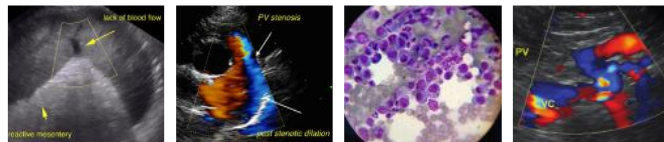


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Darlington Perez	History: presented for exam d/t weight loss - 2 pounds AUS - to r/o underlying cause for weight loss Abnormal PE/Chem/CBC/UA Results: Cardiomegaly (HCM?) Hyperthyroidism (controlled) Mild renal value elevation CHEM SDMA 19 high was 16 in December Creat 1.9 high was 1.9 AST 12 low CK 62 low UA Not submitted yet T4 1.9 wnl rest of BW wnl
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with 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.
<b>SEX</b>	
Spayed Female	The left kidney is normal size (3.22 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
<b>AGE</b>	
15 years	The right kidney is normal size (3.48 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
<b>WEIGHT</b>	
10 pounds	<b>Adrenal Glands</b>
	The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
	The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
<b>INTERPRETED BY</b>	
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)	<b>Spleen</b>
	The spleen is normal in size (0.68 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.
<b>IMAGING PERFORMED BY</b>	
Christina Sitton	<b>Liver</b>
	The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.
<b>HOSPITAL NAME</b>	
Sherwood Family Pet Clinic	The gall bladder lumen is moderately distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible, but not overtly dilated. There is obvious evidence of an intraluminal obstruction.
<b>REFERRING VET</b>	
Christina Sitton	<b>Gastrointestinal</b>
	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.
<b>INVOICE</b>	
101202	
<b>DATE</b>	
1/26/22	



**PATIENT**

Darlington Perez

**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**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

**SEX**

Spayed Female

**Secondary Findings**

- Geriatric renal and hepatic changes.

**AGE**

15 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Other diagnostic considerations include:
  - Malabsorption panel (i.e, serum cobalamin and folate PLI and TLI).
  - Fecal evaluation for ova and Giardia.
  - Urine culture and sensitivity to assess for occult pyelonephritis.
  - Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Given the patient's azotemia, a baseline blood pressure measurement +/- UPC (if proteinuria is present), are recommended.

**WEIGHT**

10 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Christina Sitton

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

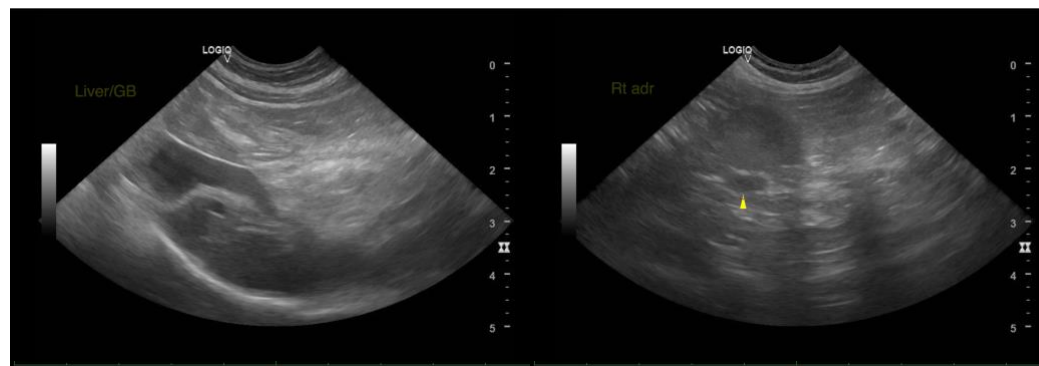
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**PATIENT**

