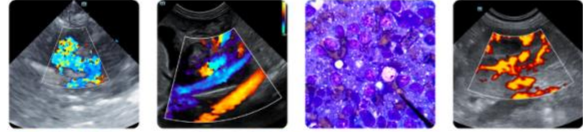
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net 800.403.5408

PATIENT
Citrus Elliot

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
01/08/2013

WEIGHT
6.6 lbs

INTERPRETED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY
Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME
Saddleback Mobile VC

REFERRING VET
Dr Russell Bauman

INVOICE
22239

DATE
11-10-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight loss despite methimazole (T4 WNL). Increased appetite. PU/PD. Hx of urinary obstructions

Abnormal lab-work values: BUN, Sodium Elevated. WBC, Neutrophils, Monocytes elevated. Lymphocytes low. T4 2.3. Leukocytosis with a neutrophilia. The white count is roughly 29,000.

Current Medications: Methimazole 10mg/ml oral susp. 0.5 ml po q 12 hours

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.54 cm in length) with a normal shape. The cortex is hyperechoic relative to the spleen and diffusely thickened, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.48 cm in length) with a relatively normal shape. The cortex is hyperechoic relative to the spleen and diffusely thickened, with moderate loss of corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, a light micronodular pattern is observed throughout the organ. 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.17 cm in width).

Gastrointestinal

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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of

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an obstructive pattern.

Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is mildly dilated (up to 0.27 cm). There is no evidence of peripancreatic inflammation or effusion. (See also “Other” category).

Lymph Nodes
A few prominent mesenteric lymph nodes are visualized (one measuring 2.54 x 0.71 cm).

Free Abdomen
A small amount of free fluid is present.

Other
In the cranial abdomen, a 5.7 x 4.5 cm cystic structure is observed. A scant amount of echogenic debris is suspended within the cyst.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. A cortical infarct is suspected at the caudal pole of the right kidney.
- Large cyst in the cranial abdomen, the origin of which is unclear. It is suspected to be arising from the pancreas. Other considerations include a cystic lymph node, hepatic cyst, cyst within the mesentery, other.
- The pancreatic changes are suggestive of chronic pancreatitis.
- Trace ascites

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*An obvious cause for the patient’s clinical signs is not definitively identified in this study. Considerations include occult urinary tract infection, maldigestion/malabsorption, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis with a culture and sensitivity is recommended.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.

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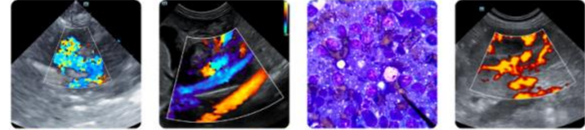
- Depending on the results of the above diagnostics, further work-up may be indicated.



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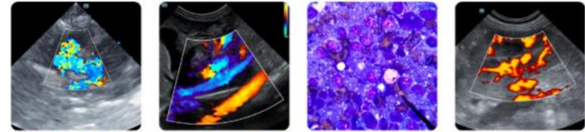

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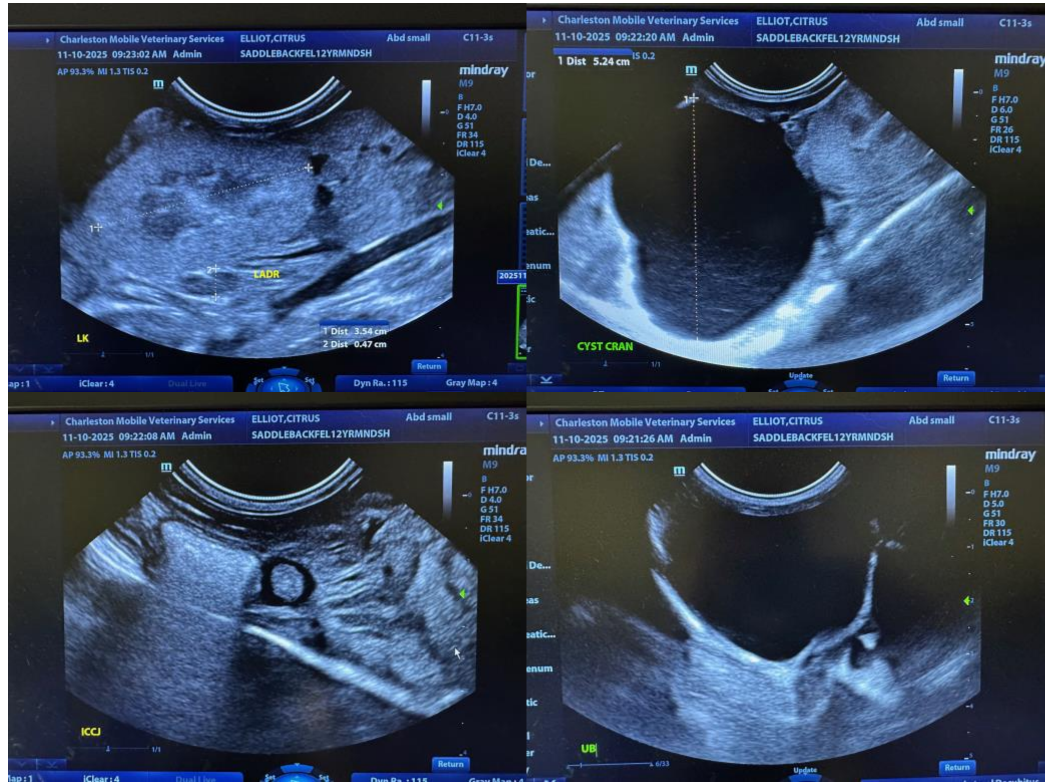

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com