



PATIENT

Shadow Tullo

PRESENTING CLINICAL SIGNS

History: Weight loss.
Abnormal PE/Chem/CBC/UA Results: BUN, Ca, Glob, and WBC all elevated

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. A small amount of gravity-dependent sand is observed within the lumen along with some suspended echogenic debris. No discreet cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Domestic shorthair

The left kidney is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Male, neutered

The right kidney is normal size (4.09 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

13 Yrs.

WEIGHT

8.9 lbs.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.61 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.59 x 0.38 cm hypoechoic nodule is observed at the craniomedial aspect. Splenic vasculature is normal.

IMAGING PERFORMED BY

Jessica Miller

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: 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.

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Gastrointestinal

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 segmentally dilated with chyme. In one segment of jejunum, a focal area of soft shadowing is observed within the lumen. The

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small intestinal wall is diffusely thickened (up to 0.32 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. The pancreatic duct is mildly dilated (0.28 cm in diameter). There is no evidence of peripancreatic effusion.

BREED

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Free Abdomen

There is no evidence of free fluid. A few prominent to enlarged mesenteric lymph nodes are visualized, the largest measuring 3.50 cm in length. Surrounding mesentery is hyperechoic.

SEX

Male, neutered

ULTRASONOGRAPHIC FINDINGS

AGE

13 Yrs.

Primary Findings:

- The mesenteric lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or infiltrative neoplasia (i.e., lymphoma).
- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma. The soft shadowing material within the jejunal lumen likely represents transient foreign material (i.e., hair). It appears non-obstructive at this time.
- The pancreatic changes are most consistent with chronic pancreatitis.

WEIGHT

8.9 lbs.

Secondary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.
- Urinary bladder sand.
- The left adrenomegaly may be secondary to stress hyperplasia or less likely, an emerging tumor.
- The hypoechoic splenic nodule could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis or similar) with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider fine needle aspirate of the prominent mesenteric lymph nodes as well as a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, the prominent mesenteric lymph nodes should also be sampled.

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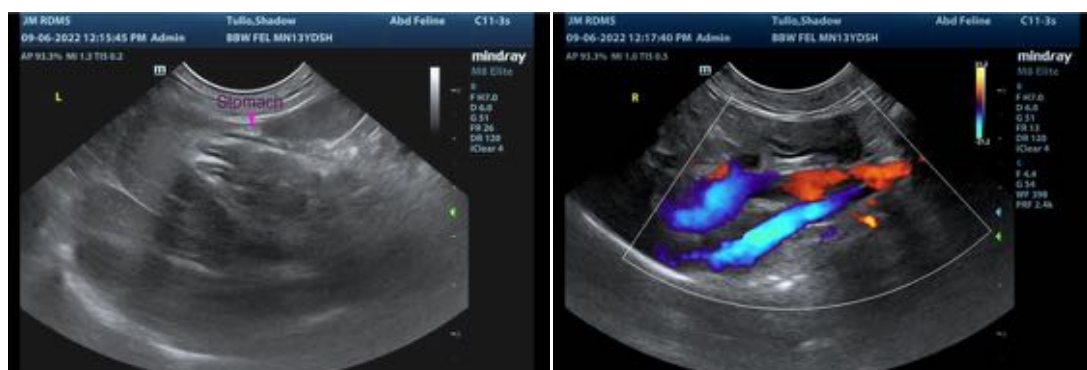
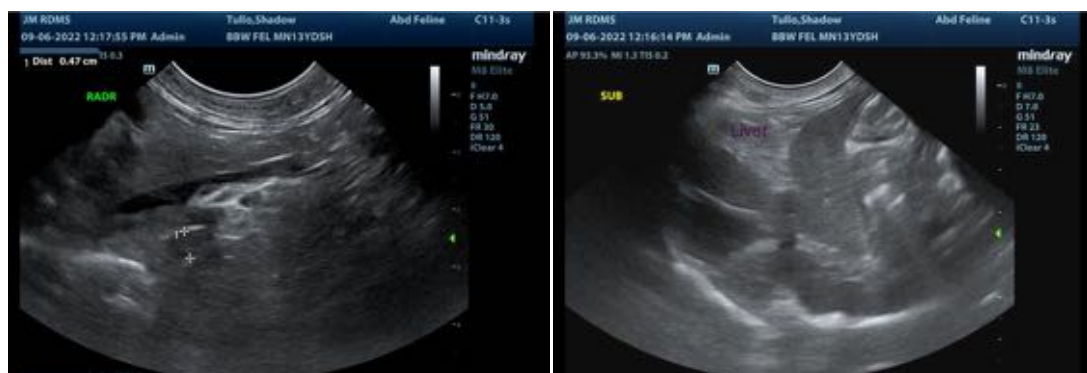
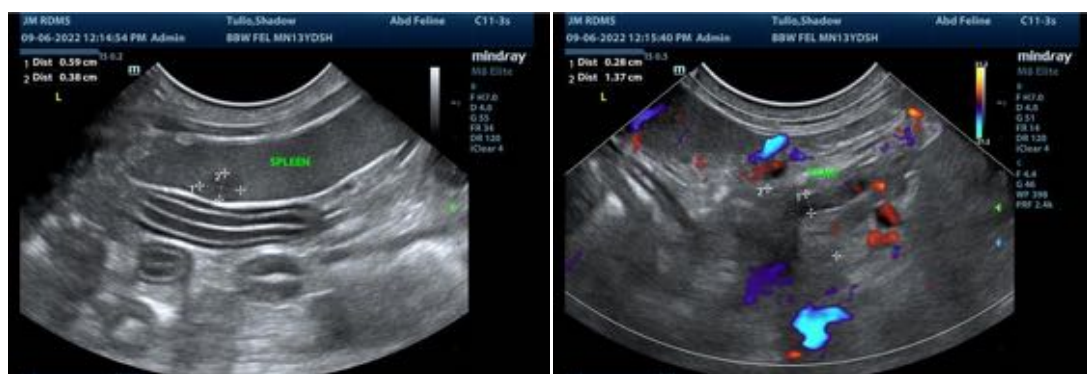
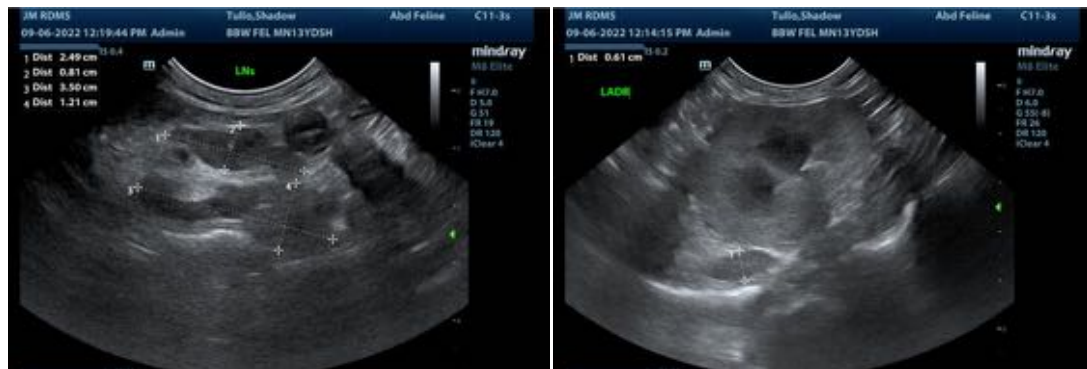
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- Given the presence of hypercalcemia, an ionized calcium +/- PTH/PTHrP is recommended.





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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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