



PATIENT

Esmeralda Lowel

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs. 10 months

WEIGHT

3.04 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lee Gregory

HOSPITAL NAME

Casco Bay VH

REFERRING VET

Dr. Lee Gregory

INVOICE

12540

DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: Staff Pet. Used as volunteer for sedated Ultrasound practice on Sep 27th (report provided on Sep 28th). Performed bloodwork (CBC/chem 17/lytes/T4, UA, fPL, u-culture) at the time, no clinical concerns or complaints at the time. Bloodwork showed elevated LES, renal insufficiency (see previously reported results on U/S submission form). Treated patient empirically for an infectious hepatitis. Patient was put on 5 weeks of pradofloxacin 7.5mg/kg SID, Clavamox 62.5mg BID, Denamrin 90mg SID

Abnormal PE/Chem/CBC/UA Results: Recheck bldwrk concomitant with recheck U/S Results as follows: Anemia- resolved Lymphocytosis- static at 7 Monocytosis- static at 6 SDMA- stable at 17 BUN 40--> 51 ALT 914--> 601 AST 283-->148 ALP 148-->123 Tbil 0.8-->0.6 Chol 407-->401 (fpl previously normal, not repeated, USG previously 1014, not repeated, u-culture previously negative, not repeated)

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 cm, are normal.

The left kidney is subjectively normal size with a normal shape and smooth peripheral contours. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss corticomedullary distinction. Mild pyelectasia is present (0.21 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is subjectively normal size; normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. 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.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is seen.

Spleen

The spleen is normal in size (0.59 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 and hyperechoic to subtly heterogeneous in appearance. A 1.06 x 0.79 cm hyperechoic nodule is observed deep on the right side, near the diaphragm. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous. The common bile duct is upper limits of normal in size (0.26 cm in diameter).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



PATIENT

Esmeralda Lowel

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs. 10 months

WEIGHT

3.04 kg.

Pancreas

The left limb/body is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.25 cm in diameter).

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Non-specific diffuse hepatopathy. Differentials include inflammatory/immune mediated disease (i.e., lymphoplasmacytic hepatitis), infiltrative neoplasia (less likely), fibrosis, other hepatopathy.
- The hepatic nodule trends toward the benign (i.e., inflammatory focus, granuloma) with a lower possibility of emerging neoplasia.
- Bilateral, non-specific age-related renal changes with left pyelectasia.
- The pancreatic changes are consistent with chronic pancreatitis.
- The trace ascites is likely secondary to hepatic pathology. However, increased hydrostatic pressure or low oncotic pressure are other possibilities. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider a surgical liver biopsy (as well as a biopsy/removal of the hepatic nodule) along with aerobic and anaerobic bile cultures.
- Given the patient's age, three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- Given the presence of renal disease, IV fluid diuresis is recommended prior to, during and post anesthesia to maximize renal perfusion.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lee Gregory

HOSPITAL NAME

Casco Bay VH

REFERRING VET

Dr. Lee Gregory



INVOICE

12540

DATE

11/16/21



PATIENT

Esmeralda Lowel

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs. 10 months

WEIGHT

3.04 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lee Gregory

HOSPITAL NAME

Casco Bay VH

REFERRING VET

Dr. Lee Gregory

INVOICE

12540

DATE

11/16/21





PATIENT

Esmeralda Lowel

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.

BREED

Domestic shorthair

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

Andrea.nicastro@sonopath.com

SEX

Female, spayed

AGE

13 Yrs. 10 months

WEIGHT

3.04 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lee Gregory

HOSPITAL NAME

Casco Bay VH

REFERRING VET

Dr. Lee Gregory

INVOICE

12540

DATE

11/16/21