


PATIENT

Rolo Boyer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 years

WEIGHT

3.75 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. MacFarlane

INVOICE

11914

DATE

10.27.22

PRESENTING CLINICAL SIGNS

History: Went to EVC Friday Oct 21 for vomiting and gagging - Lost ~1kg in 4 months without trying - Diabetes Mellitus Dx April 2022; suspected remission May 2022, diagnosed 2nd time Oct 2022 - Last ate good meal Sat Oct 22 PM, BG dropped (2,6 mmol/L) and has not eaten much since. - Went to EVC Friday Oct 21 for vomiting and gagging - Lost ~1kg in 4 months without trying - Diabetes Mellitus Dx April 2022; suspected remission May 2022, diagnosed 2nd time Oct 2022 - Last ate good meal Sat Oct 22 PM, BG dropped (2,6 mmol/L) and has not eaten much since. Lantus 1.5 U BID, Mirataz 2% 3.8cm SID

Abnormal PE/Chem/CBC/UA Results: Neutrophils: $0.24 \times 10^9/L$ - Glucose: 30.41 mmol/L (Oct 22) - \rightarrow (2.6 mmol/L Oct 23) - Urea 18.5 -CHOL: 7.12 -AMYL: 476

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder** 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.81 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hydronephrosis is present (1.76 in the longitudinal plane). The visible portion of the proximal ureter is dilated (up to 0.39 cm). There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The **right kidney** is normal size (4.19 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.18 cm in the longitudinal plane). There is no evidence of nephroliths. Renal vasculature is normal.

Adrenal Glands

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

The **right adrenal gland** is upper limits of normal size (0.55 cm width), with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

Spleen

The **spleen** is normal in size (0.86 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.

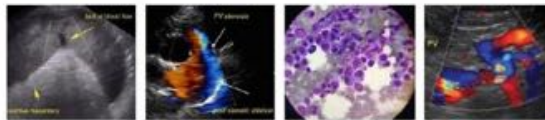
Liver

The **liver** is subjectively normal in size with normal curvilinear 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.

The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly gas-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not segmentally distended with gas. 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 most segments. Discreet masses are not identified. The



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ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

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.

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Free Abdomen

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

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Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- Bilateral hydronephrosis, more pronounced in the left kidney. The hydronephrosis may be secondary to bilateral ureteral strictures, tumors (less likely), ureteroliths, pyelonephritis, other. Mild age-related changes are seen in both kidneys.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider the following, a urine culture and sensitivity is recommended to assess for pyelonephritis.
- To better assess for ureteral pathology, an abdominal CT scan can be considered.
- Regarding the vomiting/gagging, consider the following:
 1. Three-view thoracic radiographs to assess for esophageal disease (i.e., foreign body, megaesophagus)
 2. Fecal evaluation for ova and Giardia
 3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
 4. Depending on the results of the above diagnostics, GI biopsies (endoscopic or surgical) may be warranted.

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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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