



**PATIENT PRESENTING CLINICAL SIGNS**

Mika Costa History: Chronic history of pancreatitis and Diabetes Mellitus. Recently switched insulins. Prozinc BID. Owner wondering about what her pancreas looks like as well as if there are any evident masses. Abnormal PE/Chem/CBC/UA Results: FPL Abnormal

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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

**SEX**

Spayed Female

The left kidney is normal in size (3.87 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**AGE**

14 Years

The right kidney is normal in size (3.88 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. Cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.07 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 (0.69 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.

**IMAGING PERFORMED BY**

Crystal Hill

**Liver**

**HOSPITAL NAME**

Acton VC

The liver is subjectively enlarged with slightly swollen 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.

**REFERRING VET**

Dr. Gajadhar

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.

**Gastrointestinal**

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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

**DATE**

1/20/22



**PATIENT**

disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Mika Costa

**SPECIES**

**Pancreas**

Feline

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The left limb is slightly hypoechoic relative to surrounding omental fat and mottled in appearance with a few ill-defined hypoechoic nodules/areas, the largest measuring 0.85 cm in length. The right limb is largely isoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic effusion.

**BREED**

DSH

**SEX**

**Free Abdomen**

Spayed Female

There is no evidence of free fluid. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 0.92 cm in length.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

14 Years

**Primary Findings**

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6.07 kg

- The pancreatic changes are most consistent with age-related remodeling +/- fibrosis and benign nodular hyperplasia. Concurrent low-grade pancreatitis may also be present, particularly if the patient exhibits cranial abdominal pain on palpation. Pancreatic neoplasia is possible but considered unlikely.
- Bowel pattern most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The hepatic parenchyma changes are most likely secondary to diabetes mellitus (i.e., glycogenic accumulation). However, inflammatory/immune mediated disease, hepatic lipidosis and infiltrative neoplasia (less likely) cannot be completely excluded.

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**HOSPITAL NAME**

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**Secondary Findings**

- Bilateral chronic age-related renal changes with suspected cortical infarcts
- Urinary bladder debris

**REFERRING VET**

Dr. Gajadhar

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If the patient is experiencing GI signs, consider the following:

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1. Malabsorption panel (send to Texas A & M)

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1/20/22



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2. Fecal evaluation for ova/Giardia
3. +/- endoscopic or surgical gastrointestinal biopsies

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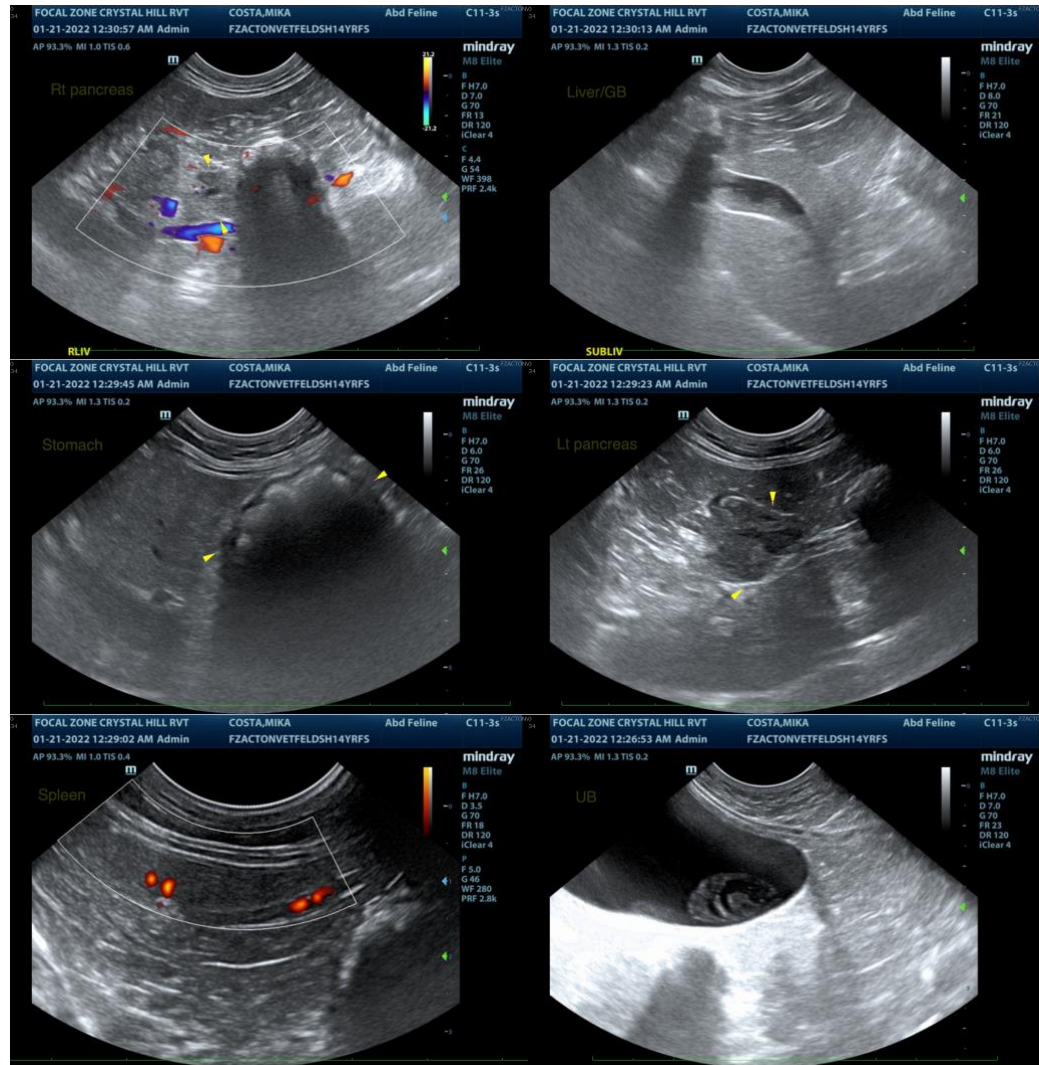
Dr. Gajadhar

