



DATE PRESENTING CLINICAL SIGNS

11.28.22 Clinical Exam Findings: Tonks is a 15y 7m MN DSH presenting for dec eating.

PATIENT About 2 weeks ago O noticed P was not eating as much, P is a picky eater, so O did not think much of it. Over the past 2 weeks, decrease eating has gotten worse and P started to lose weight (4lb in a month). P was seen at Tide Water on Monday where they gave P Cerenia, appetite stimulant, blood work, b12, fluids and an antibiotic per O. Bloodwork showed elevated liver enzymes and total bilirubin. P went in for a recheck on Wednesday and they performed an extraction on one of P's upper teeth. P had pain medications on Wednesday and Thursday. Since then, P has had a blocked nostril and eye discharge per O. In the past week O reports P has had one very small bowel movement.

Tonks Geier

SPECIES Feline P is diabetic and is on 1 unit of insulin BID, this was changed from 2 units BID in September. Since P has not been eating as much O changed insulin to 1/2 unit BID.

BREED Before Monday P was V, it was foamy and at times it was a reaction to sniffing wet food.

American SH P was sneezing some before Monday as well.

SEX Drinking has increased since eating decreased.

Neutered Male PE:
Hydration: euhydrated

AGE 4.15.2007 Oral/Digestive: Grade 3/4 periodontal disease. Recent 204 extraction. No significant gingivitis. Pink and mildly tacky oral mucus membranes. Normal CRT. No masses observed.

WEIGHT Ophthalmic: Mildly icteric sclera OU. Both eyes clear with no obvious ocular discharge or gross lesions.

5.4 kg Otic: Mildly icteric ear pinnae. Ears clean and clear AU. No inflammation or abnormal exudate noted. No abnormal odor.

IMAGING PERFORMED BY Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine) Upper respiratory: Very mild purulent nasal discharge on the right side. Upper airway auscultated clearly with no abnormalities heard.

Cardiovascular: No obvious arrhythmias or murmurs heard on auscultation. Femoral pulses strong and synchronous. Tachycardic.

INTERPRETED BY Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine) Lower respiratory: Normal bronchovesicular sounds bilaterally in all 4 quadrants. Normal respiratory effort and rate. No crackles or wheezes.

Neurological: Mentation was QAR. No head tilt, circling or ataxia noted. No CP deficits. PLR and menace responses intact OU. Other cranial nerves appear intact.

Musculoskeletal: Ambulatory x4. Symmetrical musculature with bilateral hindlimb muscle atrophy. No pain or weakness noted.

HOSPITAL NAME Blue Pearl MP ER Integument: Clean coat, no obvious skin lesions or abrasions. No ectoparasites found.

REFERRING VET Shannon Graham Lymphatic: No noticeable enlargement of peripheral lymph nodes. LNs all palpate soft, smooth and symmetrical.

Abdominal Palpation: No evidence of pain on palpation. No palpable masses or organomegaly.

Urogenital/Rectal: Grossly normal external genitalia.

INVOICE 11918 Abnormal lab-work values: CBC: wnl. Chem: BG 182, BUN 53, Alb 2.2, ALP 168, TBili 3.1



DATE UA (after IVF): USG 1.011, sediment unremarkable. SDMA 82. TT4: 2.6 (WNL)

11.28.22 Current Medications: Phyllyte IVF, Cerenia

PATIENT **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND THORAX**

Tonks Geier **Urinary System**

The urinary bladder is 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 2-3 cm, are normal.

SPECIES

Feline

BREED

American SH

The left kidney is small in size (2.38 cm in length) with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomdullary distinction. A small cortical cyst is observed at the caudal aspect. A cortical infarct is suspected at the caudal pole. A few nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal perfusion appears reduced.

SEX

Neutered Male

The right kidney is normal size (3.99 cm in length) with an irregular shape. The cortex is variably thickened. There is moderate loss of distinction. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

AGE

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Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

5.4 kg

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

IMAGING PERFORMED BY

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Spleen

The spleen is enlarged (1.54 cm in width at the level of the hilus) with swollen peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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Liver

The liver is normal to prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 1.12 cm hyperechoic to heterogenous, multiseptated, cystic nodule is observed deep on the left side. Intrahepatic biliary stones are visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

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The gall bladder is moderately distended. The wall is normal in thickness. A small amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

REFERRING VET

Shannon Graham

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral



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contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

PATIENT

Tonks Geier

Free Abdomen

A moderate amount of anechoic free fluid is present. The mesentery throughout the abdomen is hyperechoic. A 0.66 cm lymph node is observed in the right cranial quadrant.

