

PATIENT PRESENTING CLINICAL SIGNS

Luna Horrell

History: P has weight loss from 9.8 to 7.1 pounds in just over 2 years. CBC, Chem 17, UA, and T4 abnormalities below. O notes P has been a picky eater of late. Vomited multiple times in last 2-3 days. Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA/T4 ran: USG: 1.017 SDMA: 11 ug/dL (ref: 0-14) Creat: 1.9 mg/dL USG: 1.017 Mild lipase increase T4 WNL (2.3 ug/dL)

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Lumina contents are anechoic No cystic calculi are observed. The region of the trigone appears normal.

SEX

Female Spayed

The left kidney is normal size (3.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

15 years

The right kidney is normal size (3.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7. lbs

Adrenal Glands

The left adrenal gland is normal in size with a normal shape and smooth peripheral contours. One to two pinpoint hyperechoic foci are observed in the parenchyma. Surrounding vasculature appears normal.

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Internal Medicine)

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Bethany Family Pet
Clinic

Spleen

The spleen is normal in size (0.69 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.

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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.

REFERRING VET

Saum Hadi

Gastrointestinal

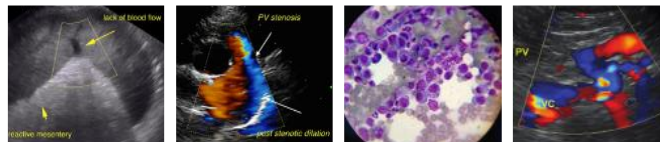
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The 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. No obstructive disease is noted.

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Pancreas

The left limb is enlarged with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The parenchyma appears nodular. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic

SPECIES

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Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes visualized, the largest measuring 1.20 cm in length. A prominent cranial abdominal lymph node (0.67 cm) is also seen.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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Female Spayed

- The pancreatic changes could be consistent with infiltrative neoplasia (i.e., adenocarcinoma). Alternatively, chronic active pancreatitis with benign nodular hyperplasia may be present. Mild regional peritonitis is present.
- Small intestinal wall changes are most consistent with inflammatory bowel disease. However, emerging lymphoma cannot be completely excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

AGE

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WEIGHT

7. lbs

Secondary Findings

- Bilateral non-specific age-related renal changes.
- The hyperechoic foci in the left adrenal gland are likely a benign age-related incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the left limb of the pancreas can be considered to further evaluate for infiltrative neoplasia.
- Other diagnostic considerations include:
 1. Fecal evaluation for ova and Giardia
 2. GI Panel (send to Texas A&M)
 3. Gastrointestinal biopsies. If biopsies are pursued, an abdominal exploratory is recommended so that all areas of bowel can be accessed and a pancreatic biopsy can be obtained.

