



PATIENT

Kitty Mitchell

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

12 yrs.

WEIGHT

4.33 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Delamaide

INVOICE

14288

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Kitty presented to the MVS Emergency Service on Nov 28, 2022, at 8:25pm, for evaluation of Ataxia and Vomiting. Over the last couple days, Kitty has been vomiting multiple times bile or clear liquid. Kitty vomited early this morning, after vomiting Kitty was extremely lethargic and wobbly. Kitty has been having trouble walking since and has been leaning against walls for support. Owner did notice that he did defecate a small amount of hard poop. Kitty was evaluated this morning at VCA and her hind leg pulses were weak and her rectal temperature was cold. An enema was done which produced hard stools and Kitty was sent home. Once arriving home, Kitty was still wobbly and unwilling to walk. Owner contacted the veterinarian who said that while at the clinic he was walking normally. Kitty has been eating and drinking normally, but has not been offered food today. 1 week ago, Kitty was given the last doses of ear medication for an ear infection and was also given the last dose of Mirtazapine for appetite stimulation. Kitty does have a previous history of weight loss and last year enlarged lymph nodes were found on ultrasound, Prednisone has been giving to patient since. When weaning off the steroid he lost more weight. O is also concerned that a growth on the right back near the hind limb has grown and is unsure if it is related. Kitty also has a history of constipation.

Abnormal PE/Chem/CBC/UA Results: EENT: Nuclear sclerosis OU; moderate brown/black ceruminous debris present AU, did not allow for assessment of tympanic membrane; no oral lesions; upper airway congestion with crusted discharge on both nares Neurological: Alert and appropriate; no CN deficits; CP- intact x4; ataxic with a wide base stance; falls to the right; rotary nystagmus noted when placed on back Ear Cytology: Cocci 1+ Yeast 2+ AU

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.01 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is observed throughout the organ. A 0.40 cm hypoechoic nodule is observed just caudal to the hilus. Splenic vasculature is normal.



PATIENT

Liver

Kitty Mitchell

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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.30 cm in width).

SPECIES

Feline

BREED

Domestic shorthair

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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

SEX

Male, neutered

Pancreas

The right limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is mildly hyperechoic relative to surrounding omental fat and heterogeneous in appearance. A 0.48 cm hypoechoic nodule is observed adjacent to the duodenum. It appears to be arising from pancreatic parenchyma (vs duodenal wall). The pancreatic duct is not overtly dilated.

AGE

12 yrs.

WEIGHT

4.33 kg.

Free Abdomen

There is no obvious evidence of free fluid. A 1.70 cm right inguinal lymph node is visualized. A few prominent mesenteric lymph nodes are also seen, the largest measuring 2.77 cm in length. A few prominent nodes are observed at the ileocecolic junction, the largest measuring 0.43 cm in length. Surrounding mesentery is mildly hyperechoic.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Tom McNeill

Primary Findings:

- An obvious cause for the patient's neurologic signs is not identified in this study. Considerations include primary nervous system disease (i.e., vestibular issue (i.e., secondary to ear infection), brain tumor, stroke), vs underlying metabolic issue (i.e., systemic hypertension).

HOSPITAL NAME

SVS Imaging

Secondary Findings:

- Bilateral, chronic, age-related renal changes.
- The diffuse splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia. The hypoechoic splenic nodule could be consistent with an emerging tumor or a benign lesion.
- The pancreatic changes are most consistent with age-related remodeling +/- fibrosis. Mild chronic pancreatitis is also possible, particularly if this diagnosis fits with the patient's clinical history. The parenchymal nodule adjacent to the duodenum is suspected to be a benign hyperplastic pancreatic nodule with a lower possibility of a neoplastic process.

REFERRING VET

Dr. Delamaide

INVOICE

14288

DATE

11/29/22



PATIENT

Kitty Mitchell

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- A baseline blood pressure should be obtained to assess for systemic hypertension.
- Depending on the results of the above diagnostics, referral to a board certified neurologist may be warranted. In the meantime, symptomatic care for the patient's ear infection is recommended.

BREED

Domestic shorthair

SEX

Male, neutered

AGE

12 yrs.