SPECIES

Feline

Thorax

A moderate amount of anechoic pleural effusion is present. There is no evidence of pericardial effusion. A 1.15 cm heterogenous nodule is observed in the right cranial thorax. In the right hemithorax, irregular, nodular-appearing lung tissue is adhered to the surface of the pericardium.

BREED

American SH

ULTRASONOGRAPHIC FINDINGS: ABDOMEN

SEX

Neutered Male

Primary Findings

- The splenomegaly could be consistent with infiltrative neoplasia (i.e., round cell tumor) or a benign process (i.e., antigenic stimulation, splenitis, lymphoid hyperplasia, or extramedullary hematopoiesis)
- Moderate ascites. Differentials include increased vascular permeability (i.e., vasculitis), low oncotic pressure (if applicable), increased hydrostatic pressure, other.

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Secondary Findings

WEIGHT

5.4 kg

- Bilateral degenerative renal changes with nonobstructive nephrolithiasis and a suspected left cortical infarct.
- The mild hepatomegaly may be a normal variant for this large-breed cat. Alternatively, emerging neoplasia or other hepatopathy may be present. However, correlation with the patient's liver values is recommended. Intrahepatic biliary stones, likely incidentalThe cystic hepatic nodule is most consistent with a biliary cystadenoma, or less likely, biliary cystadenocarcinoma.
- 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 prominent lymph node in the right cranial quadrant is likely reactive. However, emerging neoplasia cannot be completely excluded.

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ULTRASONOGRAPHIC FINDINGS: THORAX

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- The abnormal-appearing lung tissue is more concerning for infiltrative neoplasia. However, atelectasis, inflammatory disease or other pulmonary pathology cannot be completely excluded.
- Pleural effusion
- Nodule in the cranial mediastinum. This may represent a focal neoplastic lesion, enlarged lymph nodes, other.

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*A fine-needle aspirate of the spleen was performed at the end of the study without incident.

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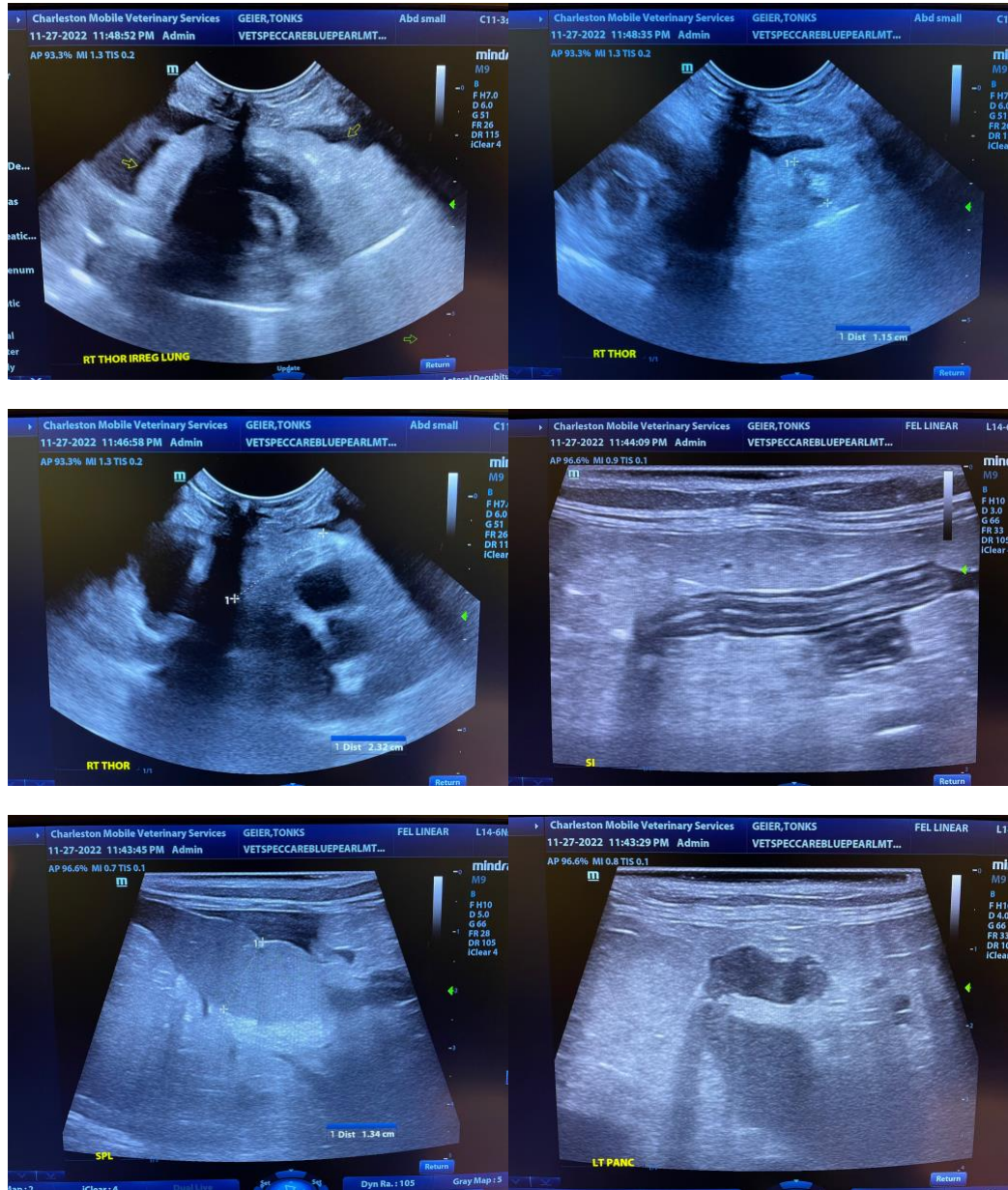
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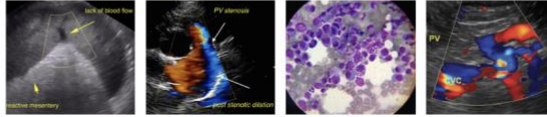
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the splenic tissue for cytology is recommended along with drainage of the pleural effusion and submission for fluid analysis and cytology. Depending on these results and the echocardiogram results, further diagnostics may be warranted.





