



PATIENT

Johnny Sulzmann

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

13 Yrs.

WEIGHT

10.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC Corvallis OR

REFERRING VET

Dr. Jessica Bailes

INVOICE

12305

DATE

10/6/21

PRESENTING CLINICAL SIGNS

History: Chronic progressive hx of weight loss since 2018. Diagnosed w/ stage 2 CKD in 2019. Abdominal U/S done 9/2020 as well as thoracic rads - rads were unremarkable; ultrasound showed an irregular pancreas, otherwise NSF. Started on prednisolone and vitamin B12 series. Hx of intermittent vomiting, poor appetite. No diarrhea. Examined 6/21 - heart murmur noted as well as severe dental disease. echocardiogram performed 9/23/21 - diagnosed w/ trivial mitral insufficiency, otherwise NSF. Dental cleaning performed 9/30/21 - patient did well under anesthesia; only two lower incisors extracted, otherwise all teeth cleaned up well w/ intra - oral rads NSF. Progressively poor appetite noted since dental cleaning. No vomiting.

Abnormal PE/Chem/CBC/UA Results: Progressive weight loss; 6% dehydrated. 4/6 systolic murmur. Abdomen soft, non - painful. Severe MCS atrophy dorsum. BW performed today - CREAT = 2.5, abnormal fPL, otherwise NSF

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. 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.

The left kidney is normal size (3.23 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. Renal vasculature is normal.

The right kidney is normal size (4.19 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.30 cm cranial; 0.33 cm caudal; 1.04 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.39 cm cranial; 0.27 cm caudal; 0.93 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.76 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. A 0.74 cm irregular cystic lesion is observed deep left to mid liver. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in



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thickness. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. There is no evidence of an intraluminal obstruction.

Gastrointestinal

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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 is normal to mildly thickened (up to 0.33 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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The pancreas is diffusely prominent in size with slightly irregular peripheral contours in the region of the left limb. The parenchyma is hypoechoic relative to surrounding omental fat and subtly heterogeneous in appearance. The pancreatic duct is borderline dilated (0.22 cm in diameter). There is no evidence of peripancreatic 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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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The pancreatic changes are similar to the previous scan and consistent with chronic pancreatitis.
- Bowel pattern most consistent with an inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings:

- Bilateral chronic age-related nephropathy.
- The hepatic cyst is most likely a benign incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest. Other diagnostic considerations include:

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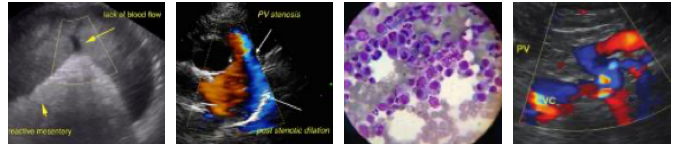
1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. +/- endoscopic or surgical gastrointestinal biopsies.

