



PATIENT

Ozzy Gennet

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

26158

DATE

10/10/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for decreased appetite and weight. Took to rdvm, bw came back normal but diagnosed with pancreatitis Monday. Got fluids m and t. now decreased water intake. P has lost 3lbs since march. SUNDAY: Ate really well after arriving home last night and ate this morning around 9am. Previous Health Concerns: pancreatitis (diagnosed Monday), URI Current Medications: eye ointment, amoxicillin (1ml q 12hrs)
Abnormal PE/Chem/CBC/UA Results: Abdominal: Distended, non-painful on palpation Radiographs – loss of serosal detail throughout abdomen with most extensive loss of detail around GIT

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 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.

The left kidney presented normal size (4.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to minimal loss of corticomedullary distinction. Trace pyelectasia is present at 0.16 cm in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.33 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland was normal in size, measuring 0.37 cm in width. Normal shape and glandular echogenicity.

The right adrenal gland was normal in size, measuring 0.35 cm in width. Normal shape and glandular echogenicity.

Spleen

The spleen is subjectively normal in size (0.77 cm in width at the level of the hilus) with a normal capsular contour. A 0.75 cm x 0.36 cm hypoechoic area is observed just caudal to the hilus. The region causes slight capsular expansion. The remainder of the parenchyma is homogeneous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. At least four hypoechoic to heterogeneous masses/nodules are observed, primarily in the left to mid liver. The remaining parenchyma is mottled, especially in the right lateral lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mild distended. The wall is thickened up to 0.22 cm. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

An approximately 3.0 cm irregular, heterogeneous, cavitated mass is arising from the tip of the left limb. The remaining left limb is prominent to enlarged and hypoechoic relative to surrounding omental fat. The pancreatic duct is mildly dilated at 0.27 cm in diameter. The right limb is isoechoic relative to surrounding omental fat.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Peritoneal Cavity

The mesentery throughout the abdomen is hyperechoic and slightly irregular in appearance. A moderate amount of free fluid is present.

PRIMARY FINDINGS

- Left pancreatic mass – Neoplasia (i.e., adenocarcinoma) is considered likely with a low possibility of a severe inflammatory process.
- Diffuse peritonitis is present, likely secondary to the mass.
- The hepatic masses/nodules likely represent metastatic lesions with a lower possibility of multifocal abscesses or granulomas

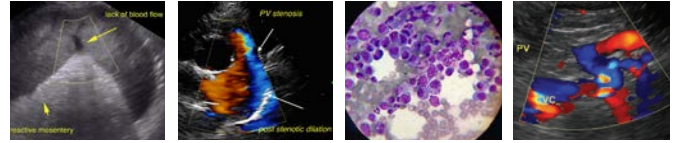
SECONDARY FINDINGS

- The gallbladder wall thickening could be consistent with cholecystitis or benign, age-related hyperplasia.
- Minor bilateral age-related renal changes
- The hypoechoic within the splenic parenchyma may represent an area of extramedullary hematopoiesis, lymphoid hyperplasia, emerging neoplasia, thrombosis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

A fine needle aspirate of the pancreatic mass could be considered if clotting status is appropriate. A 25-gauge needle should be used. However, given the likelihood of metastatic disease, the prognosis for this patient is considered guarded, and palliative care should be considered.



