



**PATIENT**

Tony Nixon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING  
PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Maria Cruz

**INVOICE**

14052

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

History: R/O Abdominal neoplasia, other. 1 Month hx of lethargy and loss of appetite.

Current Meds: Pred 5mg, 1 Tab EOD

CBC/Chem Findings: 9/23 CBC WNL besides EOS 19 (2-12) T\$; SDMA ; UA all wnl. Ca + 12.7

Remaining Superchem all WNL

Urinalysis Findings: WNL

Urine Specific gravity " 1.045

**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 distended. A small to moderate amount of aggregated echogenic suspended 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.

The left kidney is normal size (3.99 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is small in size (2.65 cm in length); with a relatively normal shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.25 cm in the longitudinal plane). A few small nephroliths are present. There is no evidence of hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.21 cm cranial pole, 0.22 cm caudal pole and 0.73 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm cranial pole, 0.35 cm caudal pole, 0.91 cm in length) with a normal shape and smooth peripheral contours. A few hyperechoic foci are observed within the parenchyma. Glandular detail is otherwise normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.92 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 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. The portal vein to caudal vena cava ratio is approximately 1:1.



**PATIENT**

Tony Nixon

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. The common bile duct can be followed to the level of the duodenal papilla which is normal in size (0.35 cm in width).

**SPECIES**

Feline

**Gastrointestinal**

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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**BREED**

DSH

**Pancreas**

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.

**SEX**

Neutered Male

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 2-3 visible lymph nodes are seen in the mid abdominal cavity.

**AGE**

15 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6.8 Pounds

- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive nephroliths in the right kidney.
- The hyperechoic foci in the right adrenal gland are a benign incidental age-related finding.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

\*An obvious cause for the patients' clinical signs is not identified in the study. There is no obvious evidence of abdominal neoplasia.

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Given the presence of an eosinophilia, a fecal evaluation for ova and Giardia is recommended.
- Given the hypercalcemia, an ionized calcium +/- a PTH, PTHrP should also be considered.
- Also consider a malabsorption panel, including serum cobalamin, folate, TLI and PLI to further assess for underlying gastrointestinal and/or pancreatic disease as a cause for the patient's clinical signs.
- Also consider a thorough neurologic examination as primary brain tumors can present with loss of appetite and lethargy as the sole clinical signs.

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Maria Cruz

**INVOICE**

14052

**DATE**

10/29/21



**PATIENT**

Tony Nixon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING  
PERFORMED BY**

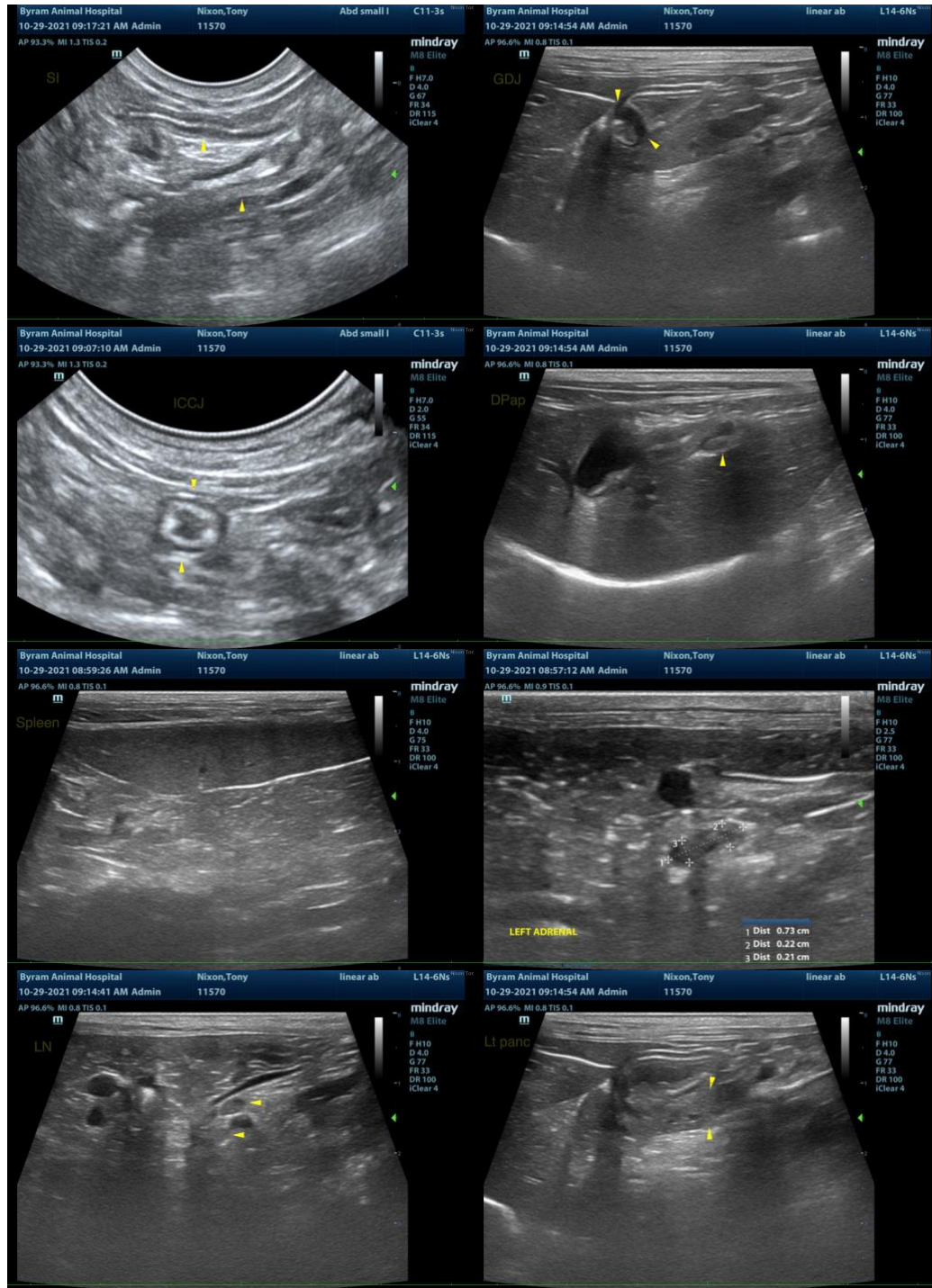
Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Maria Cruz



