



PATIENT PRESENTING CLINICAL SIGNS

Mia Castro

History: 2016 left ACL REPAIR WITH Dr Dee VCA HOLLYWOOD. 2-3 years ago Right ACL tear, Dr Dee rec no surgery given her age. Has Rimadyl and Gabapentin. Started the rimadyl 2-3 days ago and already doing better. WAITING ON RECORDS. O IS CONCERNED LAME, WEAKNESS IN REAR LEGS, MORE SO ON LR LEG/KNEE. 5/2021 1st ever seizure...stiff, urinates, defecates, vomits, lasts 15-20 sec then is normal (no post ictal period). 2 weeks ago 2nd seizure...same signs and no post-ictal period.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results:

BREED

Pit Bull

Hydration: N

Mentation: BAR, nice dog

EENT: Nucl scl ou

Oral Cavity: mod tartar, gingival hyperplasia

Lymph Nodes: N

SEX

Female spayed

Skin: Multiple lipoma like masses

CV/Respiratory: N

Abd/GI: N

Uro/Perineum: N

Musculoskeletal: BCS 6/9. Crepitus, medial buttress both stifles. Mild weight bearing lame right rear. No CP deficits, no back or neck pain.

Neurological: Normal CN's, No CP deficits

AGE

14 Years 7 Months

CBC WNL

Chem: ALT 294, Alk Phos 724 (was 433 in 2018) - r/o Cushing's, secondary to Rimadyl (only on for few days), primary liver dz

WEIGHT

63.3 lbs.

Chol 335 - post-prandial, Cushing's

T4 WNL 1.3

UA USG 1.039, trace protein, 4-10 RBC's, no WBC's, 26-50 rods but free catch

INTERPRETED BY

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

IMAGING PERFORMED BY

The left kidney is normal size (7.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Michaleen

The right kidney is normal size (7.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

DPV Veterinary
Hospital

Adrenal Glands

REFERRING VET

Dr. Feldt

The left adrenal gland is normal size (0.75 cm at cranial pole) (0.77 cm at caudal pole) (2.79 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

INVOICE

12001kk

What is thought to be right adrenal gland is normal size (0.72 cm at cranial pole) (0.77 cm at caudal pole) (3.01 cm in length) with normal shape, glandular echogenicity, and detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature appear normal.

DATE

10/30/21



PATIENT

Spleen

Mia Castro

The spleen is normal in size (2.10 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.

SPECIES

Liver

Feline

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 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.

BREED

Pit Bull

SEX

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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 pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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.

AGE

14 Years 7 Months

Pancreas

WEIGHT

63.3 lbs.

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.

Free Abdomen

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

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

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

IMAGING PERFORMED BY

Michaleen

**An obvious cause for the patient's liver values is not identified in this study. Considerations include benign, age-related pathology (i.e., regenerative nodular hyperplasia, vacuolar hepatopathy, age-related remodeling), inflammatory disease, hepatotoxicosis (i.e., drug induced), other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Consider rechecking liver values in 2-3 weeks to assess for progression. If stable, serial monitoring (i.e., every 3-4 months) is recommended.
2. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
3. Given the recent onset of seizures, consider a baseline blood pressure measurement, three-view thoracic radiographs (to assess for occult neoplasia) +/- consultation with a board-certified veterinary neurologist.

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Michaleen

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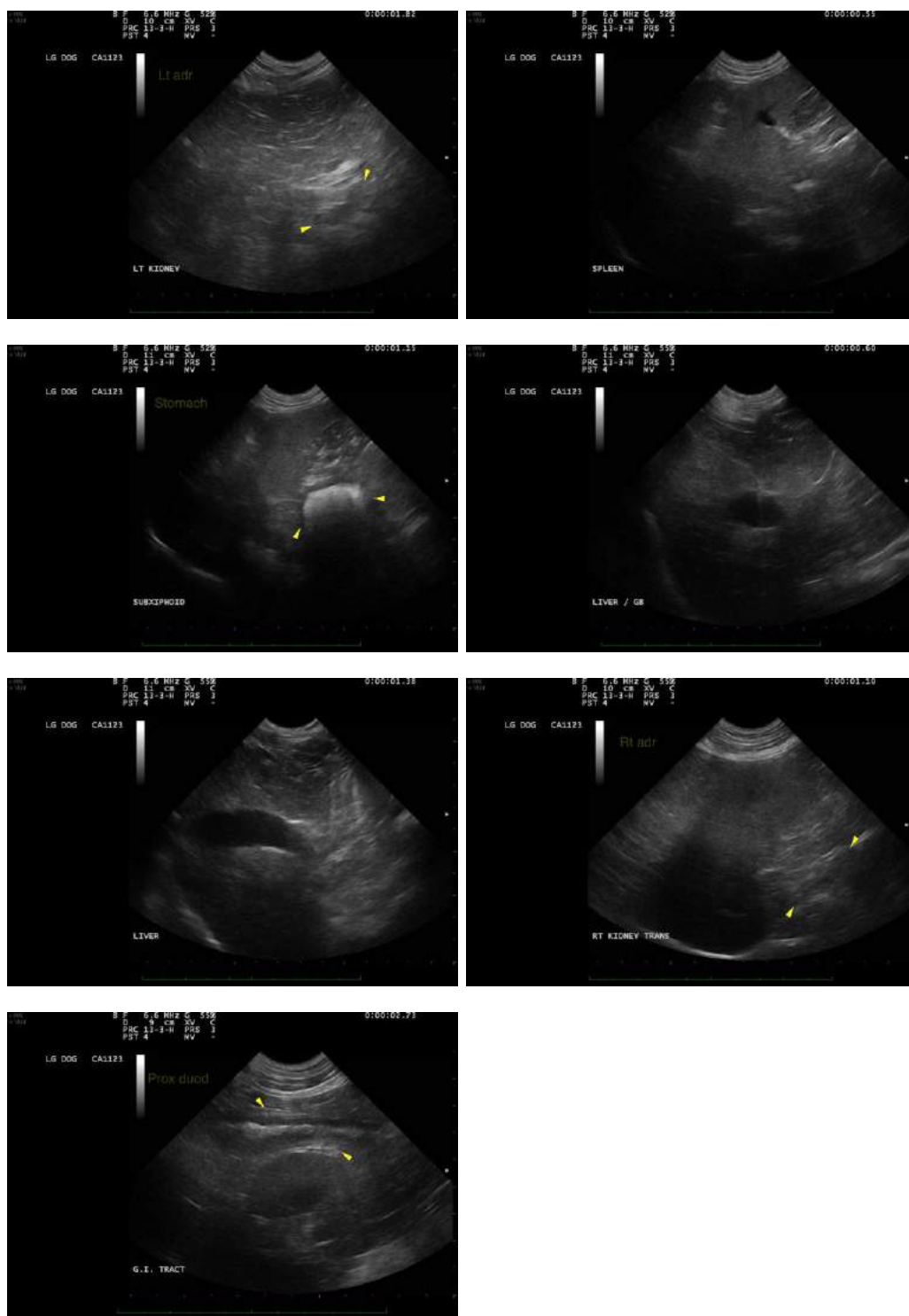
Dr. Feldt

INVOICE

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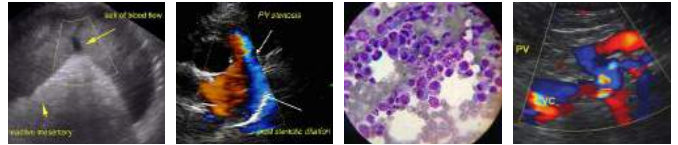
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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