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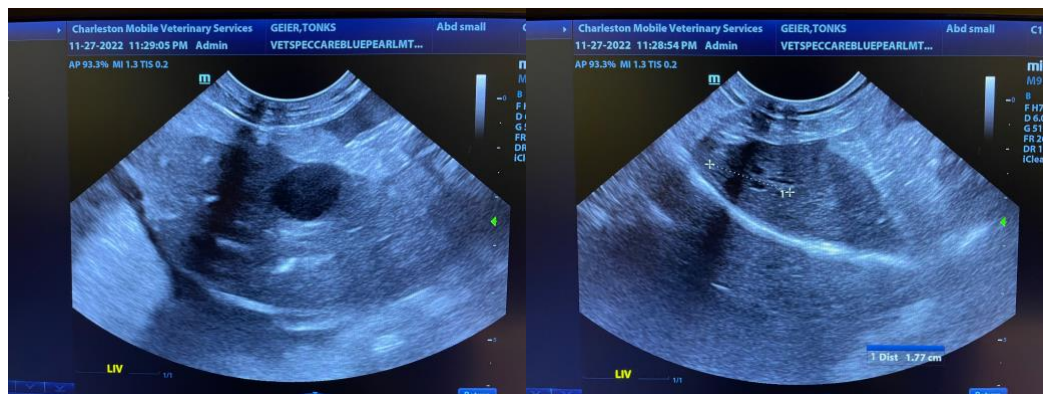
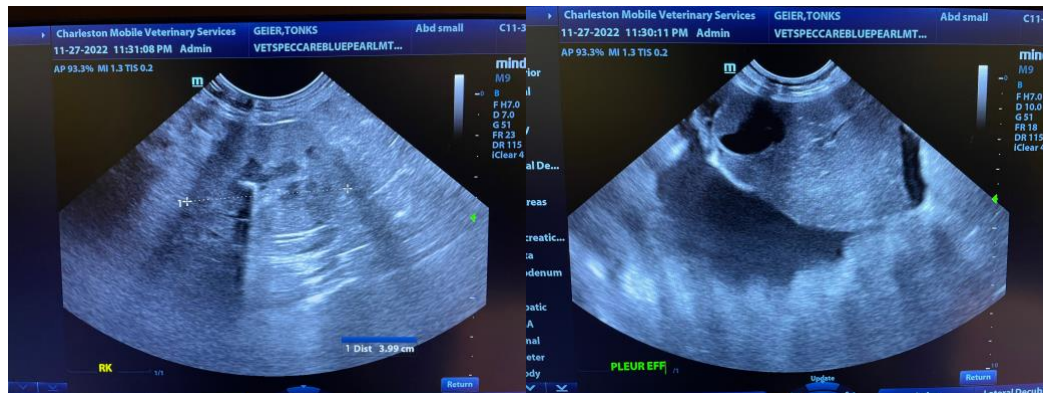
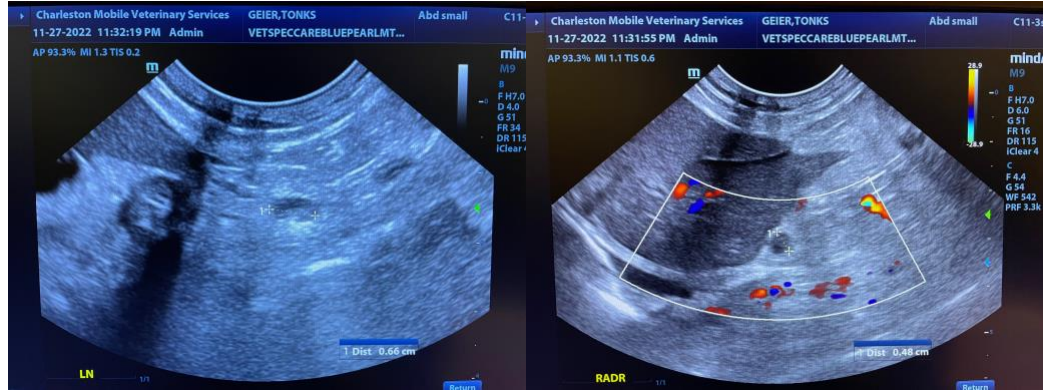
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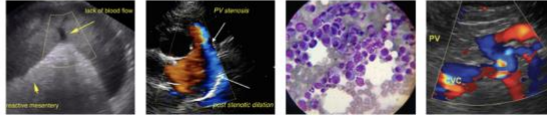
