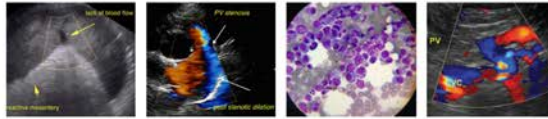


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Chunk Dorchester	BCS 1.75/5 Subjective
<b>SPECIES</b>	BAR, EuhydratedNORMAL CONDITION MM: Pink, CRT: <2secNORMAL CONDITION
Feline	Oral-Nose-Throat AbnormalABNORMAL CONDITION Comments: P has no teeth
<b>BREED</b>	Eyes NormalNORMAL CONDITION
DSH	Comments: Corneas clear, no scleritis or ocular discharge Ears NormalNORMAL CONDITION
<b>SEX</b>	Comments: No erythema or abnormal exudate observed Cardiovascular/Respiratory NormalNORMAL CONDITION
Neutered Male	Comments: Heart auscults normally, peripheral pulses strong and synchronous, Lungs auscult normally with no crackles/wheezes Abdominal/Genitourinary NormalNORMAL CONDITION
<b>AGE</b>	Comments: Abdomen palpates soft and non-painful with no organomegaly or masses, External Genitalia appears normal
4/8/07	Musculoskeletal AbnormalABNORMAL CONDITION Comments: Generalized mild decrease in muscle mass Integumentary NormalNORMAL CONDITION
<b>WEIGHT</b>	Comments: Clean haircoat, skin appears normal Neurological NormalNORMAL CONDITION
13.46 lbs	Comments: Appropriate mentation, CNs intact, CPs norm. Limited exam Lymph Nodes NormalNORMAL CONDITION Comments: Lymph nodes palpate small, soft, and symmetrical.
<b>INTERPRETED BY</b>	Diagnostic Results Comments: CBC--wbc 21k chem-bun38; creat 4.2
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	Treatments/Procedures Comments: 250 ml LRS SQ twice weekly. Pred 5 mg PO q24 for 2 weeks then 2.5 mg PO q24 for 2 weeks. Enrofloxacin 34 mfg PO q24 for 2 weeks. ZD food Assessment Comments: Early renal insufficiency; leukocytosis. Chronic diarrhea Plan Comments: Treat renal insufficiency with twice weekly SQ fluids. Treat diarrhea with pred and gauge response. After 2 weeks on ped, rec d/c and seeing how P does on just ZD
<b>IMAGING PERFORMED BY</b>	
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
<b>HOSPITAL NAME</b>	
Southside AH	
<b>REFERRING VET</b>	
Dr. Sauls	CREA: 4.2 BUN: 38
<b>INVOICE</b>	RDW: 28.1 WBC: 21.92 NEU: 19.59
33937	
<b>DATE</b>	Enrofloxacin, Prednisone, Metronidazole
1/3/22	



**PATIENT** **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Chunk Dorchester

**Urinary System**

**SPECIES**

Feline

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.

**BREED**

DSH

The left kidney is small in size (5.7 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**SEX**

Neutered Male

The right kidney presented normal size (4.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

4/8/07

**Adrenal Glands**

The left adrenal gland is normal size (0.41 cm in width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

13.46 lbs

The right adrenal gland is normal size (0.53 cm in width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

**INTERPRETED BY**

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

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

**IMAGING  
PERFORMED BY**

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

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 3.28 cm multiseptated, cystic, heterogeneous mass is observed on the left side. In addition, a 1.83 cm similar-appearing nodule/mass is observed in the deep left to mid liver, adjacent to the gallbladder. The remaining parenchyma is heterogeneous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**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 disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Dr. Sauls

**Pancreas**

**INVOICE**

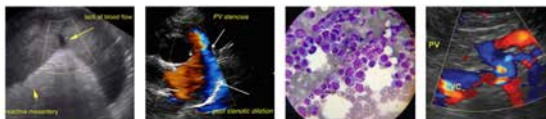
33937

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**DATE**

1/3/22

**Free Abdomen**



**PATIENT**

Chunk Dorchester

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent lymph nodes are visualized adjacent to the lleocecolic junction, the largest measuring 1.24 cm in length. Surrounding mesentery is hyperechoic.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4/8/07

