

PATIENT

PRESENTING CLINICAL SIGNS

Simon Saldana

History: sudden wt loss (was 16.2# on 12/1/21); lethargy, noticed petechia at caudal mouth. On prednisolone 5mg tapered dose for presumed thrombocytopenia.

SPECIES

Abnormal PE/Chem/CBC/UA Results: 12/1/21: PSL 27, UA protein 1+, occult blood 1+ 1/21/22: SDMA 167, glob 5.4

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DMH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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

Neutered Male

The left kidney is normal size (4.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

14 years

The right kidney is normal size (4.61 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. The cortex is hyperechoic. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.8 lbs

Adrenal Glands

The left adrenal gland is normal size (0.92 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro,
DMV, Diplomate
DACVIM (Small Animal
Internal Medicine)

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

IMAGING PERFORMED BY

Diane McFadden

Spleen

The spleen is normal in size (0.73 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

Tranquility Veterinary
Clinic

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. A few intrahepatic biliary stones are visualized. Hepatic vasculature is of normal volume with no evidence of congestion.

REFERRING VET

Dr Christensen

The gall bladder lumen is mildly distended. The wall is thin and smooth. A small amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

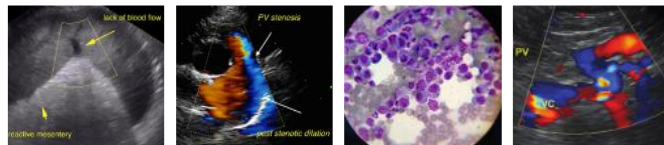
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The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to moderately thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is disruption of the normal 1:3 muscularis to mucosal ratio, with a 1: 1 ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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1/25/22



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Pancreas

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.

SPECIES

Feline

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

DMH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Neutered Male

- Intrahepatic biliary stones – incidental.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14.8 lbs

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.
- If thrombocytopenia is confirmed and the patient goes outdoors, consider a comprehensive tick panel (send to NC State).
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Given the proteinuria, a UPC is recommended.
- Given the sonographic bowel changes and history of weight loss, consider the following:
 1. Malabsorption panel including serum cobalamin and folate PLI and TLI
 2. Fecal evaluation for ova and Giardia.
 3. If the patient's condition stabilizes and weight loss persists, endoscopic or surgical biopsies may be warranted in the future.

