



PATIENT

Paws O'Brien

PRESENTING CLINICAL SIGNS

History: Decreased appetite, not eating, azotemia, lethargic. Current meds: Renal diet. BP wnl.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Bun 36.2, Creat 2.2, gluc 230

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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

SEX

Neutered Male

The left kidney is normal in size (3.65 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

13 years, 5 mos

The right kidney is normal in size (3.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13.9 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The spleen is normal in size (0.80 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

Newton Vet

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.22 x 2.08 cm multi-septated cystic nodule is observed at the caudal aspect on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Wyman-
Greenwald

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The common bile duct is borderline dilated (up to 0.37 cm). However, there is no obvious evidence of an intraluminal obstruction. The duodenal papilla is borderline thickened (0.50 cm in width).

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Gastrointestinal

The mesentery adjacent to stomach is mildly hyperechoic. The gastric lumen is moderately distended with mostly non-shadowing echogenic material and/or fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is segmentally dilated with chyme and soft, shadowing material (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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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.

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Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed in the cranial abdomen, the largest measuring 0.61 cm in diameter. In addition, a few midabdominal lymph nodes are seen (the largest measuring 0.80 cm in diameter and is slightly rounded and hypoechoic). A 1.32 cm caudal abdominal lymph node is also seen. This node is also slightly rounded and hypoechoic. The mesentery surrounding the nodes is hyperechoic.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric luminal contents could be consistent with retained ingesta and/or hair. Other foreign material is possible but considered less likely. Gastric stasis is present with adjacent mild peritonitis, suggestive of inflammation. There is no obvious evidence of an outflow tract obstruction.
- The abdominal lymphadenopathy could be consistent with reactive change or emerging neoplasia.

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Secondary Findings

- Bilateral age-related renal changes with right dystrophic mineralization.
- The cystic hepatic nodule is most consistent with biliary cystadenoma, with a lower possibility of biliary cystadenocarcinoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a barium study to further evaluate for gastric foreign material.
- Regarding the azotemia, consider the following:
 1. Urinalysis (if not already performed)
 2. Urine culture and sensitivity
 3. UPC (if proteinuria is present in the absence of infection)
 4. Baseline blood pressure measurement
 5. Fluid therapy (as needed)
 6. Serial monitoring of the patient's renal values to assess for progression
 7. Consider a prescription renal diet (when the patient is eating again).
- Also consider a fine-needle aspirate of the prominent abdominal lymph nodes (if clotting status is appropriate).

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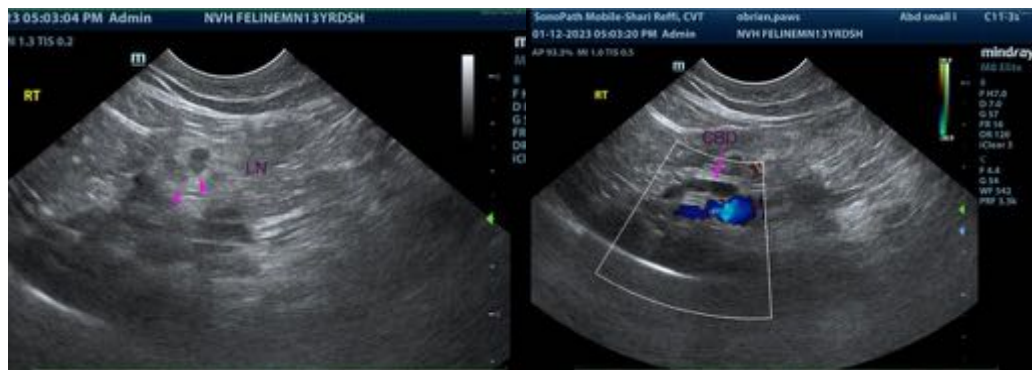
Dr. Wyman-Greenwald

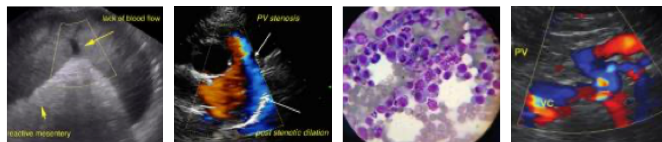
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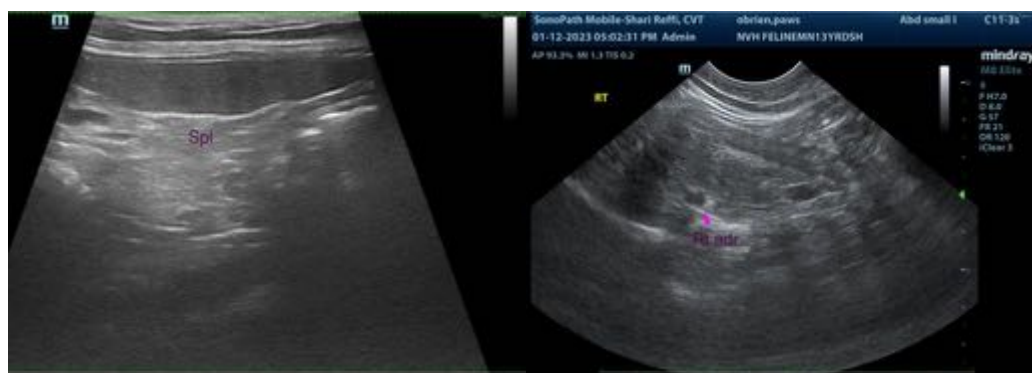
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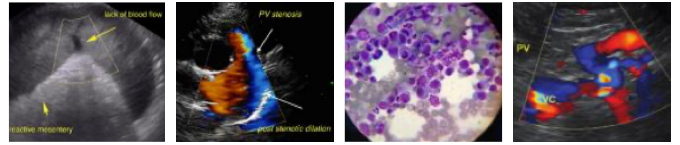
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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

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