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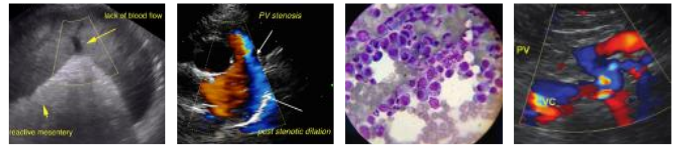
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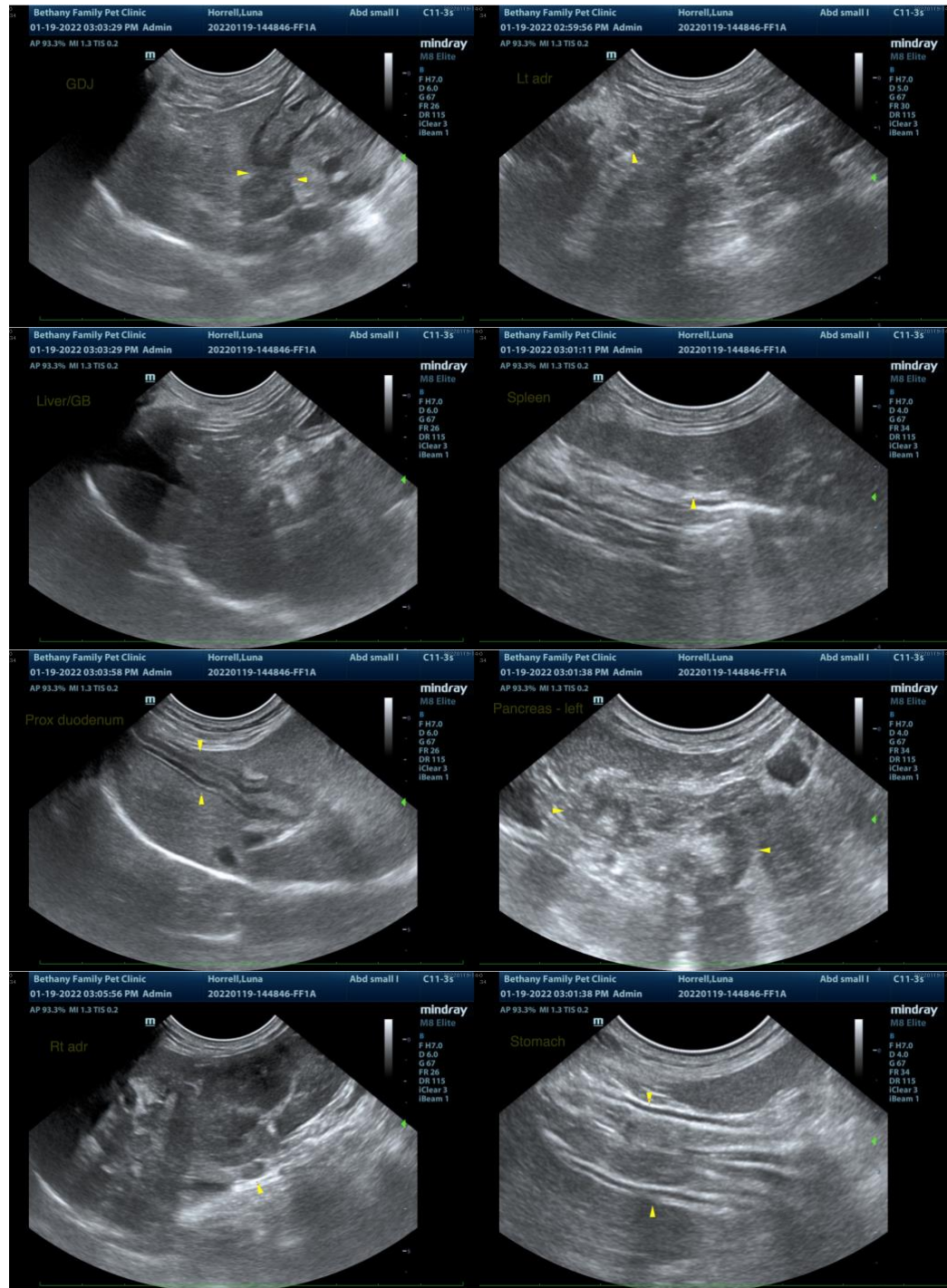
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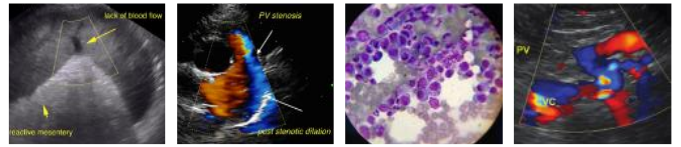
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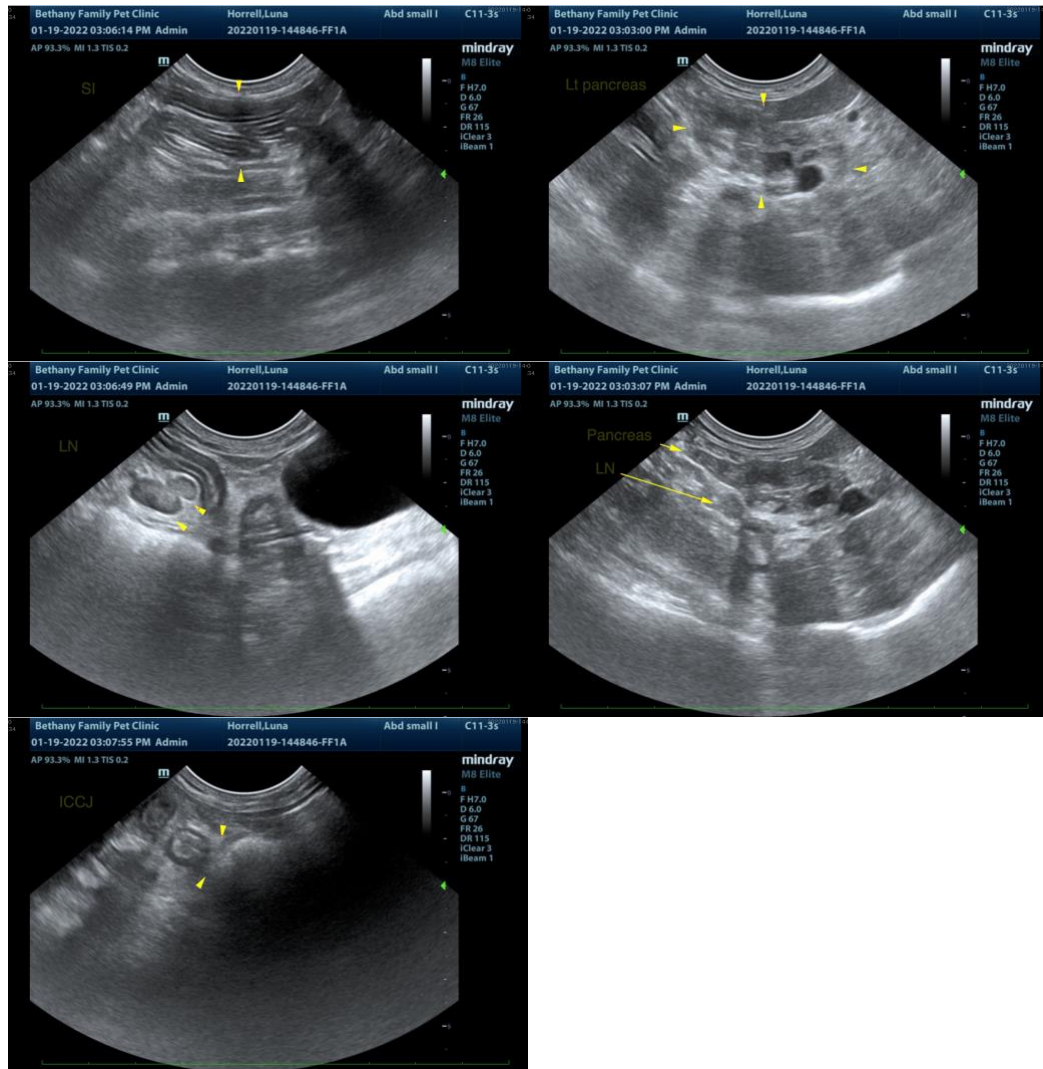
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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