



PATIENT PRESENTING CLINICAL SIGNS

Gadget Smail

Clinical Exam Findings: Gadget is presenting for URI signs and hyporexia for past week. Brought ot rDVM yesterday who ran CBC, Chem, T4/SDMA and survey thoracic/abdominal rads. Gave SQ fluids and sent home on Zenequin and Terrymycin Ophthalmic. Owner noted RR/RE worsened this morning promptng ER vsiiit.

SPECIES

Feline

BREED

DSH

DX from rDVM 11/1 : CBC: leukocytosis WBC 29K, neutrophilia 16K, band suspected, lymphocytosis 7.5K, monocytosis 5.3K / severe thrombocytopenia 12K
Chem 17: elevated BUN @ 51 / elevated ALKP 417, elevated GGT 10, elevated T bili 1.5
T4: wnl @1.0.SDMA: high @ 54 (0-14)

SEX

Spayed Female

PE:

Mentation: QAR, tachypneic
Hydration: est 5% dehydration

Eyes, Ears, Nose: mild mucopurulent discharge OU; mild nasal discharge bialaterally and nasal stertor; mild debris AU

AGE

12-05-2005

Oral Cavity: periodontal disease; mucous membranes are pink and tacky; CRT 2 sec; no evidence of petechiation or ulceration; no foreign object or mass appreciated

Cardiovascular: No murmur or arrhythmia noted, moderate pulses

Respiratory: tachypneic with increased inspiratory and expiratory RE, increased BV sounds-wheezes bilaterally

WEIGHT

6.17 kg

Neurologic: QAR, symmetric pupils, no pain elicited on manipulation and palpation of neck and spine; no obvious neurologic deficits noted (complete neurologic exam not performed).

Gastrointestinal/Urogenital: Soft and non-painful abdomen with no evidence of mass or organomegaly on palpation; NSF

Rectal: NE

INTERPRETED BY

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

Peripheral Lymph Nodes: Small, soft, smooth, and symmetrical

Integument: prolonged skin tent; no ectoparasites or dermatitis noted, mild dorsal scale

Musculoskeletal: BCS 6/9, adequate musculature, ambulatory x4 with mild generalized weakness/lethargy; no obvious orthopedic abnormalities noted (complete orthopedic exam not performed).

*trauma form approved

supplemental oxygen provided - flow by, then snyder oxygen cage @ 60% IVC placed

Torb 1.1mg IV. PCV/TS: 40%/8 - slightly icteric serum. BG: 136. Lactate: 1.9. 3 V thoracic/abdominal rads with STAT radiology consult: pending. IVF: Plasmalyte @ 21ml/hr

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Abnormal lab-work values: BW 11/2: CHEM: BUN 47 mg/dL, ALPK 399 U/L, GGT 7 U/L, TBIL 1.2 mg/dL. CBC: RBC 6.48 M/uL, RDW 30.5%, RETIC-HBG 21.9 pg, WBC: 36.03K, NEU 19.79K, LYM 8.24K, MONO 7.57K, PLT 39K, PCT 0.07%

HOSPITAL NAME

Blue Pearl Mt
Pleasant

Current Medications: Cerenia 5.6mg IV, Amp/Sulb 168mg IV, Torbugesic 1.1mg

Radiographic Findings: Radiographs emailed to info@charlestonmobile.net

REFERRING VET

Kelsey Harris, DVM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Several, small cystic calculi are observed within the lumen, along with a small amount of suspended, echogenic debris. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

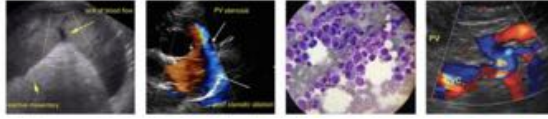
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11.2.22

The left kidney is normal size (4.38 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Several nephroliths are visualized. Hydronephrosis is present (1.68 cm in the longitudinal plane). The ureter is dilated (0.23 cm in



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diameter) with at least 3 ureteroliths observed along the length of the ureter. Suspected infarct at the caudolateral aspect. Renal vasculature is normal.

