



PATIENT

Peanut Butter Silverman

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

17 years

WEIGHT

9.10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Silver Springs AH

REFERRING VET

Dr. Jarrett

INVOICE

12534

DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: Hematuria. Long term liver enzyme elevations. Had abdominal ultrasound read by Sonopath in April 2020. Slightly overweight. Asymptomatic. Currently on Ursodiol. Had e.coli urinary tract infection in April and was treated with Clavamox.

Abnormal PE/Chem/CBC/UA Results: CBC: wnl. Chemistry: SDMA 20, ALT 440, AST 94, ALP 209, Bilirubin total 0.5. U/A: Specific Gravity 1.019, pH 5.0, WBC <1/HPF, RBC >50/HPF.

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 to moderate amount of echogenic debris is suspended 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 (3.88 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.91 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. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.56 cm length; 0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.63 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.88 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 prominent in size with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely mottled in appearance, bordering on a nodular appearance (particularly in the left lateral lobe). 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 normal.

Gastrointestinal

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 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are 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. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

Trace free fluid is observed. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction. Surrounding mesentery is slightly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Non-specific bilateral age-related renal changes with dystrophic mineralization.

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Secondary Findings:

- Small intestinal wall changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The hepatic parenchymal changes, in light of the clinical history, are most consistent with a diffuse inflammatory disease +/- concurrent fibrosis. Infiltrative neoplasia is possible but considered less likely given the chronicity of the liver enzyme elevations.
- The trace ascites may be secondary to hepatic, pancreatic and/or bowel pathology.