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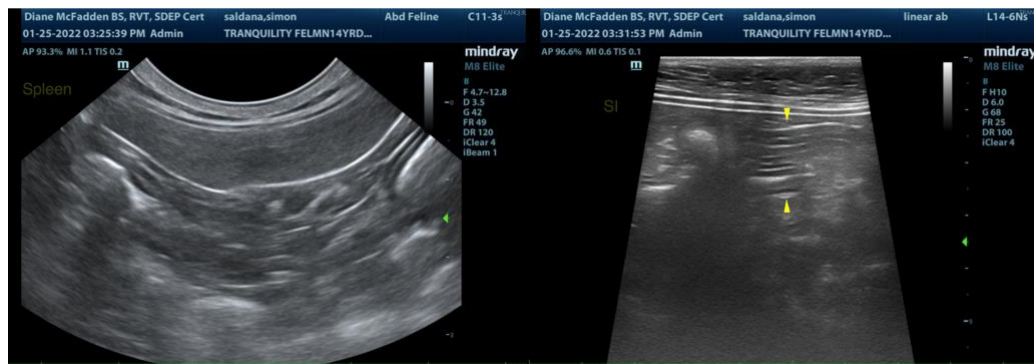
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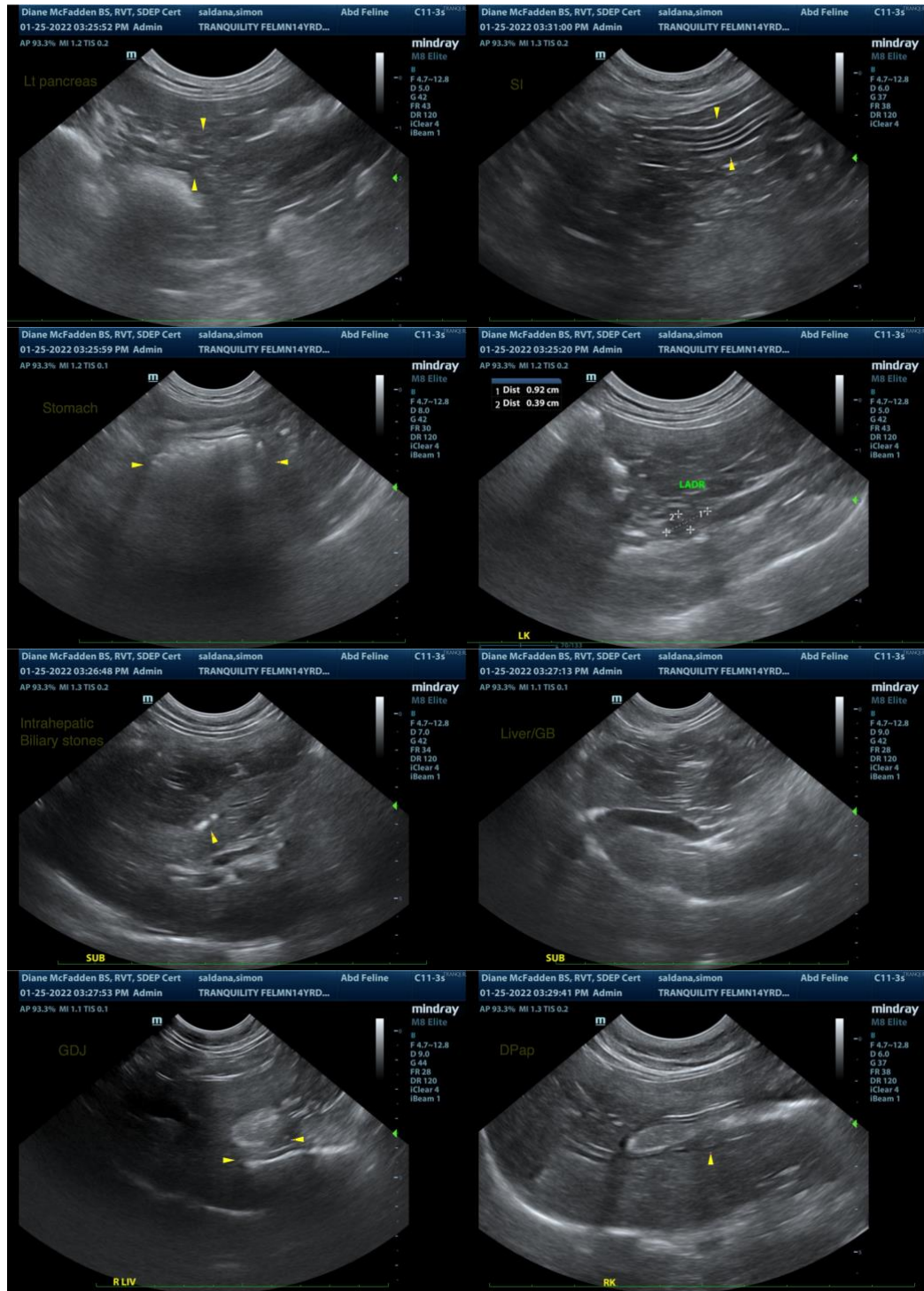
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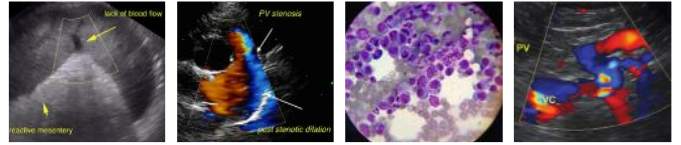
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Simon Saldana

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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SEX

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