



PATIENT PRESENTING CLINICAL SIGNS

Mia Saffell History: Presented for general check, owner reports PU/PD, some weight loss, increased appetite. No ongoing health issues, did have urinary crystals in 2014 but no problems since

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BCS 4/9 Murmur 3/6 parasternal, intermittent gallop rhythm Mild dental disease CBC normal Chems normal, though BUN/Cr are both in high normal range Isosthenuria with USG 1.013, no protein, quiet sed ProBNP is normal T4 is normal 2.0 (ref 0.8-4.7) fT4 1.0 (ref 0.7-2.6) FeLV (antigen)/FIV (antibody)/Heartworm (antigen) Negative

BREED

DSH

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 small amount of suspended, 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 2 cm, are normal.

SEX

Spayed Female

The **left kidney** is normal size (3.38 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.

AGE

14 years

The **right kidney** is normal size (3.49 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.

WEIGHT

2.7 kg

Adrenal Glands

The **left adrenal gland** is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

The **right adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The **spleen** is normal in size (0.71 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

Dr. Callihan Pacific
Crest Mobile Vet Svc

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME

Pacific Crest Mobile
Vet Svc

REFERRING VET

Dr. Boekenoogen
Nooksack AH

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

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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 to mildly thickened (up to 0.30 cm). 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.

INVOICE

11897

DATE

10.27.22



PATIENT

Mia Saffell

Pancreas

The right limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

SPECIES

Feline

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease, with some potential for emerging lymphoma.

SEX

Spayed Female

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral chronic, age-related renal changes

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

2.7 kg

Given the gastrointestinal changes, consider the following:

- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Fecal evaluation for ova and Giardia
- +/- GI biopsies (i.e., endoscopic, or surgical)
- Three-view thoracic radiographs should be considered be performed prior to any anesthetic event to assess cardiopulmonary status.

INTERPRETED BY

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

Given the patient's PU/PD, a urine culture and sensitivity is recommended to assess for occult infection.

IMAGING PERFORMED BY

Dr. Callihan Pacific
Crest Mobile Vet Svc

HOSPITAL NAME

Pacific Crest Mobile
Vet Svc

REFERRING VET

Dr. Boekenoogen
Nooksack AH



INVOICE

11897

DATE

10.27.22



PATIENT

Mia Saffell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 years

WEIGHT

2.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Callihan Pacific
Crest Mobile Vet Svc

HOSPITAL NAME

Pacific Crest Mobile
Vet Svc

REFERRING VET

Dr. Boekenoogen
Nooksack AH

INVOICE

11897

DATE

10.27.22



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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com