



PATIENT PRESENTING CLINICAL SIGNS

Romeo Lestak History: Open for unintentional weight loss, decreased appetite, occasional vomiting r/o metabolic vs endocrine vs kidney vs neoplasia vs GI (IBD vs GI lymphoma)
Abnormal PE/Chem/CBC/UA Results: Bloodwork results - CBC - NSF Chemistry - SDMA 15 ALP 116
Total Bili 0.5 T4 - 3.7

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

13 Years

WEIGHT

13.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Incline VH

REFERRING VET

Dr. Kris Moger

INVOICE

14141

DATE

10/24/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 is normal size (3.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

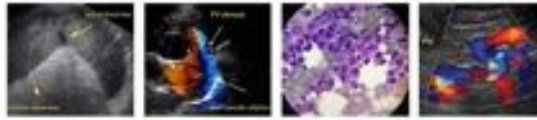
The spleen is normal in size (0.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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. 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/not seen.

Gastrointestinal

The gastric lumen is mildly distended with fluid and gas. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.



PATIENT *Pancreas*

Romeo Lestak The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES *Free Abdomen*

Feline The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED *Other*

Domestic Shorthair A brief echocardiogram reveals no obvious evidence of pericardial effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the liver if clotting status is appropriate. A 25-gauge needle should be used. Other diagnostic/therapeutic considerations include the following:
 - Three-view thoracic radiographs to assess for occult neoplasia in the chest.
 - Malabsorption panel including serum cobalamin, folate, TLI and PLI to evaluate for concurrent maldigestion/malabsorption and pancreatic disease.
 - Pre and post prandial serum bile acids to evaluate hepatic function.
 - A fecal evaluation for ova/Giardia
 - Temporary feeding tube (i.e., esophagostomy) to provide nutritional support to prevent/treat hepatic lipidosis.
 - Consider empirical treatment for hepatic lipidosis/bacterial cholangiohepatitis while awaiting test results.

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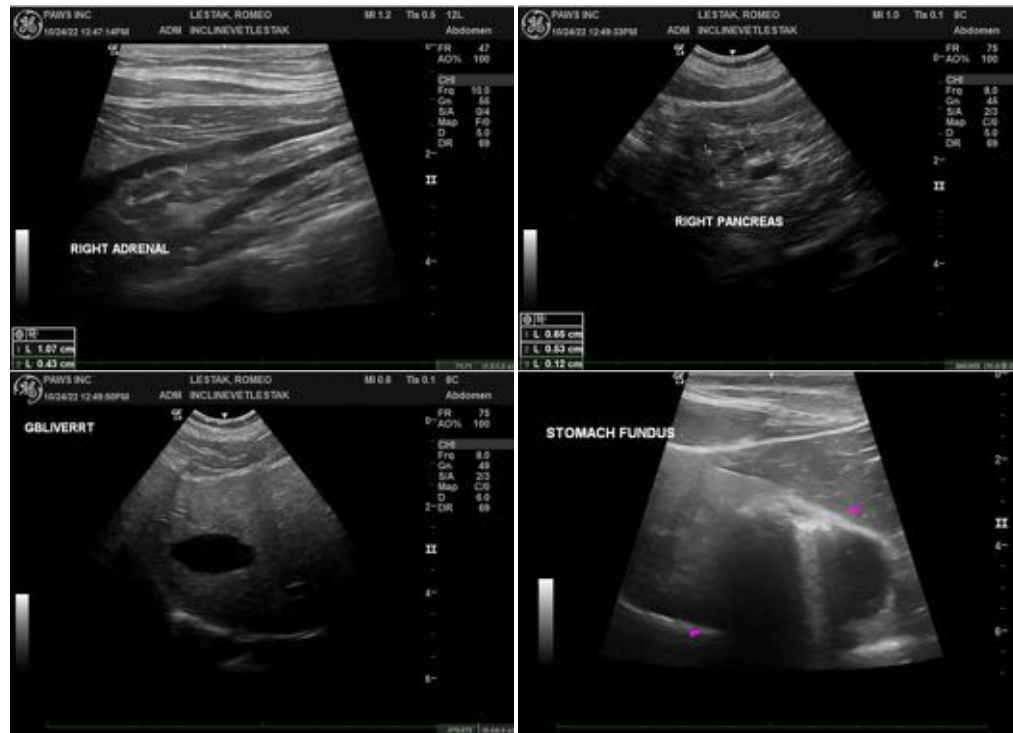
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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