


PATIENT PRESENTING CLINICAL SIGNS

Neville Wager History: Ongoing muscle wasting, occ gastric upset, suspect PLE.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Mono 0.8, eosin 5.1, chem: hypoproteinemia, alt 23, cobalamin very low.

BREED

Domestic Shorthair

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 mildly distended. A small 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.

SEX

Male Neutered

The left kidney is normal size (4.18 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.

AGE

4 Years

The right kidney is normal size (4.10 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. Trace pyelectasia (0.10 cm in the longitudinal plane) is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

4.4 kgs.

Adrenal Glands

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

INTERPRETED BY

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

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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

Kelly Reshny, RVT

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/not seen.

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Gerritsen

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 is diffusely thickened (up to 0.44 cm) with a normal layering pattern and appropriate mural detail. There is

**INVOICE
 11978**
**DATE
 8/31/21**



PATIENT

Neville Wager

disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

SPECIES

Feline

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.

BREED

Domestic Shorthair

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized. Surrounding mesentery is hyperechoic.

SEX

Male Neutered

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Given the clinical history and sonographic changes, a protein-losing enteropathy (i.e., eosinophilic enteritis), infiltrative neoplasia (i.e., lymphoma), severe inflammatory bowel disease) is considered likely. Given the peripheral eosinophilia, hypereosinophilic syndrome is of particular concern.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The right pyelectasia may be secondary to pyelonephritis, PU/PD, fluid therapy (if applicable), other. Correlation with clinical findings is recommended.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. Other diagnostic considerations include the following:
 1. A fecal evaluation for ova/Giardia
 2. Serum cobalamin, folate, PLI and TLI
 3. Endoscopic or surgical gastrointestinal biopsies. Surgical biopsies are more likely to provide a definitive diagnosis.

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Preston AC

*Note- If the patient is ultimately diagnosed with hypereosinophilic syndrome, the prognosis is considered guarded for long term survival.

REFERRING VET

Dr. Gerritsen

**INVOICE
11978**

**DATE
8/31/21**



PATIENT

Neville Wager

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

4 Years

WEIGHT

4.4 kgs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

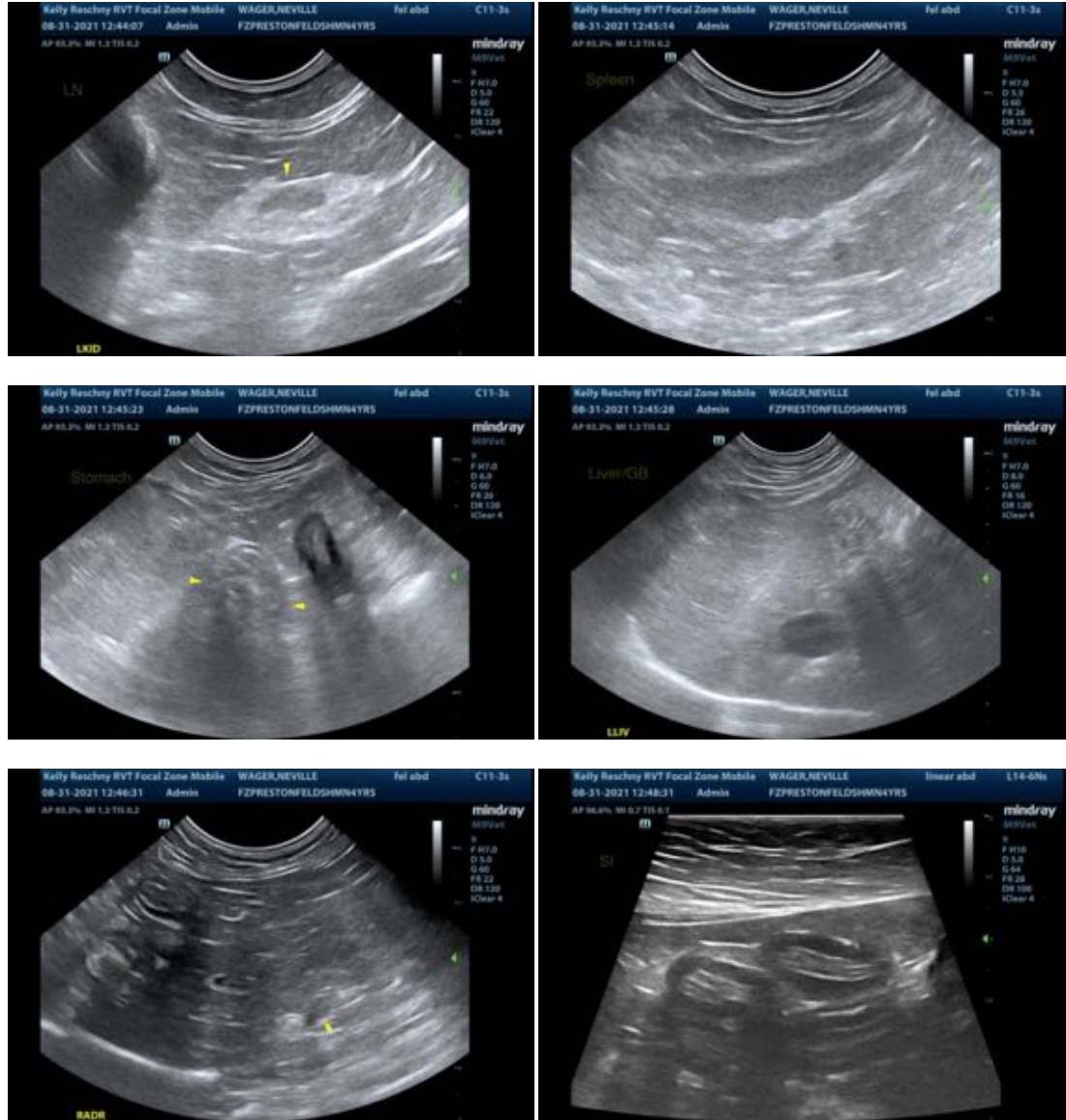
Preston AC

REFERRING VET

Dr. Gerritsen

**INVOICE
11978**

**DATE
8/31/21**



The information and recommendations provided are based on the images presented by the referring veterinarian. 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