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. Corticosteroid administration may be masking some GI pathology.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The cystic hepatic lesions are most consistent with biliary cystadenoma with lower potential for biliary cystadenocarcinoma.
- Bilateral age-related renal changes with non-obstructive nephrolithiasis. The renal changes are more severe on the left side.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

13.46 lbs

Regarding the GI signs, endoscopic or surgical gastrointestinal biopsies would be necessary to obtain a definitive diagnosis. If pursued, the patient should be weaned off corticosteroids prior to biopsying. If biopsies are not to be pursued, adjustment in a prednisolone dose is recommended based on the patient's clinical signs. Continuation of a hypoallergenic diet is recommended, regardless. A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.

**INTERPRETED BY**

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(Small Animal Internal  
Medicine)

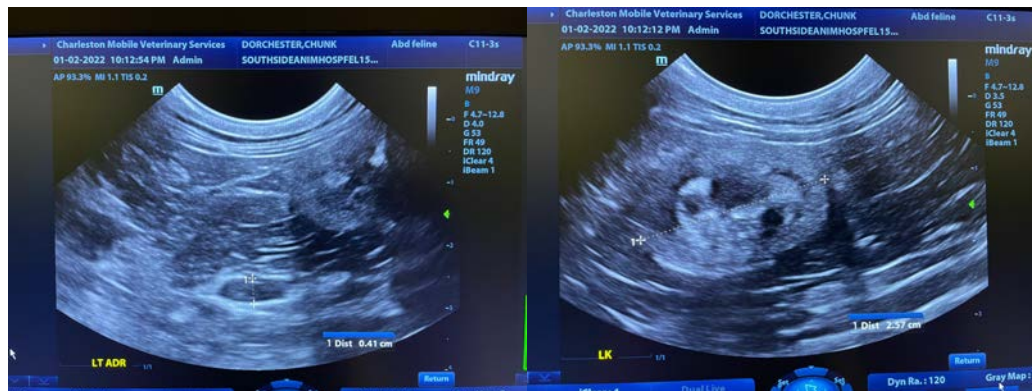
Regarding the renal disease, a urine culture and sensitivity and baseline blood pressure measurement are recommended along with serial monitoring (i.e., every 3-4 months) of the renal values to assess for progression.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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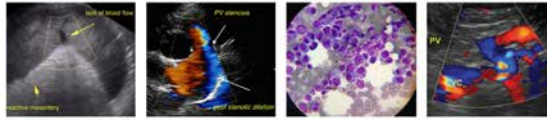
Dr. Sauls

