


PATIENT PRESENTING CLINICAL SIGNS

Amanda Ranahan History: Episodes of inappetence but no vomiting. Previous history of triaditis/pancreatitis. Has been on Prednisolone 5mg EOD and Mirtazipine 2mg EOD. Last bloodwork all normal.

SPECIES Abnormal PE/Chem/CBC/UA Results: 11/9/22 CBC normal, ALT 26(27-158) spec fPL 1.1(0.00-3.5)
 T4 normal

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED *Urinary System*

Himalayan

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate to large amount of aggregated, echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Spayed Female

The left kidney is normal in size (3.36 cm in length) with a normal shape, architecture and 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

10 years

The right kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

3 kg

Adrenal Glands

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

INTERPRETED BY

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

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. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

IMAGING PERFORMED BY

Crystal Hill

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of hyperechoic to mineralized, gravity dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Cat Hospital of
 Burlington

REFERRING VET

Dr. Lowrey

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

INVOICE

12032

Pancreas

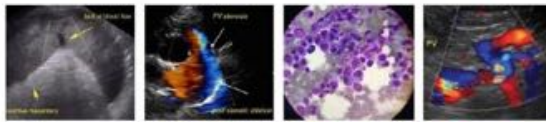
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

DATE

1.12.23

Free Abdomen

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



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

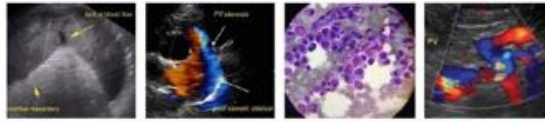
- Bilateral chronic age-related renal changes
- The urinary bladder debris could be consistent with cells, crystals exfoliated material and/or lipid droplets.

*An obvious cause for the patient's inappetence is not identified in this study. Considerations include occult neoplasia, microscopic gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Orthopedic and neurologic examinations are recommended to assess for nonmetabolic causes of inappetence.
- Other considerations include the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI and PLI
 3. Depending on the above test results, GI biopsies may be necessary to get a definitive diagnosis.
- Regarding the urinary bladder debris, a urinalysis, +/- urine culture and sensitivity should be considered.





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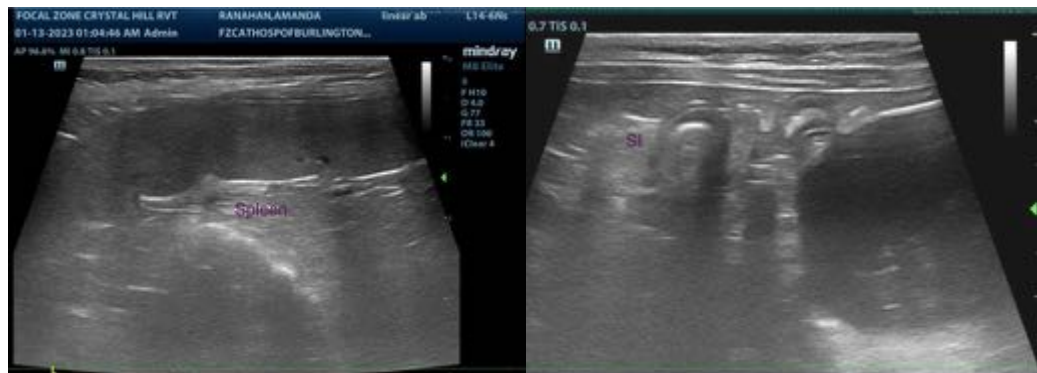
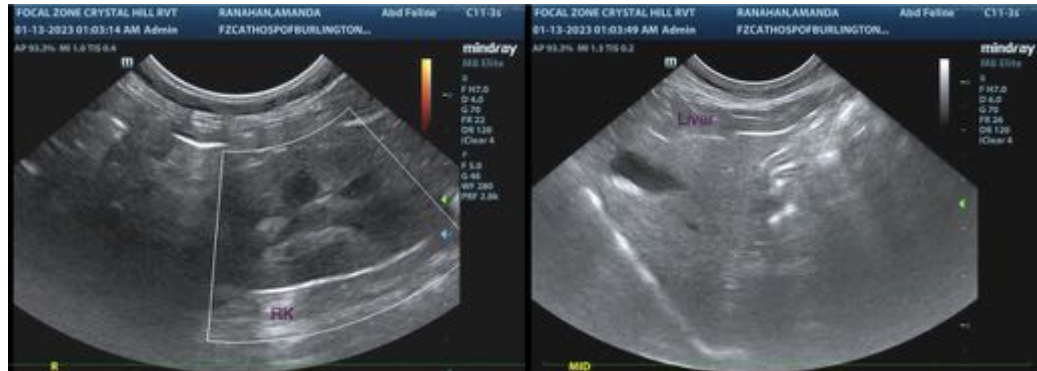
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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