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**DATE**

1/20/22





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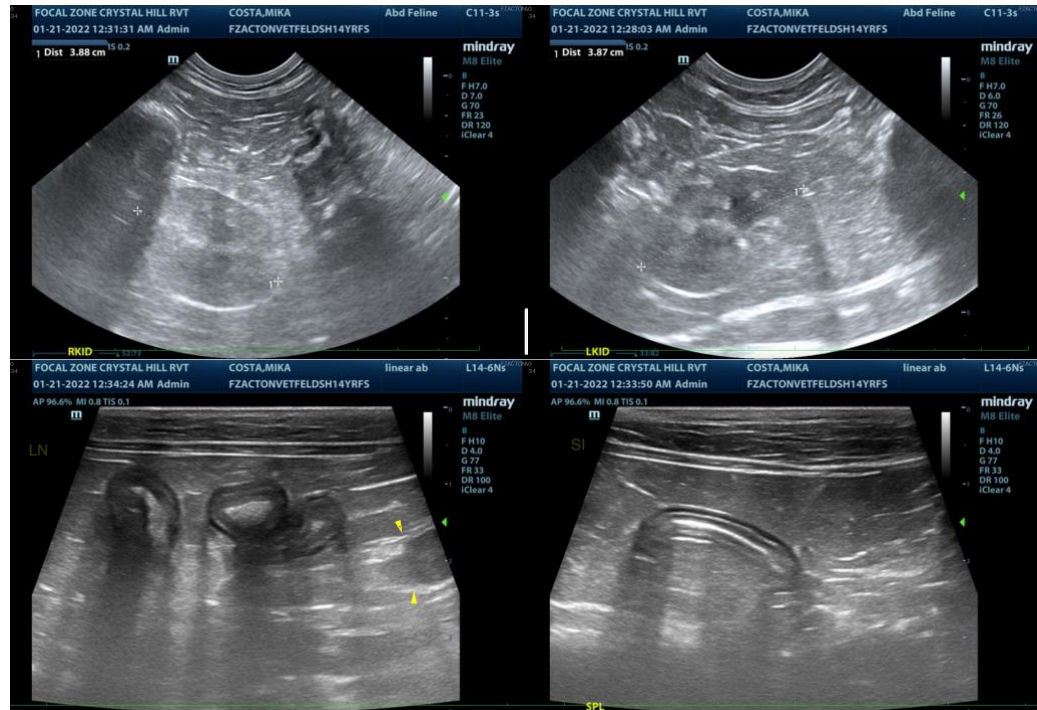
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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