



PATIENT

Mr. Smithers Rankin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/11/2020

WEIGHT

15.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kristen Pignatello

INVOICE

10187

DATE

1/22/21

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 12-year-old MC DSH presented for evaluation of acute onset paraplegia and oliguria. No known trauma. PE revealed a Grade II/VI left parasternal systolic murmur. Neurological exam revealed bilaterally mydriatic pupils, absent direct PLR OD, sluggish/incomplete PLR OS, absent dazzle OU, hindlimb paraplegia, with cold distal extremities, absent CPs x 2, absent withdrawal left hindlimb, and minimal withdrawal right hindlimb.

Abnormal Lab work Values: Hypokalemia (3.2)

For ECHO Only: Blood Pressure 130: mmHg

HR/RR/BP: 220/50/130 mgHg

Is there a Heart Murmur? If so, please grade: Grade II/VI

Current Medications: Gabapentin 50 mg PO BID Radiographic Findings

Radiographic Findings: Opposite lateral and VD radiographs of the torso are included for evaluation. On the lateral views the heart is slightly prominent. The pulmonary vessels are normal. There is a diffuse active bronchial lung pattern with bronchial thickening and mild concurrent interstitial infiltrate. No definitive nodules are appreciated. The mediastinal and pleural structures are normal. The liver and spleen are within normal limits. The kidneys and urinary bladder normal. The stomach is normal. The small intestine is normal in diameter, but multiple segments have well delineated luminal gas bubbles. Detail in the abdomen is adequate. No lymphadenopathy is appreciated. There is spondylosis identified in the cranial lumbar spine at L1-L2. There is slight narrowing of the disc space at this location. The remainder of the lumbar spine is normal. No aggressive changes are evident in the thoracic spine.

There are chronic fractures involving the dorsal spinous processes at T6 and T7. This is incidental. The pelvis and coxofemoral joints are normal. Radiographic Conclusions/Recommendations: 1) there is an active bronchial lung pattern with concurrent interstitial infiltrate. This is most consistent with feline lower airway disease. Allergic/inhalant irritants, bacterial and parasitic etiologies are possible. Correlation lab work and fecal exam and heartworm testing is suggested. 2) mild cardiomegaly. This could be a normal rate for the patient but with the murmur, underlying cardiomyopathy is not excluded. No definitive evidence of failure is noted. Echocardiogram is recommended to further evaluate. 3) changes in the small intestine are consistent with underlying enteropathy. In the absence of G.I. signs this is likely incidental. 4) degenerative change the cranial lumbar spine. This may be an incidental finding. Evidence of previous trauma with fractures of the dorsal spinous process of T6 and T7. This is chronic and likely incidental. A definitive cause for the neurologic signs reported is not evident. As stated, there are degenerative changes in the cranial lumbar spine, but the significance is uncertain. Cross sectional imaging will likely be needed for further evaluation. At this time, no aggressive changes are evident.

Notes to Specialist (if any) Comparison BG -- LH -135 and RH 137

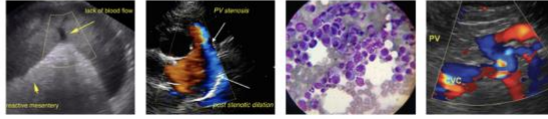
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A moderate to large amount of aggregated echogenic suspended debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal. The urethra, which is visible to a depth of 4-5 cm is normal in thickness and is mildly dilated. The mesentery adjacent to the

cystourethral junction and proximal urethra is hyperechoic. Trace free fluid is observed in this region.