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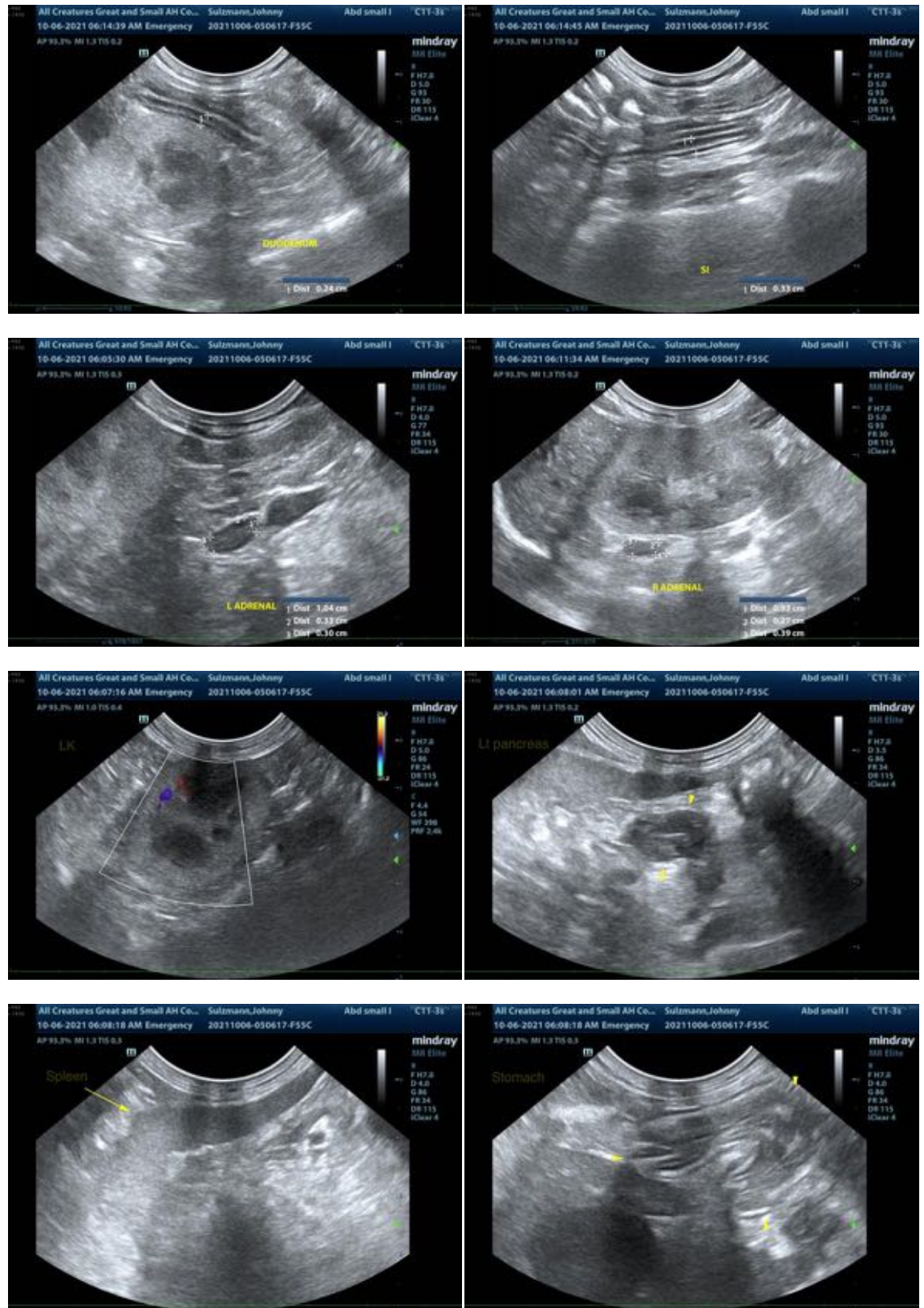
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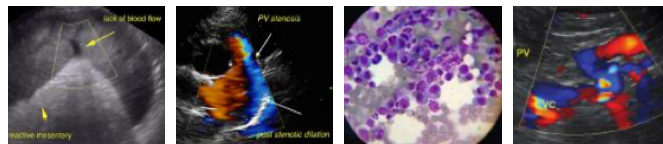
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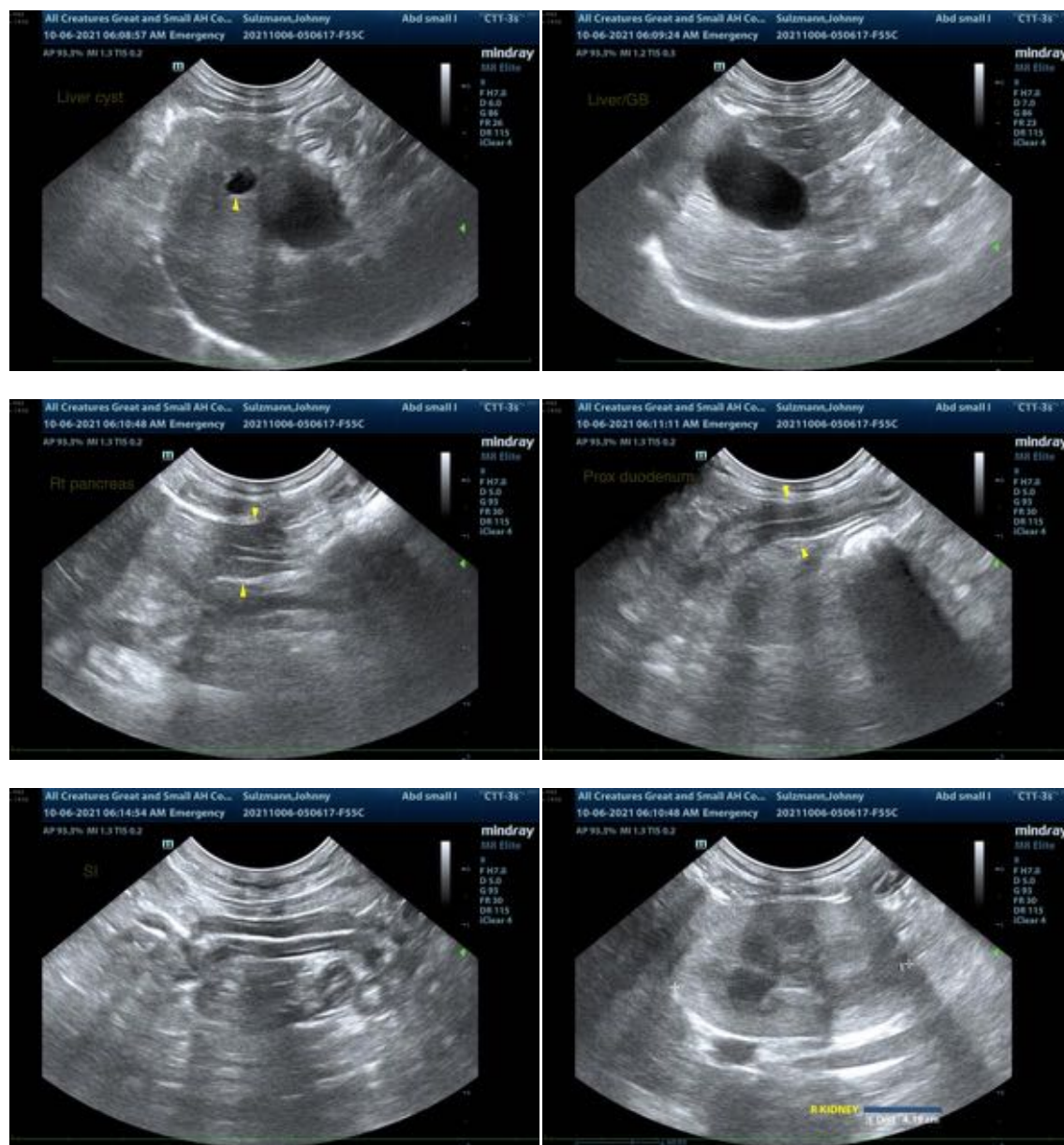
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com