



PATIENT

Luna Wagers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11.15.2020

WEIGHT

6 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. McLaughlin

INVOICE

12019

DATE

1.12.23

PRESENTING CLINICAL SIGNS

Went missing for 1 month. Has been back 10 days. Very thin. Jaundiced. Tbili > 10. Elevated ALP. HCT - 22%.

Mycoplasma testing is pending. Positive slide agglutination test.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.29 cm in length) with a slightly irregular shape. The cortex is subjectively hypoechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the transverse plane). There are questionable infarcts at the lateral aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.88 cm in length) with a normal shape and smooth peripheral contours. The cortex is hypoechoic. 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.

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.58 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 enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is minimally distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.30 cm in width).

Gastrointestinal

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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas



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The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy. Given the patient's clinical history, hepatic lipidosis is favored.
- Bilateral chronic renal changes with questionable left cortical infarcts. The left pyelectasia may be secondary to pyelonephritis, fluid therapy, or some combination thereof.
- Diffuse peritonitis, likely secondary to hepatic pathology

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- A fine-needle aspirate of the liver can be considered (if clotting status is appropriate). A 25-gauge needle should be used.
- Placement of a temporary feeding tube (i.e., esophagostomy) is also strongly recommended to provide nutritional support.
- Consider testing for Cytauxzoonosis.
- Given the renal changes, a urinalysis and urine culture and sensitivity are recommended.
- While awaiting test results, supportive care (including empirical treatment for *Mycoplasma hemofelis*) is recommended.



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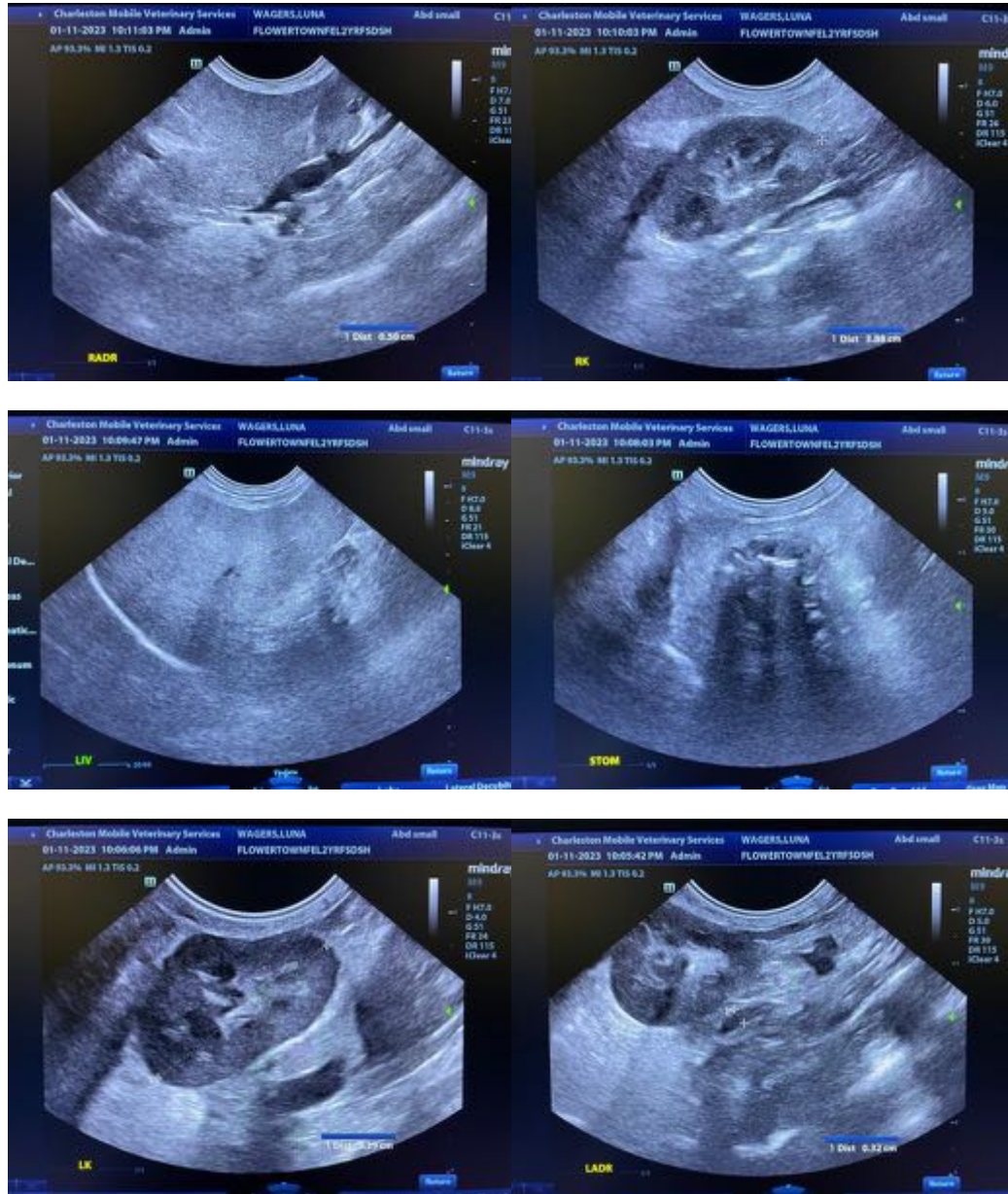
Dr. McLaughlin

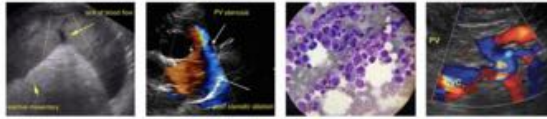
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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