**INVOICE**

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**DATE**

1/3/22



**PATIENT**  
Chunk Dorchester

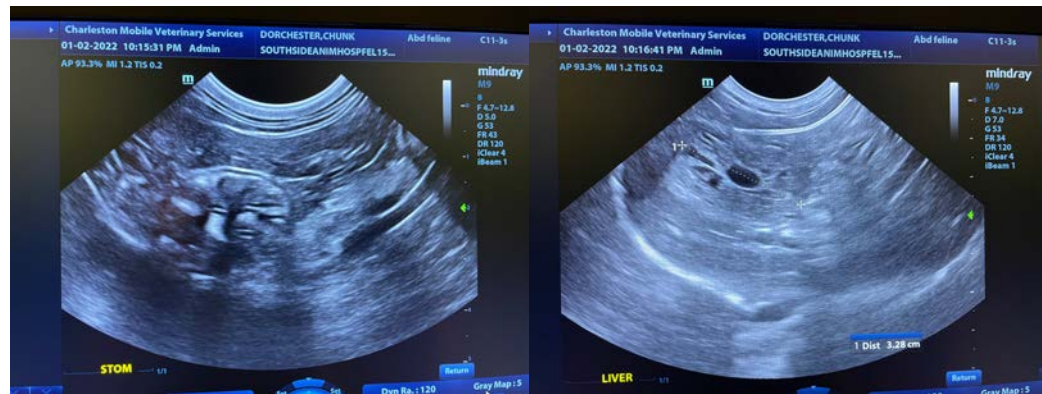
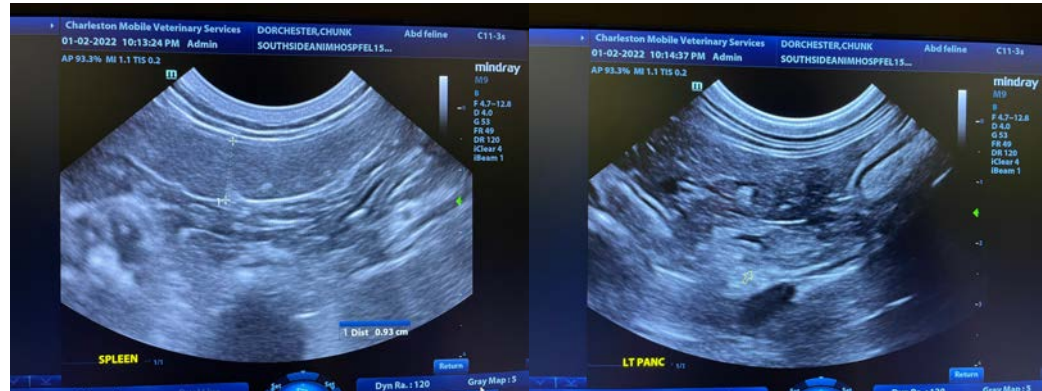
**SPECIES**  
Feline

**BREED**  
DSH

**SEX**  
Neutered Male

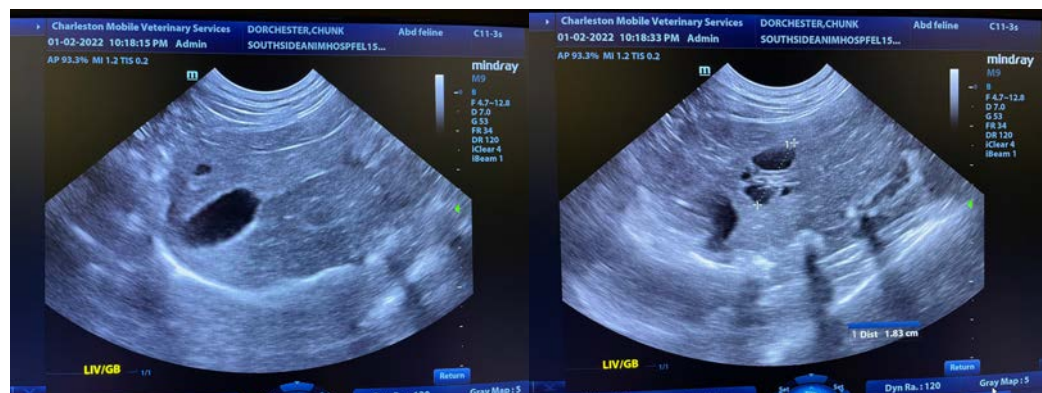
**AGE**  
4/8/07

**WEIGHT**  
13.46 lbs



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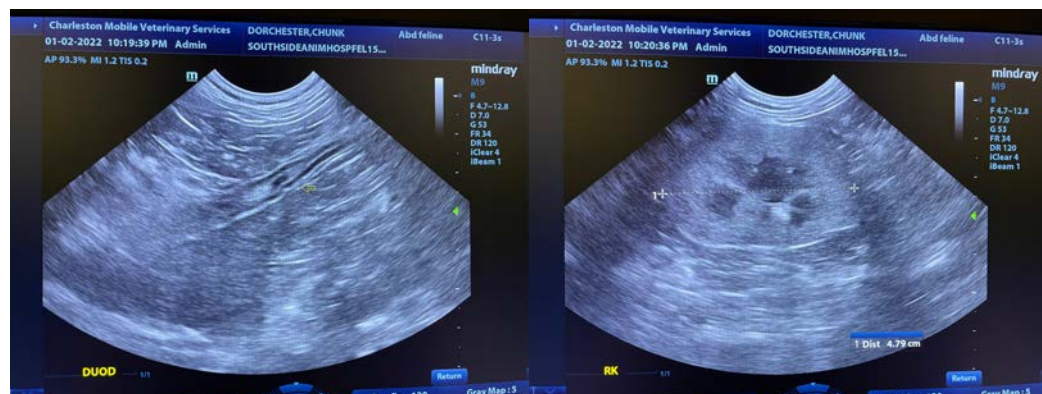


