



PATIENT

Smigil O'Connor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hess

HOSPITAL NAME

Pet Medic UCVC

REFERRING VET

Hess

INVOICE

14110

DATE

10/30/21

PRESENTING CLINICAL SIGNS

History: Presented for 4 months explosive diarrhea, weight loss, ravenous appetite. Pendulous abdomen on exam. Fecal and senior screen pend.

Abnormal PE/Chem/CBC/UA Results: Senior Panel pend

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 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 2.0 cm, are normal.

The left kidney is small in size (3.14 cm in length); with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.13 cm in the transverse plane). There is no evidence of hydroureter.

The right kidney is normal size (3.88 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is observed at the caudolateral aspect. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

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

The right adrenal gland is not definitively visualized.

Spleen

The spleen is normal in size (0.85 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 hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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.

Gastrointestinal

The gastric lumen is mildly to moderately 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 diffusely distended with chyme (up to 1.28 cm). In one segment, hyperechoic shadowing material is observed within the chyme. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.



PATIENT

Smigil O'Connor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hess

HOSPITAL NAME

Pet Medic UCVC

REFERRING VET

Hess

INVOICE

14110

DATE

10/30/21

Pancreas

The left limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible, but not overtly dilated (0.16 cm in diameter).

Free Abdomen

Trace free fluid is observed. Several prominent mid abdominal lymph nodes are visualized, the largest measuring 1.33 cm in length.

Other

A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastrointestinal changes are consistent with gastroenteritis. Depending on the timing of the last meal, diffuse ileus may be present. The shadowing material within the small intestine likely represents trapped gas within the chyme or transient foreign material (non-obstructive).
- The pancreatic changes are most consistent with chronic pancreatitis. However, emerging neoplasia cannot be completely excluded.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

Secondary Findings

- Bilateral age-related renal pathology with dystrophic mineralization and a right cortical infarct.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients' age, three view thoracic radiographs are recommended to assess for occult disease in the chest.
- Other diagnostic/therapeutic considerations include:
 1. Fecal evaluation for ova and Giardia
 2. Fecal PCR infectious disease panel
 3. GI panel, including serum cobalamin, folate, TLI and PLI