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*An obvious cause for the patient's hematuria is not identified in this study. Considerations include urinary tract infection, benign essential renal hematuria, other.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's urine culture and sensitivity is negative, empirical treatment for an occult urinary tract infection can still be considered. However, if hematuria persists, benign essential hematuria is likely present and the patient's PCV should be monitored for the development of anemia.
- If the patient exhibits any gastrointestinal signs, further GI workup may be warranted.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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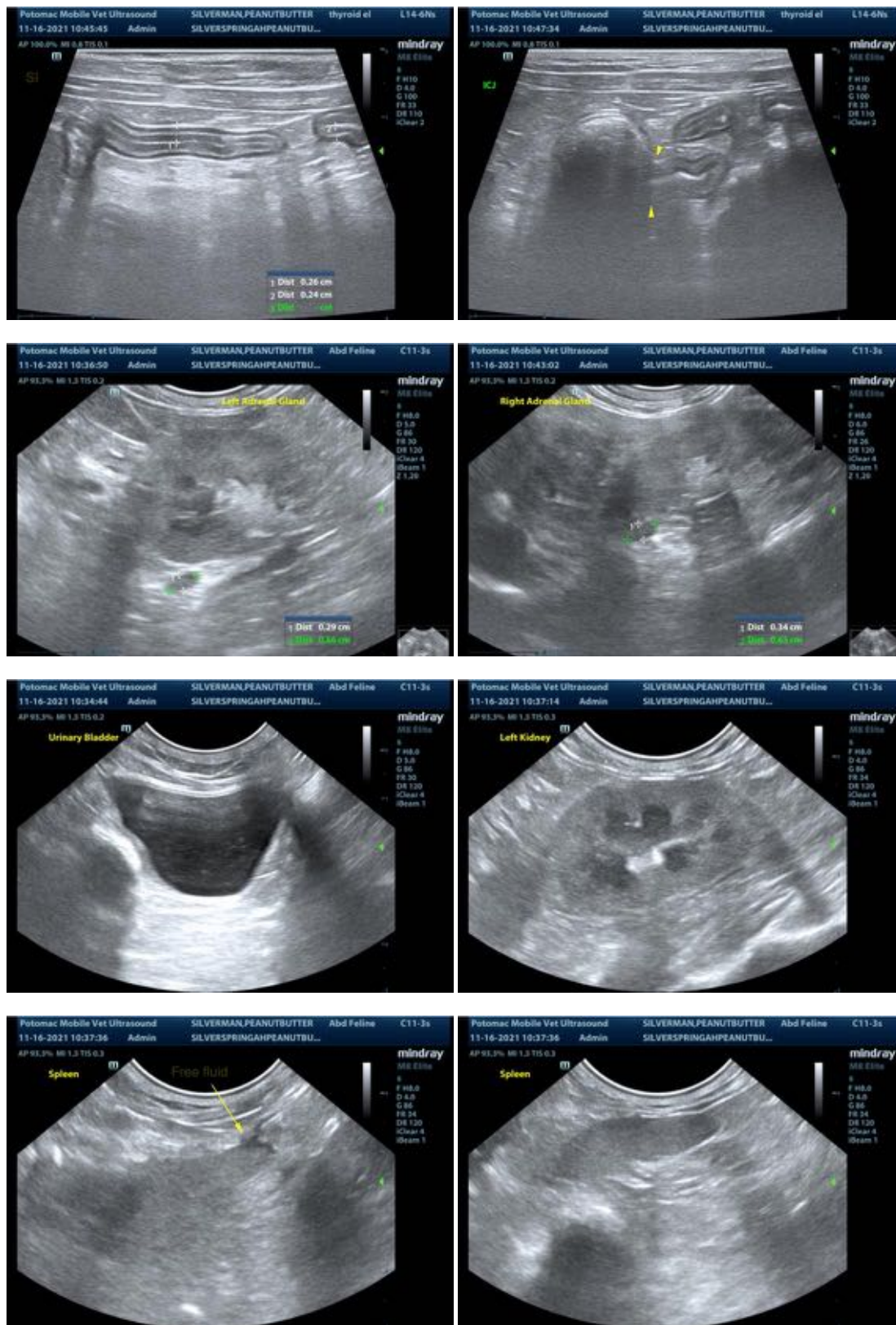
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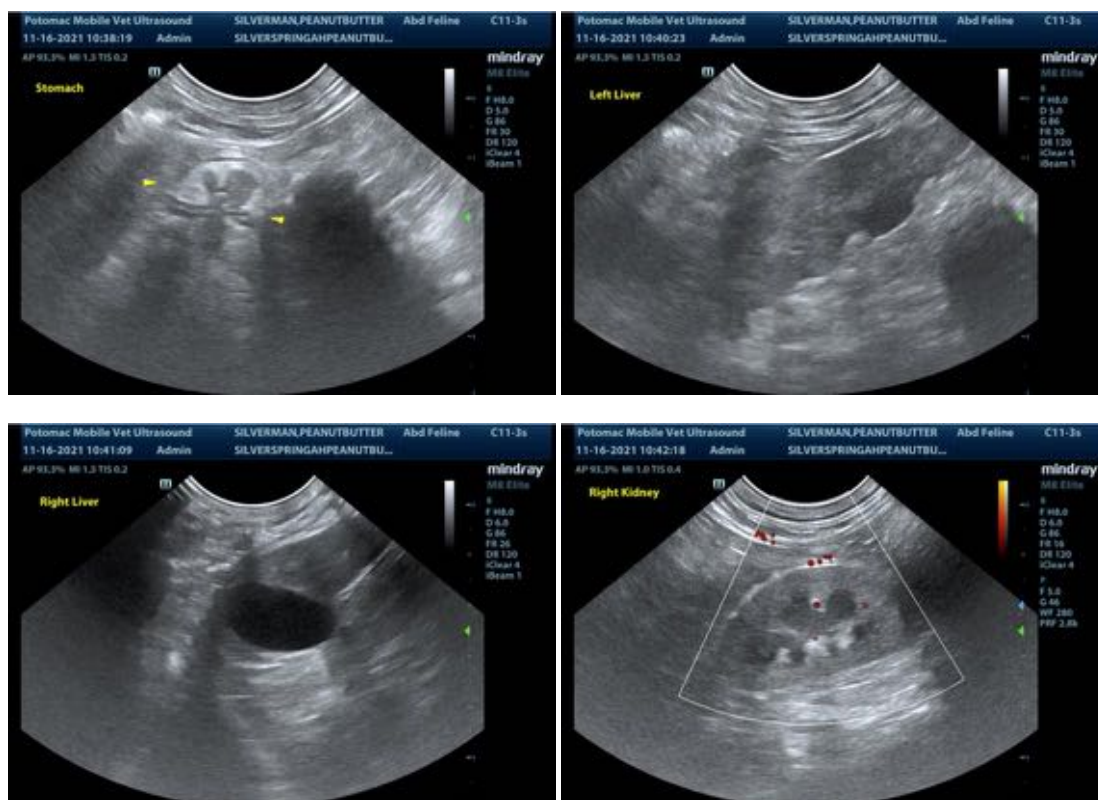
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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