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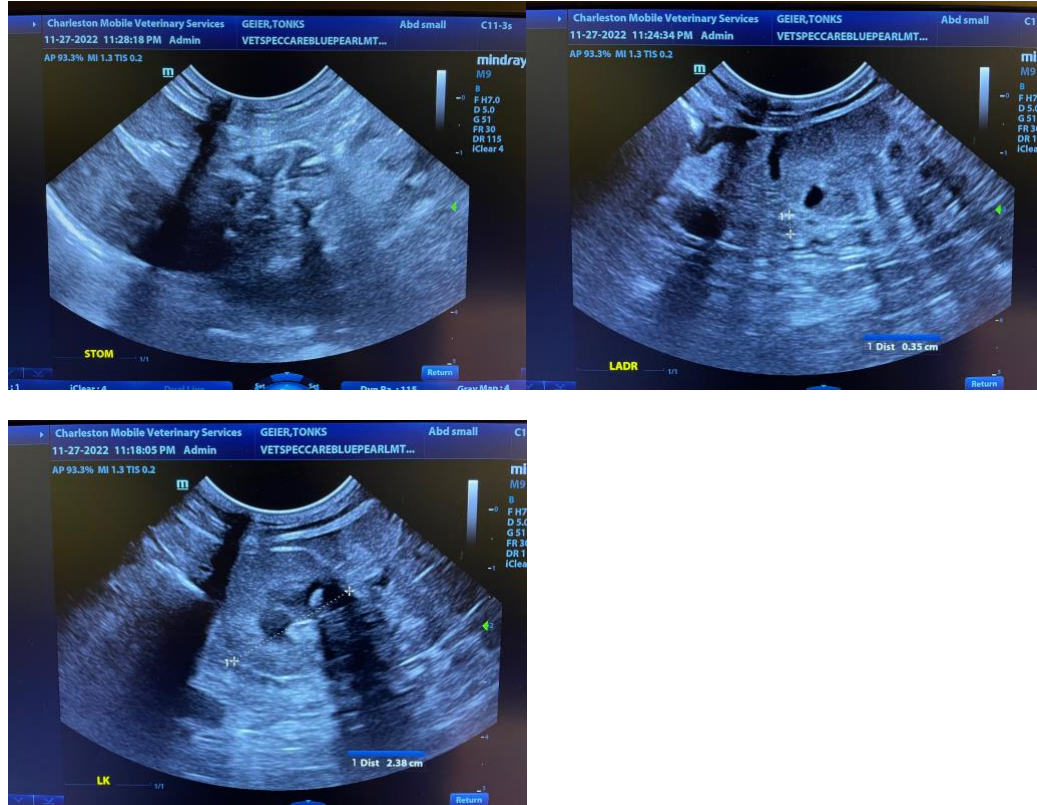
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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