



**PATIENT PRESENTING CLINICAL SIGNS**

Oscar Edwards History: Hx of progressive weight loss, lethargy, vomiting, soft stools; inappropriate urination/defecation. Difficulty eating dry food; will only eat canned food.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Thin BCS w/ moderate MCS atrophy, otherwise NSF on PE - no significant dental disease. BW: CBC: UR Chem: ALB (4.0), ALT (126), BUN (23), Crea (1.8) T4: (1.7) UA: USG = 1.027 trace proteinuria IS  
Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**SEX**

Neutered Male

**AGE**

14 years

The left kidney is normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few nonobstructive nephroliths are visualized. Trace pyelectasia is present (0.11 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

7.8 lbs

The right kidney is normal size (4.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present (0.17 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Jessica Bailes

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

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VC, Corvallis, OR

**Spleen**

The spleen is normal in size (0.65 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.

**REFERRING VET**

Beth Marszewski

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

11940

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/not seen.

**DATE**

12.1.22

**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



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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**SPECIES**

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**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**BREED**

DSH

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral chronic age-related renal changes with nonobstructive nephrolithiasis and trace pyelectasia

**AGE**

14 years

\*An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

**WEIGHT**

7.8 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the GI signs, consider the following:
  1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
  2. Fecal evaluation for ova and Giardia
  3. Limited antigen or hydrolyzed protein diet
  4. Initiation of probiotic and fiber supplement
  5. GI biopsies (endoscopic or surgical) may be necessary to get a definitive diagnosis.
- Regarding the borderline azotemia, consider the following:
  1. Urine culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)
  3. Baseline blood pressure measurement
- Given the patient's age and progressive weight loss, thoracic radiographs are recommended to assess for occult neoplasia.
- If the patient's caloric intake is inadequate, nutritional support (i.e., via temporary feeding tube) should be considered.

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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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