



PATIENT

Seamus Burns

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

10.8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Hadley Harris

HOSPITAL NAME

Total Bond VH- Bethel

REFERRING VET

Dr. Peter Rowan

INVOICE

12609

DATE

11/29/21

PRESENTING CLINICAL SIGNS

History: Seamus is a 15yr old, MN, feline that presented 3 days ago for anorexia and vomiting. He lost about 1.5 pounds over the course of 3 months. Previously performed bloodwork indicates low grade kidney disease. On physical, Seamus had mild cachexia and discharge from the nose with sneezing. He was treated with Convenia and Cerenia. Two days ago, the O reports Seamus was doing better and not vomiting but still not eating. He was prescribed an appetite stimulant until we performed an ultrasound today. Bloodwork shows mild elevation in BUN at 38, elevated PSL, normal CBC and T4, USG 1.016 with trace proteinuria.

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 normal size (3.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. 2 small stones are observed within the renal pelvis, one measuring 0.41 cm and one measuring 0.44 cm in diameter. There is moderate pyelectasia (0.76 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis.

The right kidney is normal in size (4.24 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (1.05 cm length; 0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 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 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 normal in thickness. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The duodenal papilla is visible and normal in size (0.47 cm in width).



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Gastrointestinal

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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is heterogeneous in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic active pancreatitis with concurrent age-related remodeling/fibrosis.
- Bilateral age-related renal changes with left nephrolithiasis within the renal pelvis and pyelectasia and right dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's weight loss, consider the following:
 1. GI panel including serum cobalamin, folate, TLI and PLI
 2. A fecal evaluation for ova/Giardia
 3. Three-view thoracic radiographs to assess for occult neoplasia in the chest.
 4. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- Given the left renal changes, a urine culture and sensitivity is recommended.
- While awaiting test results, supportive care for gastroenteritis/pancreatitis is recommended.



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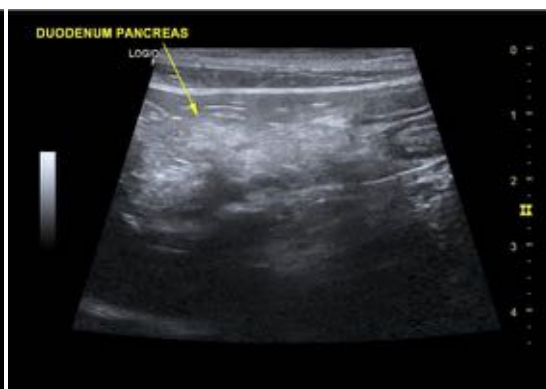
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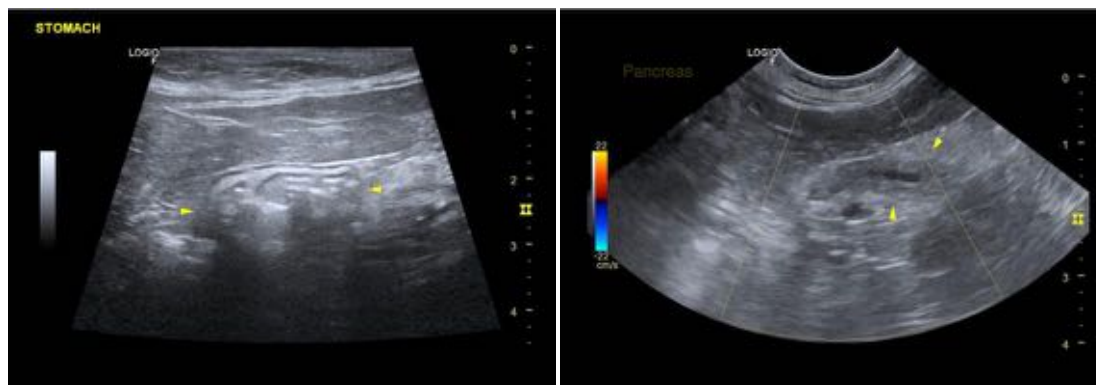
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com

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