PATIENT

Smigil O'Connor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hess

HOSPITAL NAME

Pet Medic UCVC

REFERRING VET

Hess

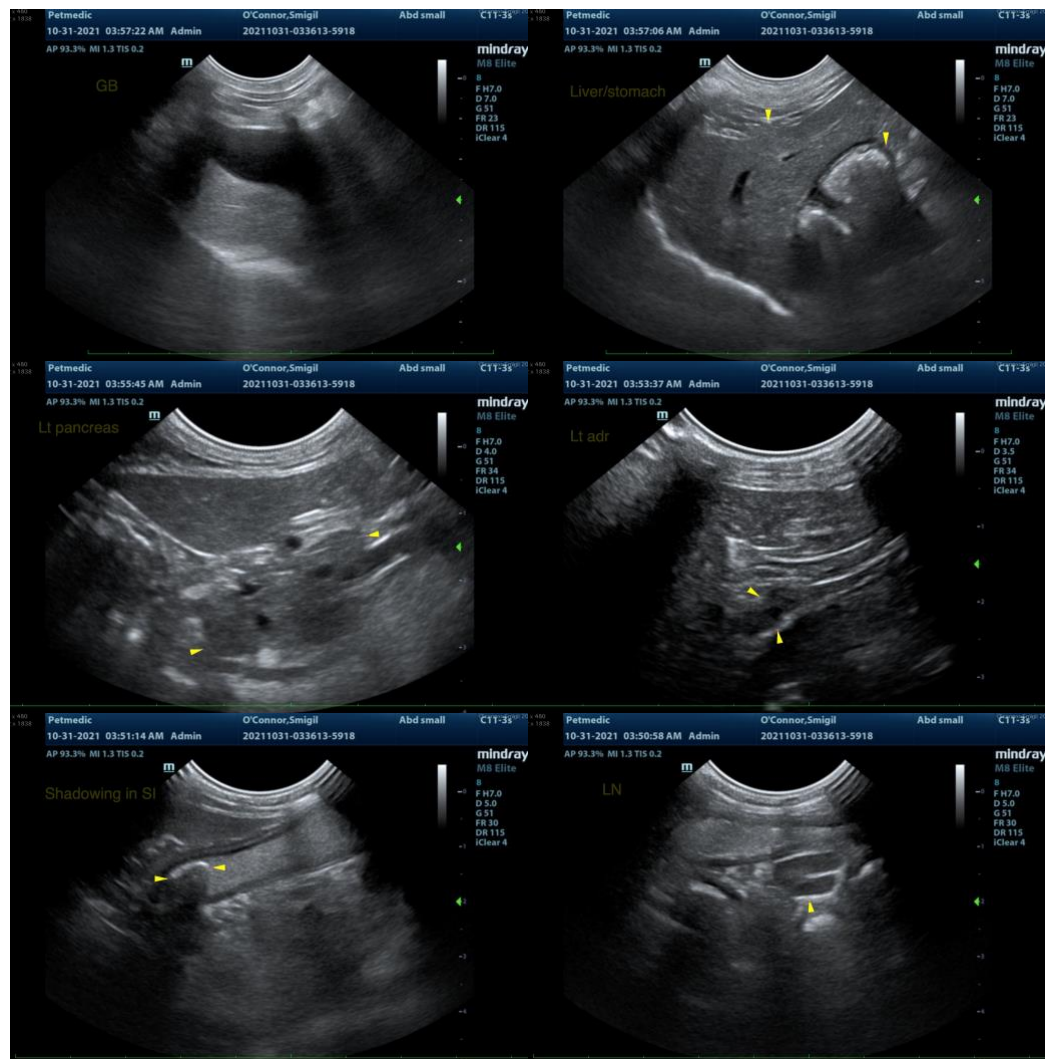
INVOICE

14110

DATE

10/30/21

4. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
5. Limited antigen diet (if patient will tolerate it)
6. If accessible, a fine needle aspirate of the left limb of the pancreas can be considered to determine if neoplasia is emerging. A 25-gauge needle should be used. Clotting time should be assessed prior to aspiration.
7. Ultimately, gastrointestinal and pancreatic biopsies may be necessary to get a definitive diagnosis. However, this may not be advisable given the age of the patient.





PATIENT

Smigil O'Connor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Years

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hess

HOSPITAL NAME

Pet Medic UCVC

REFERRING VET

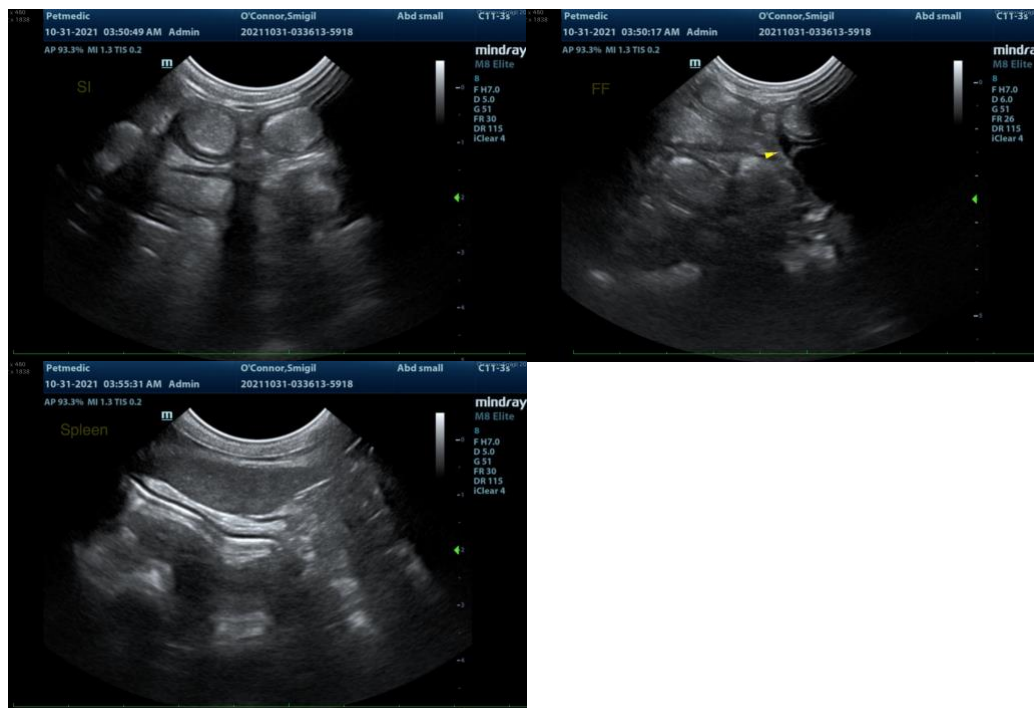
Hess

INVOICE

14110

DATE

10/30/21



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