**INVOICE**

14052

**DATE**

10/29/21



**PATIENT**

Tony Nixon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

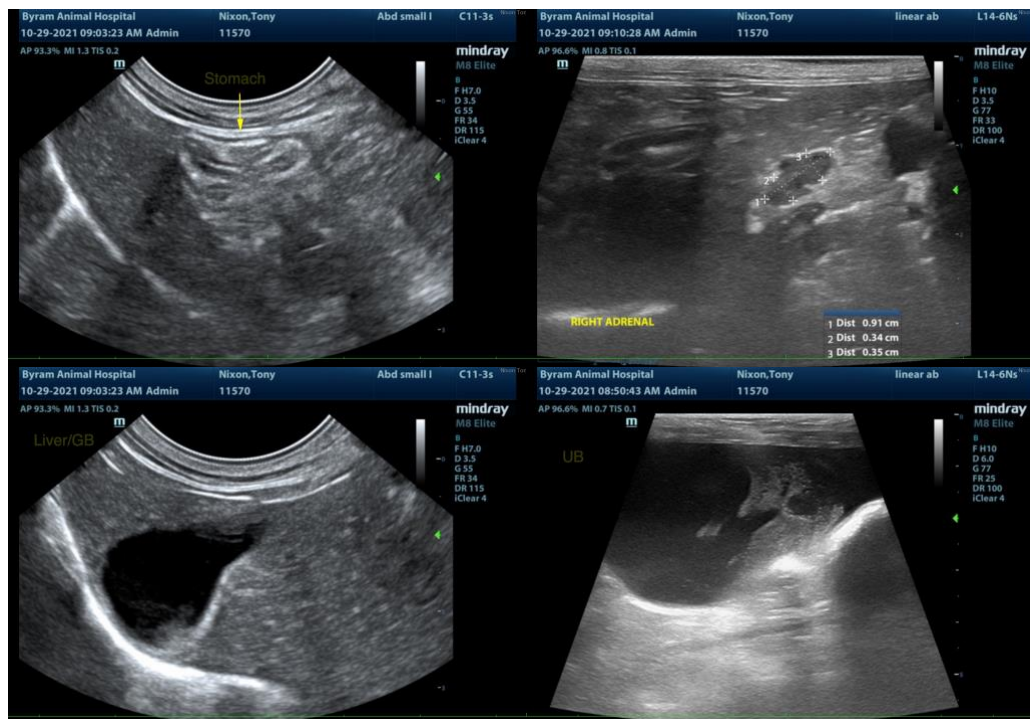
Dr. Maria Cruz

**INVOICE**

14052

**DATE**

10/29/21



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)**  
info@SonoPath.com