The right kidney is normal size (3.91 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Several nephroliths are visualized. Hydronephrosis is present (1.64 cm in the longitudinal plane). The ureter is dilated (0.64 cm in diameter) with 2- 3 ureteroliths observed along the length of the ureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (; 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.19 cm in width at the level of the hilus) with a swollen peripheral contours. The parenchyma is subjectively hypoechoic and diffusely mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is enlarged with swollen, irregular, peripheral contours. The parenchyma is subjectively hypoechoic and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is normal in thickness and hyperechoic in some areas. Echogenic to mineralized debris is suspended within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with echogenic and is hypomotile. 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 borderline thickened (up to 0.62 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

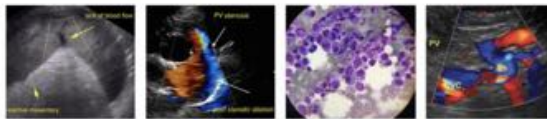
The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of free fluid is present. Several prominent to enlarged hypoechoic, slightly irregular, mesenteric lymph nodes are visualized, the largest measuring 0.92 cm. Surrounding mesentery is hyperechoic. In addition, a 0.99 cm, rounded, hypoechoic lymph node is observed just medial to the spleen.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Gadget Smail

Primary Findings

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- The hepatosplenomegaly, in conjunction with the abdominal lymphadenopathy is more concerning for infiltrative neoplasia. Lymphoma is the top differential. However, benign processes (i.e., lymphoid hyperplasia, etc.) cannot be excluded.

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Bilateral, degenerative renal changes with nephrolithiasis, bilateral hydronephrosis/hydroureter secondary to ureteroliths.

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Secondary Findings

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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine-needle aspirates of the liver and spleen, if clotting status is appropriate. Twenty-five gauge-needles should be used. If the results are inconclusive, more advanced testing may be warranted.

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Other diagnostics considerations include a malabsorption panel, including serum cobalamin and folate, TLI and PLI, as well as a urine culture and sensitivity (given the presence of cystic calculi).