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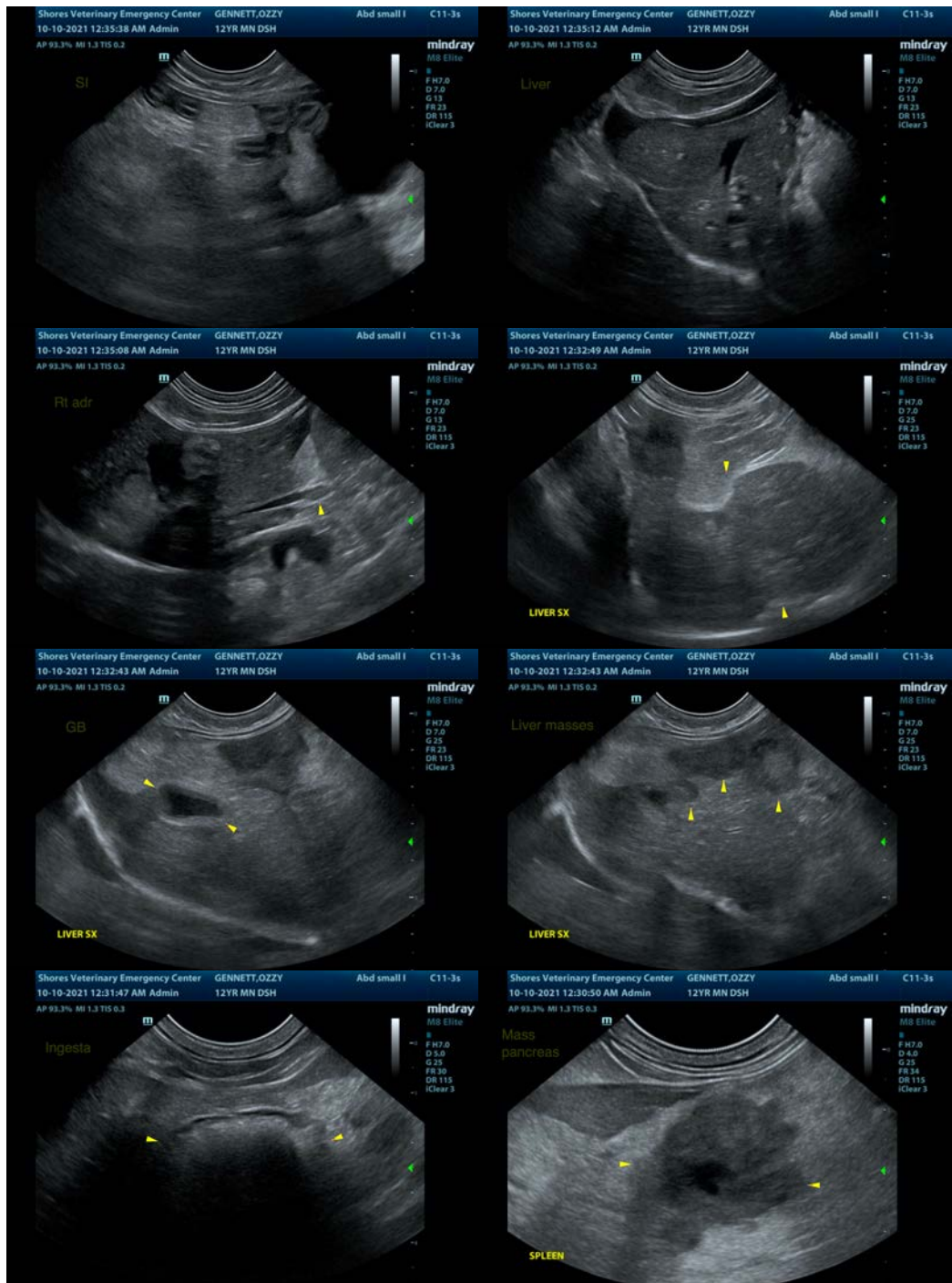
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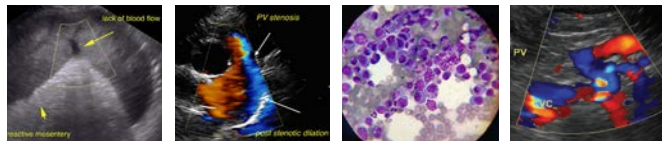
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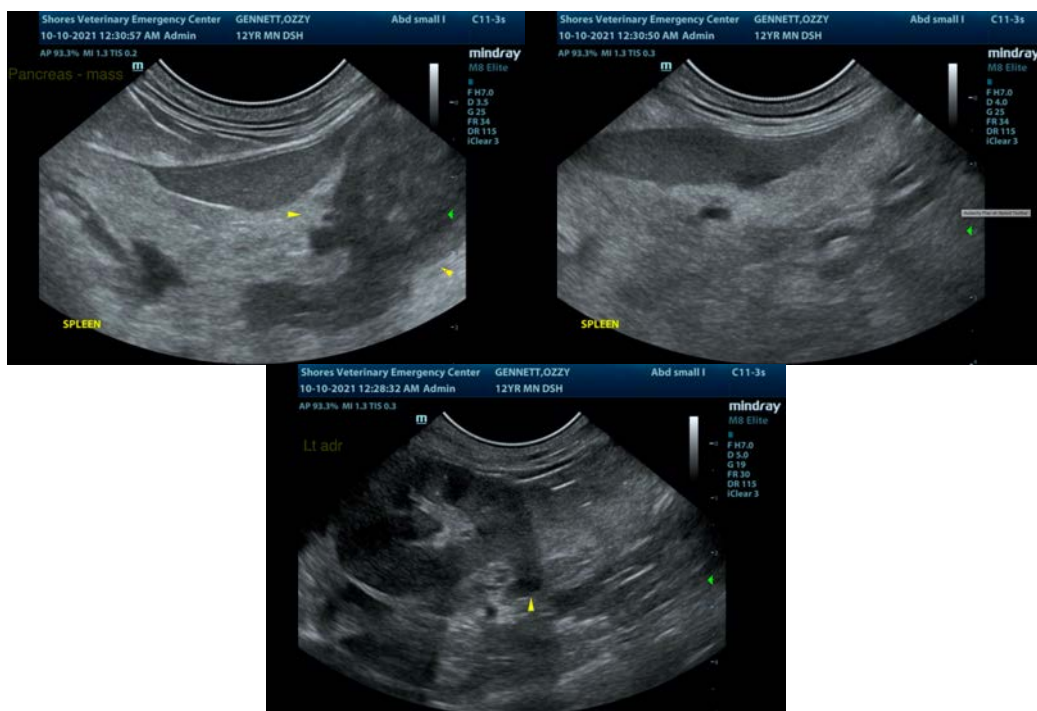
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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_nicastro2@hotmail.com