

PATIENT PRESENTING CLINICAL SIGNS

HOMER LOPEZ History: Patient's name: Homer Owner's first and last name: Lopez Species: Feline Gender (altered?): MN Age: 11 yrs, 3 mos Weight in #: 15.2 lbs Breed: Snow shoe Chief Concern/Provisional Dx: Pancreatitis, Hypercalcemia (11.4 corrected), anorexia History: Homer goes to the food bowl , acts interested but does not eat. He is not pu/pd. Physical : No abnormalities Senior Screen Summary 12/18/21: Calcium 11.4 mg/dl, fPL ug/L

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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.

AGE

11 Years 3 Months

The left kidney is normal size (3.86 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

15.2 Pounds

The right kidney is normal size (3.96 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Marysville

The spleen is normal in size (0.97 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

REFERRING VET

Dr. Grace Berg

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

INVOICE

12866

DATE

1/18/22



PATIENT *Gastrointestinal*

Homer Lopez

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 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. No obstructive disease is noted.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The left limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and mottled in appearance. 1-2 small nodules are observed, the largest measuring 0.68 cm in length. The mesentery effacing the serosal surface is mildly hyperechoic.

SEX

Neutered Male

Free Abdomen

No free fluid is observed. A 0.58 cm colic lymph node is visualized.

AGE

11 Years 3 Months

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of chronic +/- active pancreatitis with age-related remodeling/fibrosis and suspected benign nodular hyperplasia.

Secondary Findings:

- Bilateral age-related renal changes.
- The prominent colic lymph node is likely reactive.

*It is unclear if the patient's current clinical signs are related to ongoing pancreatitis or another concurrent disease process (i.e., microscopic gastrointestinal disease, metabolic issue, other).

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Marysville

- Consider three-view thoracic radiographs to assess for occult disease in the chest.
- Also consider a thorough oral exam to assess for possible dental issues that may be causing anorexia.

REFERRING VET

Dr. Grace Berg

- Regarding the GI issues, other diagnostics to consider include the following:
 1. GI panel (send to Texas A&M)
 2. Fecal evaluation for ova and Giardia +/- endoscopic or surgical gastrointestinal biopsies, if warranted.

INVOICE

12866

- Given the hypercalcemia, a PTH/PTHrP/ionized calcium is recommended.
- While awaiting test results, appetite stimulants +/- a temporary feeding tube should be considered to help prevent hepatic lipidosis.

DATE

1/18/22



PATIENT

Homer Lopez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Marysville

REFERRING VET

Dr. Grace Berg

INVOICE

12866

DATE

1/18/22





PATIENT

Homer Lopez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

15.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Marysville

REFERRING VET

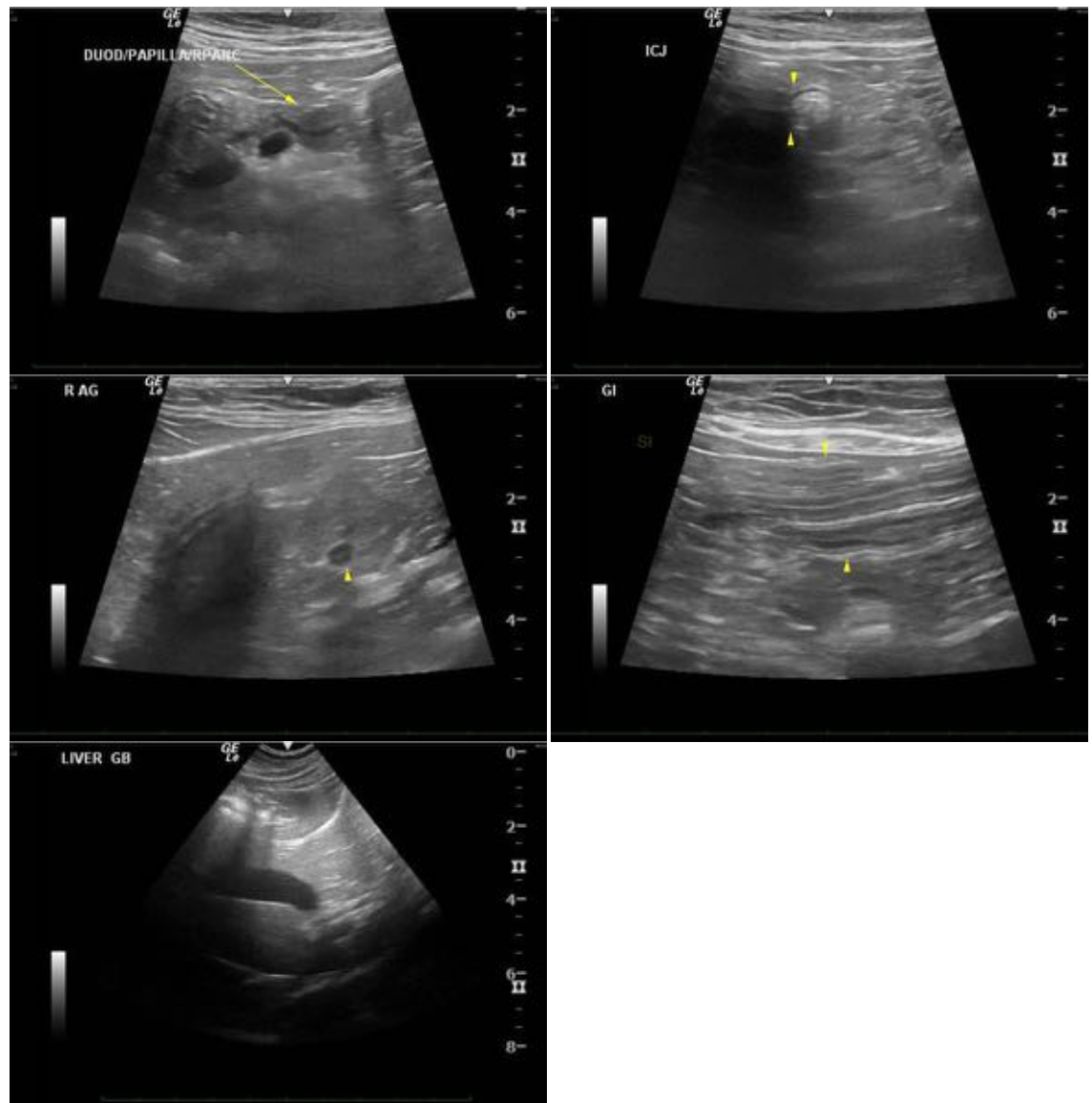
Dr. Grace Berg

INVOICE

12866

DATE

1/18/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)

andrea.nicastro@sonopath.com