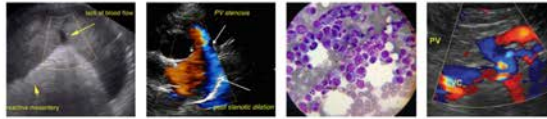
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Dr. Sauls

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**DATE**  
1/3/22





**PATIENT**

Chunk Dorchester

**SPECIES**

Feline

**BREED**

DSH

**SEX**

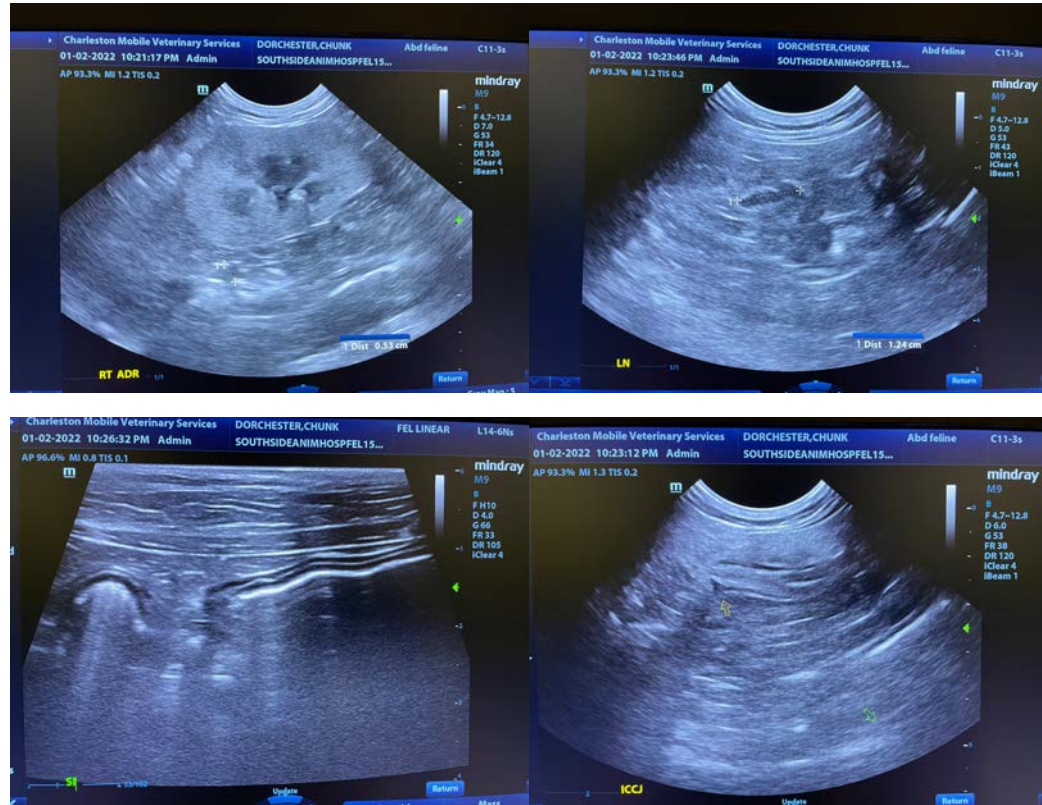
Neutered Male

**AGE**

4/8/07

**WEIGHT**

13.46 lbs



**INTERPRETED BY**

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**DATE**

1/3/22

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 DACVIM (Small Animal Internal Medicine)**  
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