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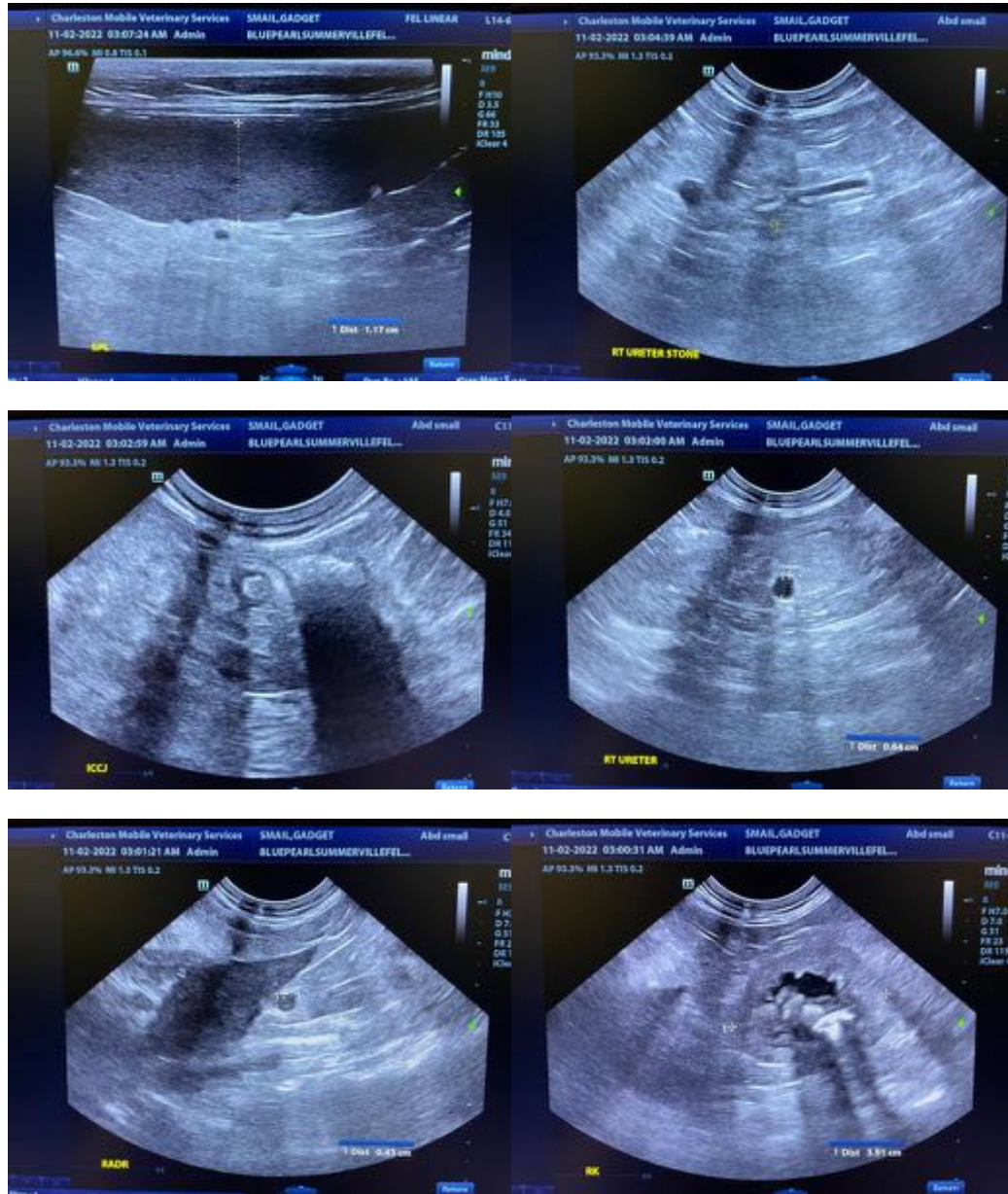
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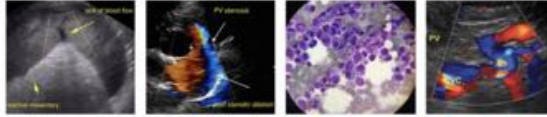
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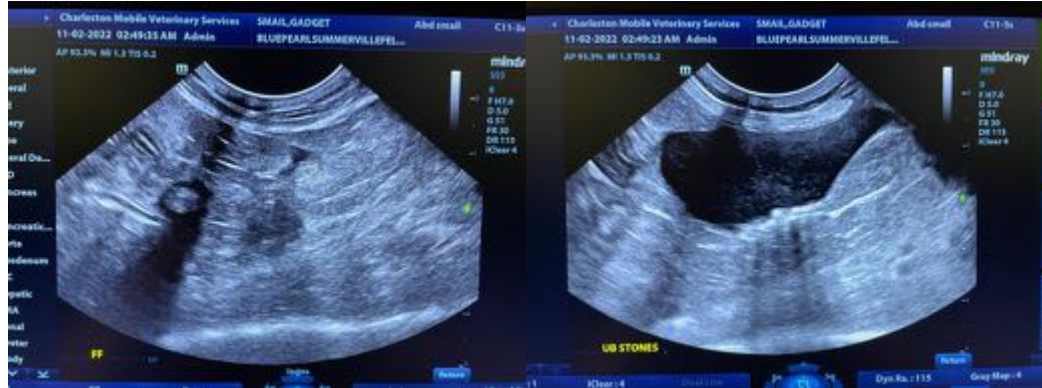
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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