The left kidney is normal size (4.53 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



PATIENT	distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Mr. Smithers Rankin	
SPECIES	The left kidney is normal size (5.04 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Feline	
BREED	Adrenal Glands
DSH	The left adrenal gland is normal size (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
SEX	The right adrenal gland is normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Neutered Male	Spleen
AGE	The spleen is normal in size (0.67 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.
1/11/2020	Liver
WEIGHT	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 to caudal vena cava ratio is approximately normal 1: 1.
15.2 lbs	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.
INTERPRETED BY	Gastrointestinal
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	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. No obstructive disease is noted.
IMAGING PERFORMED BY	Pancreas
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	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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INVOICE	Free Abdomen
10187	Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.]
DATE	Other
1/22/21	There is no obvious evidence of right atrial mass or pericardial effusion. Blood flow at the aortic



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trifurcation is normal.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The dilated urethra is likely secondary to overflowing incontinence (i.e., secondary to neurologic disease).
- Caudal retroperitonitis is present, the etiology of which is unclear. It may be secondary to bladder wall inflammation/infection, trauma, other
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with clinical findings is recommended.

Secondary Findings

- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Depending on the echocardiogram findings, consultation with a board-certified neurologist (+/- MRI/CSF tap) may be warranted.

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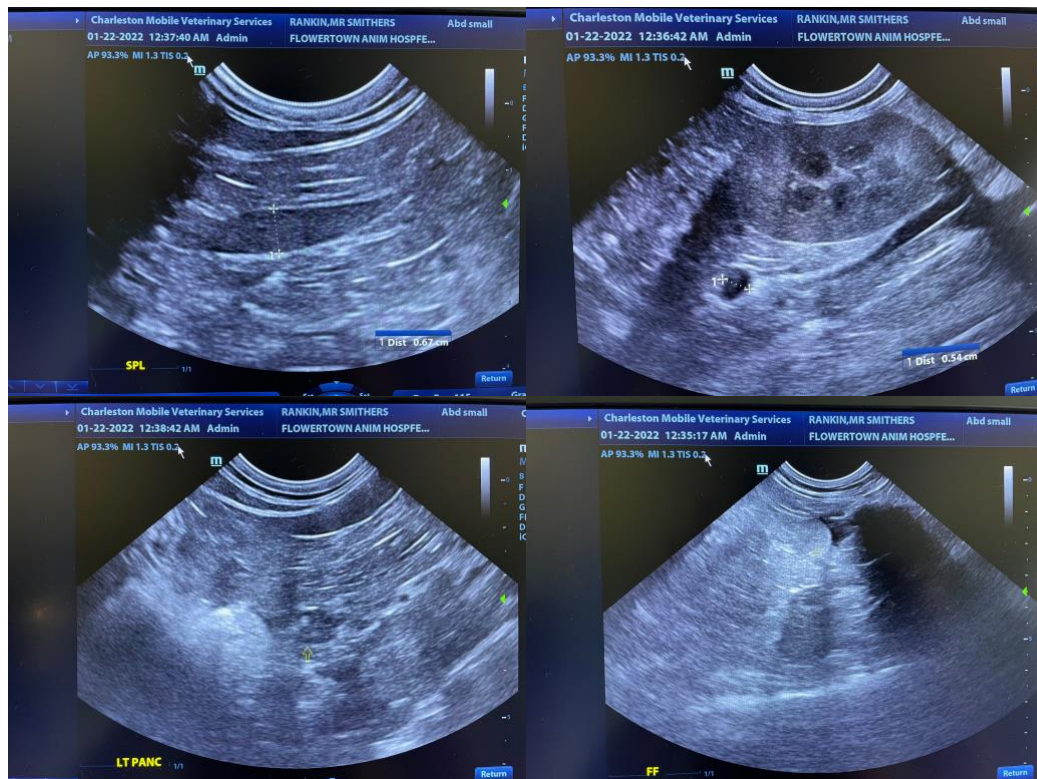
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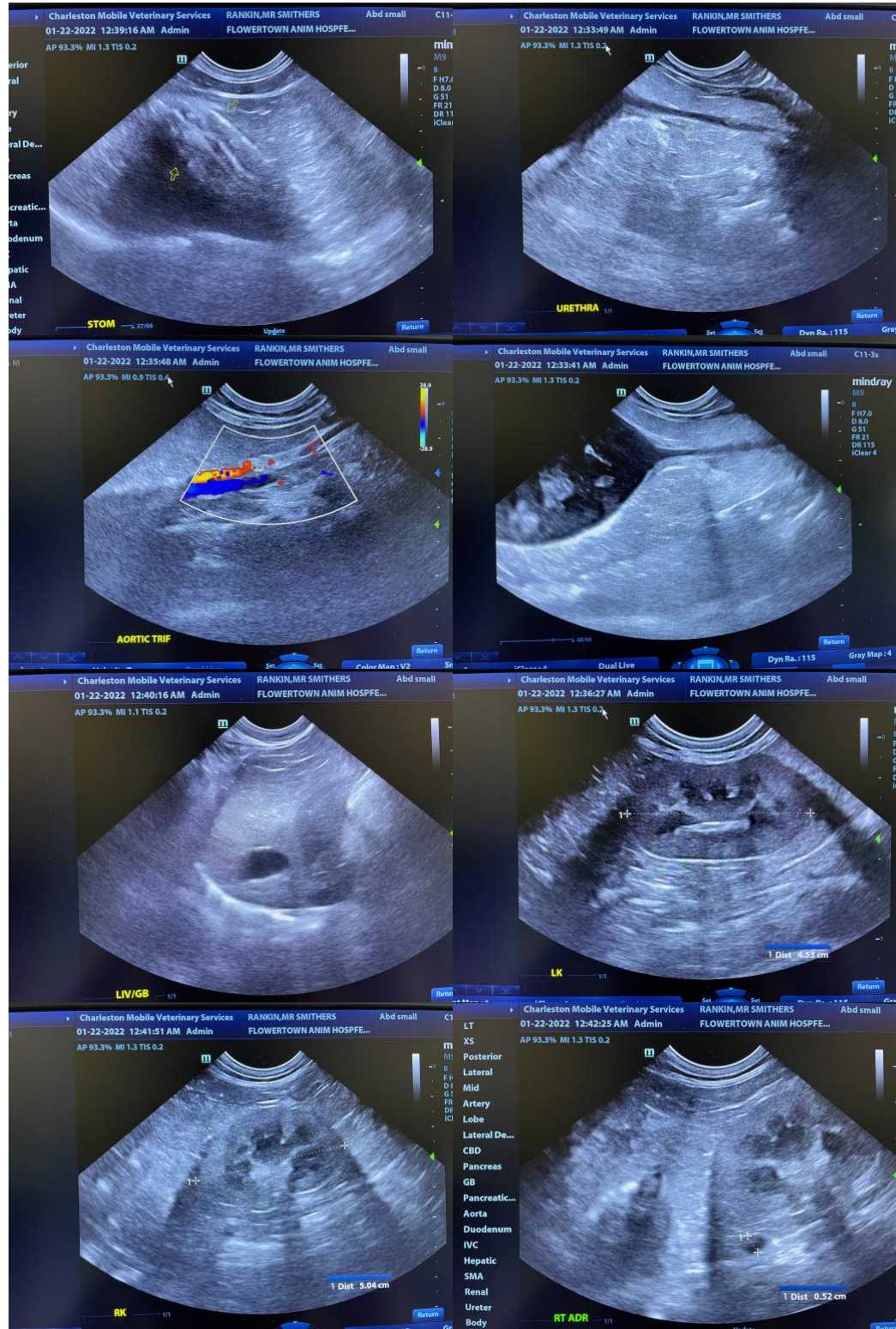
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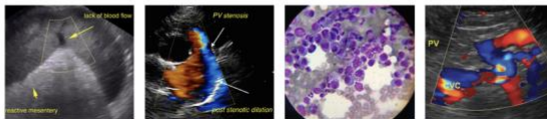
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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