Darlington Perez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

10 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Christina Sitton

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

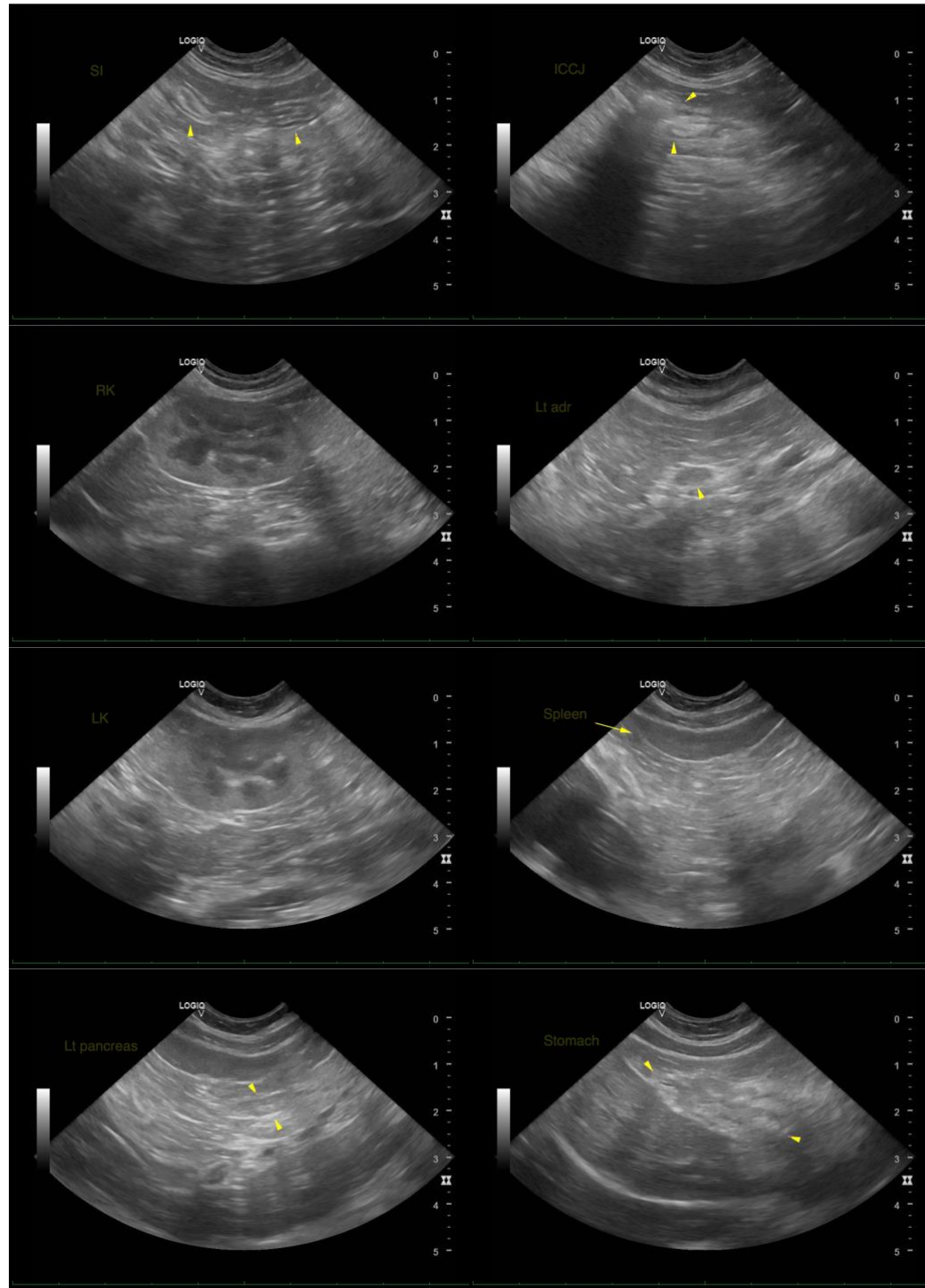
Christina Sitton

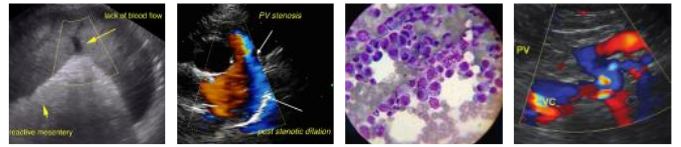
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**PATIENT**

Darlington Perez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

10 pounds

**INTERPRETED BY**

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**IMAGING  
PERFORMED BY**

Christina Sitton

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

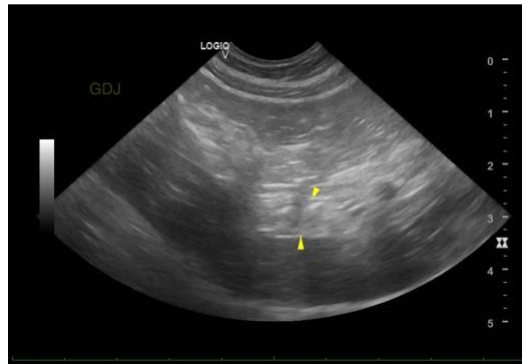
Christina Sitton

**INVOICE**

101202

**DATE**

1/26/22



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.

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