



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Pixel Carlin

SPECIES
Feline

History/S: No E/D 48hr. Hiding under bed. No eliminations in litterbox since being cleaned last night. Vomited foam this morning. Mostly indoor, occ. in fenced yard. O saw a little stool yesterday morning. Feeds Purina Proplan for sensitive skin, gives Brewer's yeast and brushes her for dandruff. (Was adopted as adult stray, actual age not known)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

DSH

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. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Intact Female

The **left kidney** is normal size (3.98 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

2 years

The **right kidney** is normal size (3.99 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is a questionable infarct at the craniomedial aspect. There is no evidence of pyelectasia, nephroliths or hydroureter.

WEIGHT
Adrenal Glands

7.4 kg

The **left adrenal gland** is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The **spleen** is prominent in size (1.12 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Dr. Callihan
Animal Emerg Care

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.

HOSPITAL NAME

Animal Emerg Care

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET
Gastrointestinal

Dr. Johnson
Animal Emerg Care

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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

INVOICE

11980

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11.7.22



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Pancreas

The left limb of the **pancreas** is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent **lymph nodes** are observed adjacent to ileocecolic junction and at the mesenteric root, the largest measuring 1.47 cm in length. A 0.47 cm gastric lymph node is also seen. The nodes are normal in shape and echogenicity. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Findings

- Bilateral, age-related renal changes with a questionable right cortical infarct
- The mild splenomegaly may be a normal variant for this patient for this large breed cat. Alternatively, a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar) may be present. Neoplasia is possible but considered less likely.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include underlying metabolic issue, primary gastrointestinal disease, neurologic or orthopedic issue, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline lab work, including a CBC and chemistry panel, is recommended, if not already performed.

Three-view thoracic radiographs are recommended to assess for occult disease in the chest.

Also consider a fecal evaluation for ova and Giardia as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI/

Orthopedic and neurologic evaluations are recommended to assess for nonmetabolic causes of the patient's clinical signs.



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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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