant findings

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Bengal mix
Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

AGE

3 Yrs.

The left kidney is normal size (3.53 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

4.66 kg.

The right kidney is normal size (3.77 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.

Adrenal Glands

INTERPRETED BY

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

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

The right adrenal gland is normal in size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Spleen

Kelly Reschny

The spleen is normal in size (0.80 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

Liver

Graham AH

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/not seen.

REFERRING VET

Dr. Lukacs

DATE

4/25/23

Gastrointestinal

The gastric lumen is mildly distended with soft shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate



PATIENT

mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Figaro Teri

Pancreas

SPECIES

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.

Feline

BREED

Free Abdomen

Bengal mix

There is no obvious evidence of free fluid. A few prominent mid-abdominal lymph nodes are visualized, the largest measuring 1.35 cm in length. The nodes are mildly hypoechoic. Surrounding mesentery is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with emerging neoplasia (i.e., lymphoma), reactive lymphadenitis or lymphoid hyperplasia.
- The soft shadowing material within the gastric lumen likely represents normal ingesta and/or foreign material (i.e., hair). It appears non-obstructive at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the prominent abdominal lymph nodes, if accessible and if clotting status is appropriate. A 25 gauge needle should be used.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is recommended.
- Consider switching to a different hydrolyzed protein or a hypoallergenic diet.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids, hypoallergenic diet) as long as the client understands the risk of treatment without a definitive diagnosis.

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HOSPITAL NAME

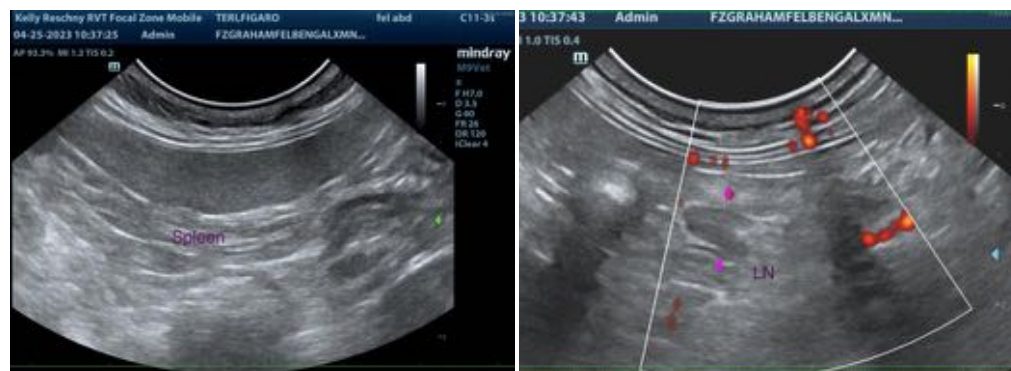
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SPECIES

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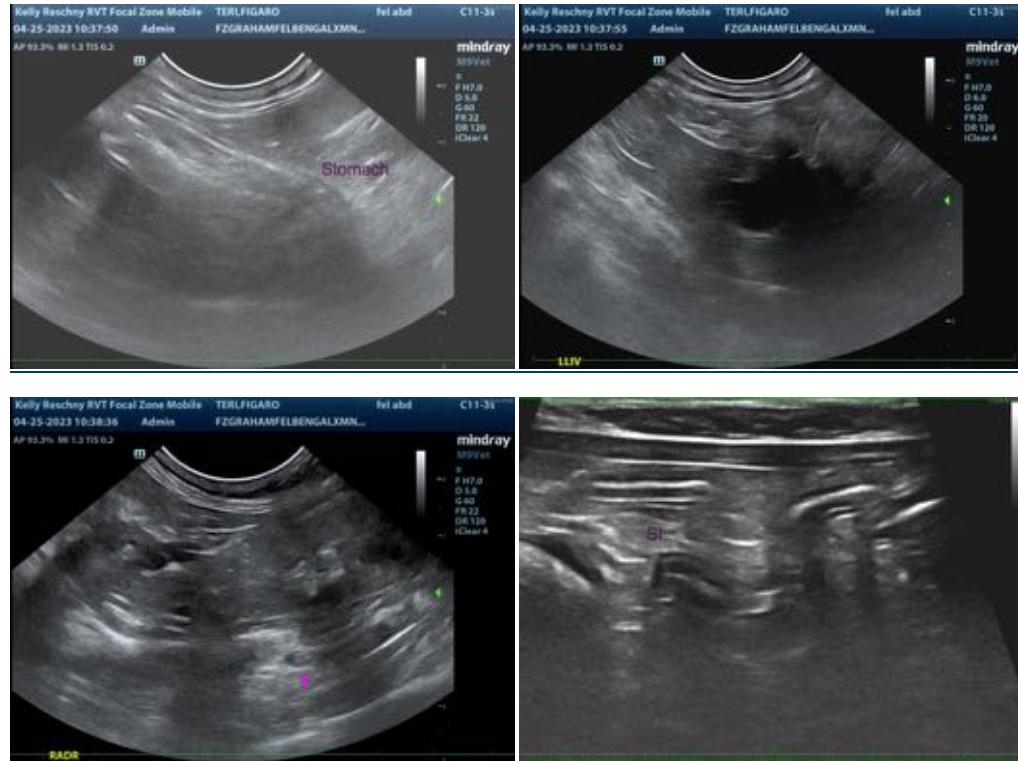
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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