



PATIENT

Little Clark

PRESENTING CLINICAL SIGNS

History: Decreased appetite, lethargy

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: QAR, temp=102.8, weight =155.5 lbs. HR 204, PR 204 RR 24. slightly decreased skin turgor. Oral exam is normal. Sarcopenia noted along spine and pelvis otherwise BCS=7/9. Abdomen distended with doughy bowels. Radiographs from other vet taken yesterday revealed increased tissue density in the cranial mediastinum, slight bronchial pattern in the lungs. Colon appears displaced ventrally with fat tissue density above it. Large fat density ventral to the liver. Abdomen is filled with small bowels with mottled gas appearance. Blood work reveals BUN=74(16-36), Glucose =279 71-159) (was 351 at other veterinarian yesterday. Creat, Phos and all other chems and lytes are normal. UA USG=1.032, pH=7. RBC and WBC TNTC, cocci bacteria noted. WBC=24,000 with neutrophilia, and monocytosis. ***PLEASE SEE ATTACHED RADS FOR CARDIAC REVIEW AND LABS

BREED

DSH

SEX

Neutered Male

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 is moderately distended. A moderate amount of 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 1 cm, are normal.

AGE

10 years

The left kidney is normal in size (4.72 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

15.5 lbs

The right kidney is normal in size (4.17 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.

INTERPRETED BY

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

Adrenal Glands

Due to the diffuse cranial to midabdominal pathology, the adrenal glands are not definitively visualized.

IMAGING PERFORMED BY

Amy Mayhew LVT

Spleen

The spleen is normal in size (0.81 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.

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Liver

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

Alsager AC Ctr
Dr. Judi Fleischaker

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

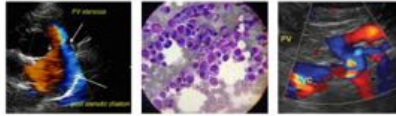
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Gastrointestinal

The gastric lumen is moderately fluid-distended and hypomotile. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. Near the pyloric antrum, the wall is mildly thickened (up to 0.42 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis:mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

In the region of the pancreas, a >4.00 cm ill-defined, echogenic to slightly heterogenous mass effect is observed. Within this region, a 1.70 cm cystic area is observed. Surrounding mesentery is hyperechoic to saponified.

SPECIES

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Free Abdomen

A small to moderate amount of free fluid is present. One to two prominent colic lymph nodes are visualized (the largest measuring 0.50 cm in length).

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX
Neutered Male

- The pancreatic changes are most consistent with pancreatic neoplasia (i.e., adenocarcinoma). However, severe pancreatitis with an abscess of cyst cannot be completely excluded. Adjacent peritonitis is present.

AGE

10 years

Secondary Findings

- The urinary bladder debris could be consistent with cells, crystals exfoliated material and/or lipid droplets.
- Mild bilateral age-related renal changes
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Gastric ileus.
- Bowel pattern suggestive of inflammatory bowel disease, with some potential for emerging lymphoma. Correlation with the patient's clinical history is recommended
- The prominent colic lymph nodes are likely reactive with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the mass effect in the region of the pancreas (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. An abdomen CT scan may be useful in further characterizing the mass effect.

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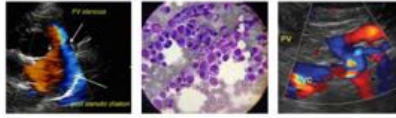
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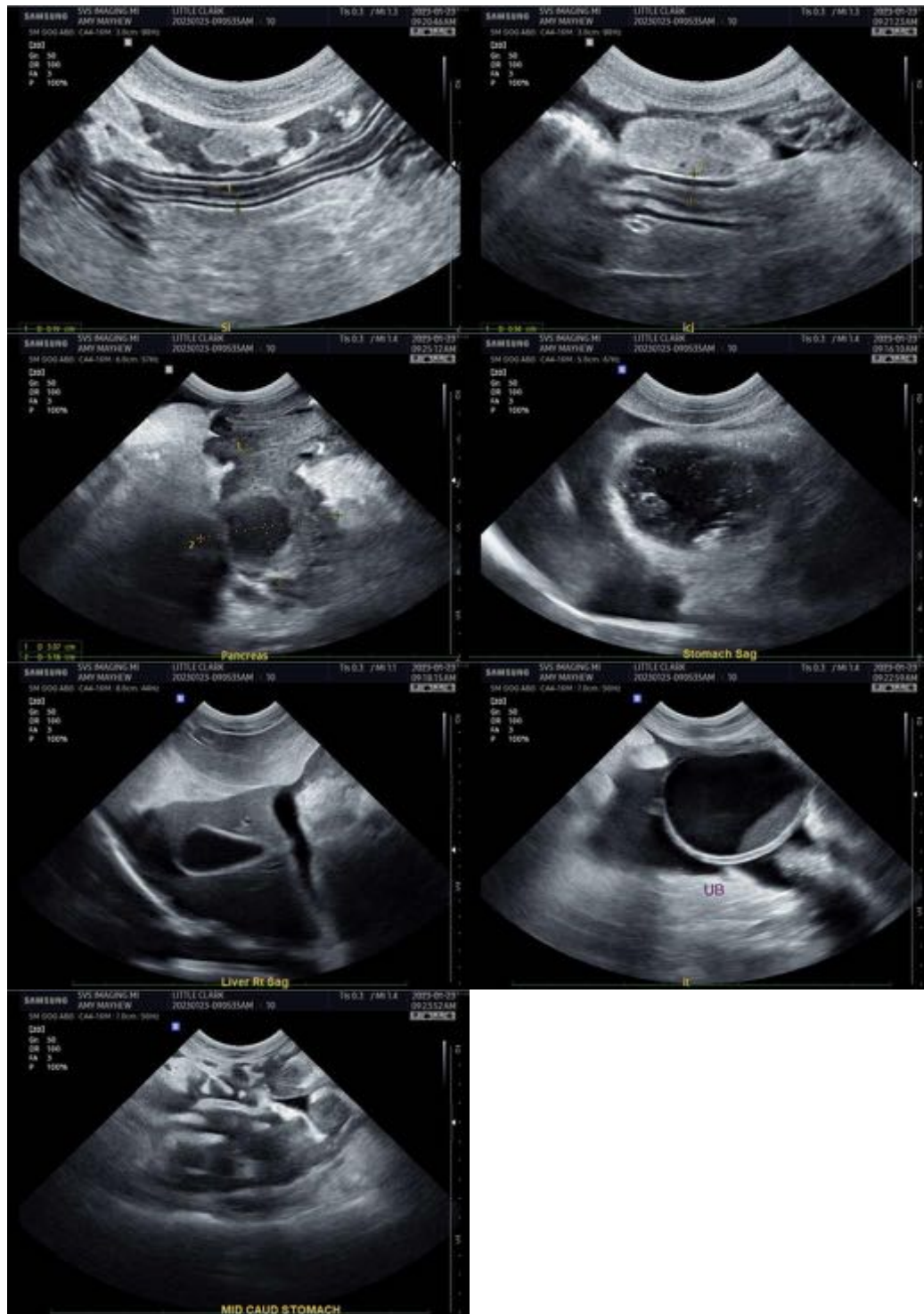
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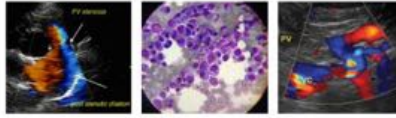


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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