



PATIENT PRESENTING CLINICAL SIGNS

Dingle Olsen History: head tremors, weight loss 4lbs (used to weigh 21lbs),
Abnormal PE/Chem/CBC/UA Results: ALKP 199 ALT 180 GGT 11 TBIL 1.2 NEUT 12.3

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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 cm, are normal.

SEX

Neutered Male

The left kidney is normal size (4.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

AGE

10 Years

The right kidney is normal size (5.02 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

17.3 Pounds

Adrenal Glands

The left adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The spleen is normal in size (1.14 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.64 cm hyperechoic nodule is observed near the lateral aspect. Splenic vasculature is normal.

Liver

HOSPITAL NAME

Fairgrounds AH

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.

REFERRING VET

Dr. Johnson.

Gastrointestinal

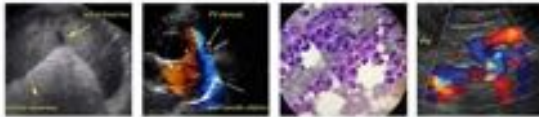
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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

DATE

11/16/21



PATIENT *Pancreas*

Dingle Olsen The left limb of the pancreas is 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 visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Feline *Free Abdomen*

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.73 cm in length.

BREED

Domestic Shorthair

SEX

Neutered Male

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes could be consistent with reactive lymphadenitis, lymphoid hyperplasia or less likely, infiltrative neoplasia.

Secondary Findings:

- The pancreatic changes are most consistent with age-related remodeling/fibrosis.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with minor potential for emerging neoplasia.
- Minor age-related renal changes.

*An obvious cause for the patient's elevated liver values is not identified in this study. Considerations include inflammatory/immune mediated disease, hepatic lipidosis, infiltrative neoplasia (less likely), FIP, other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre- and post-prandial serum bile acids are recommended to assess hepatic function, particularly in light of the patient's neurologic signs. Also consider a fine needle aspirate of the liver if clotting status is normal. If cytologic evaluation is inconclusive and an aggressive approach is desired, a surgical liver biopsy with aerobic and anaerobic bile cultures can be considered.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Given the presence of head tremors, a full neurologic examination, baseline blood pressure measurement +/- consultation with a board-certified neurologist should be considered.



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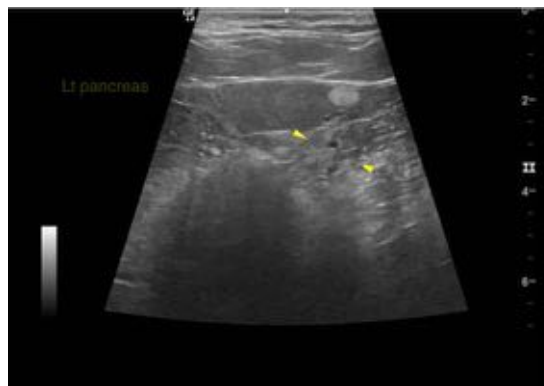
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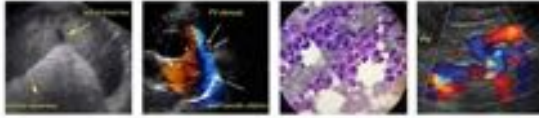
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PATIENT

Dingle Olsen

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.

SPECIES

Feline

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*)

BREED

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andrea.nicastro@sonopath.com

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