WEIGHT

4.33 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging

REFERRING VET

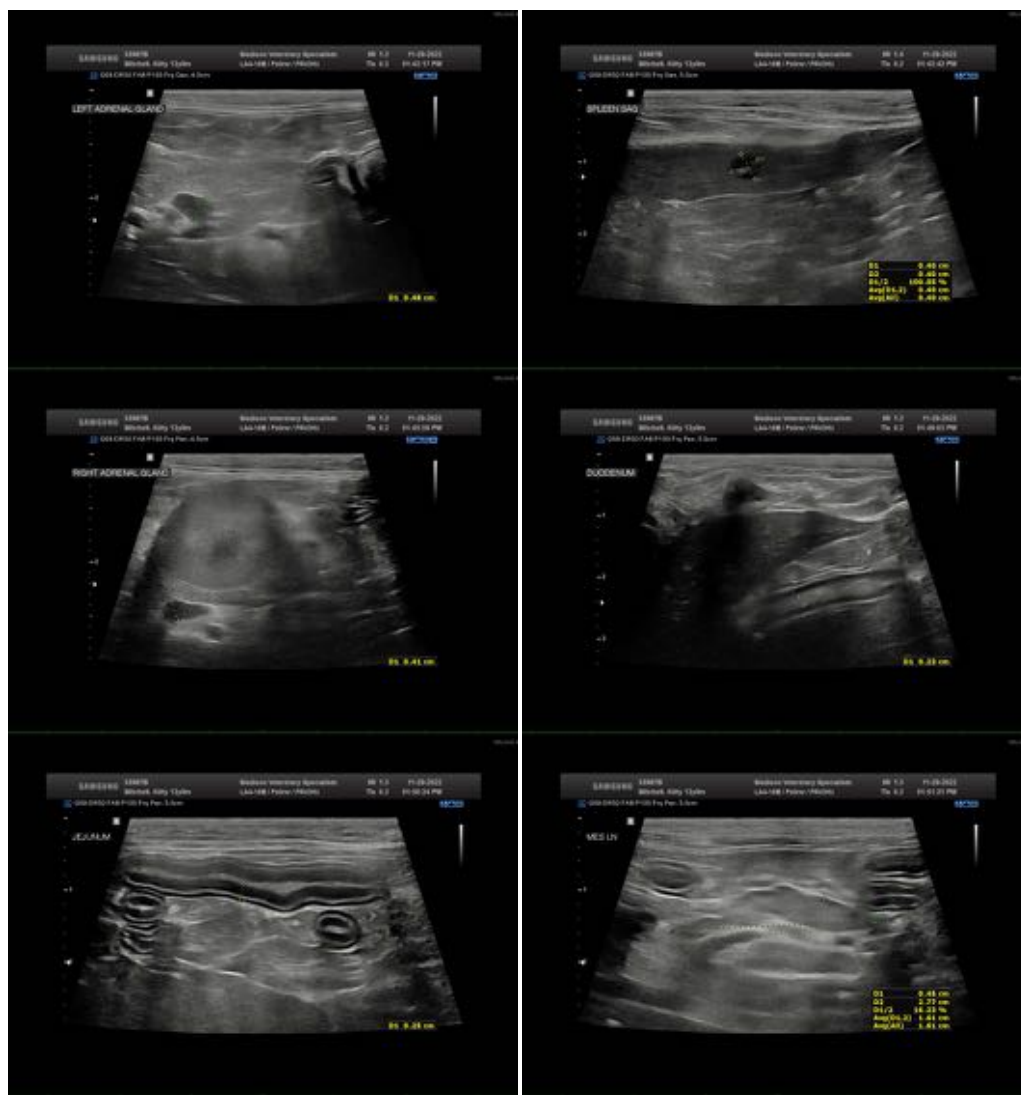
Dr. Delamaide

INVOICE

14288

DATE

11/29/22





PATIENT

Kitty Mitchell

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

12 yrs.

WEIGHT

4.33 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging

REFERRING VET

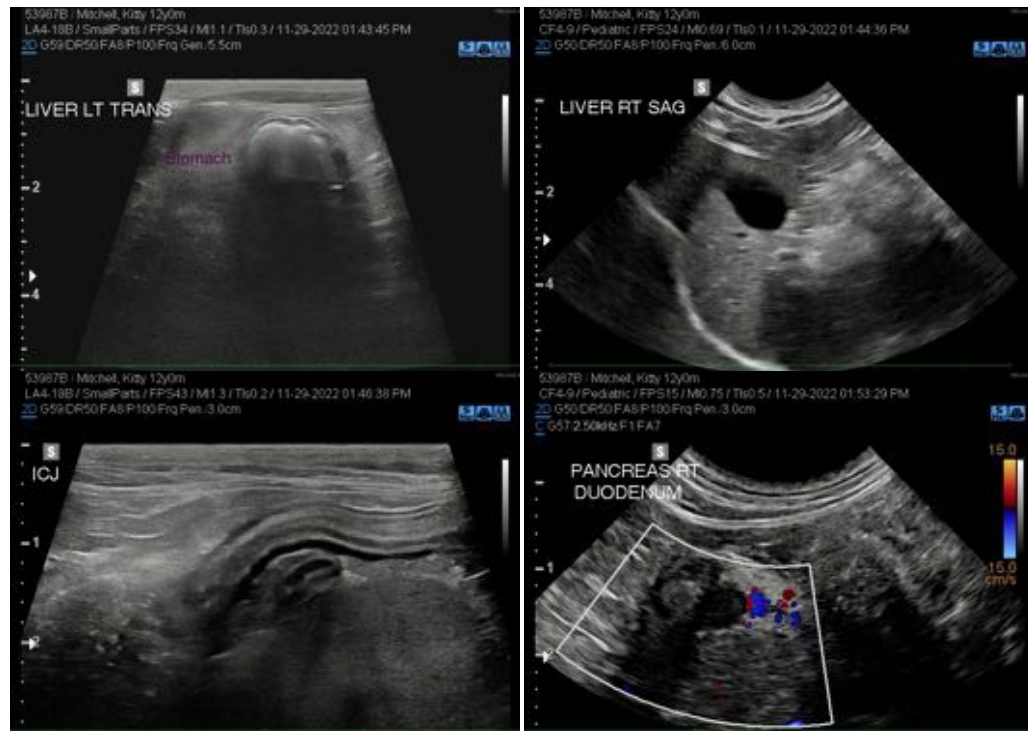
Dr. Delamaide

INVOICE

14288

DATE

11/29/22



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com