

PATIENT PRESENTING CLINICAL SIGNS

Spike Wolf History: Progressive weakness and lethargy past 8 weeks. Normal appetite, normal stools, no vomiting. Owner reports unknown drinking and urination. No medical history, not on any medications. Weighed 8lbs in 2016, 3lbs today.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BCS 1-2/9, Temp 93.2, HR 190, RR 42, CRT 1 sec. Palpable enlarged thyroid left ventral neck. CBC: Hct 39.3%, RDW 27.7% (H), WBC 7.71, Neut 7.16, Lym 0.41 (L), Eos 0.08 (L). Chem: Glu 25 (L), Creat 1.1, BUN 93 (H), >Phos 16.1 (H), ALT 372 (H), GGT 10 (H), Chol 244 (H), Amyl >2500 (H), Lipa 2243 (H), Na 167 (H), K 2.8 (L), SDMA 24 (H), TT4 5.7 (H)

BREED

Siamese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant 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 2 cm, are normal.

AGE

16 Years

The left kidney is normal in size (3.38 cm in length); with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Foci of mineralization are observed and appear non-obstructive. Severe pyelectasia/hydronephrosis is present (1.13 cm) in the longitudinal plane. The proximal ureter is dilated (0.24 cm in diameter). Renal vasculature is normal.

WEIGHT

3 Pounds 2 Ounces

INTERPRETED BY

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

The right kidney is normal in size (3.79 cm in length); with a normal shape and smooth peripheral contours. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Foci of mineralization are observed and appear nonobstructive. Moderate pyelectasia is present (0.76 cm) in the longitudinal plane. The right proximal ureter is mildly dilated (0.19 cm).

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

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

HOSPITAL NAME

Donner Truckee VH

Spleen

The spleen is normal in size (0.69 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

Dr. Jenn Anderle

Liver

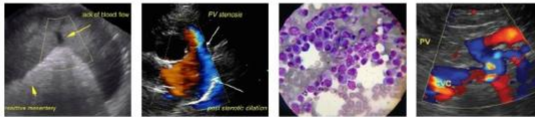
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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DATE

12/11/21



PATIENT Spike Wolf
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen, some of which is gravity dependent and some of which is adhered to the luminal wall. The cystic and common bile ducts are normal/not seen.

SPECIES *Gastrointestinal*

Feline
The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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. No obstructive disease is noted.

BREED Siamese
Pancreas

SEX Spayed Female

The left limb of the pancreas is visible 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.

AGE 16 Years

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

WEIGHT 3 Pounds 2 Ounces

Cervical

A 1.38 cm x 0.56 cm hypoechoic to heterogeneous nodule is observed in the left thyroid lobe in the sagittal view. The nodule measures 1.19 cm x 1.10 cm in the transverse view. The right thyroid gland is normal. No obvious pathology is observed.

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Other

A brief echocardiogram (no charge) reveals suspected trace pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

- Bilateral moderate to severe pyelectasia/hydronephrosis with bilateral proximal hydroureters. Differentials include bilateral ureteral strictures, stones or tumors, bilateral pyelonephritis, other. Bilateral age-related renal changes are also present as well as bilateral nephroliths, which appear nonobstructive.
- The trace pericardial effusion may be secondary to systemic inflammatory disease, underlying cardiac disease, other.

Loetitia Saint-Jacques, RVT

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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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Cervical Findings

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- Left thyroid nodule. Differentials include hyperplasia, adenoma or less likely, adenocarcinoma.



PATIENT

Spike Wolf

*An obvious cause for the patient's progressive weakness in lethargy is not definitively identified in the study. Possible contributing factors include hypoglycemia and hypokalemia.

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AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three view thoracic radiographs are recommended to assess for occult disease in the chest.
- Regarding the hypoglycemia, pre-and postprandial serum bile acids are recommended to assess hepatic function. Also consider a insulin to glucose ratio.
- Correction of metabolic derangements is strongly recommended.
- A thorough neurologic exam should also be performed.
- If the patient stabilizes, treatment for hyperthyroidism (i.e., methimazole or I-31) should be considered.
- Regarding the bilateral renal changes, a urine culture and sensitivity is recommended.





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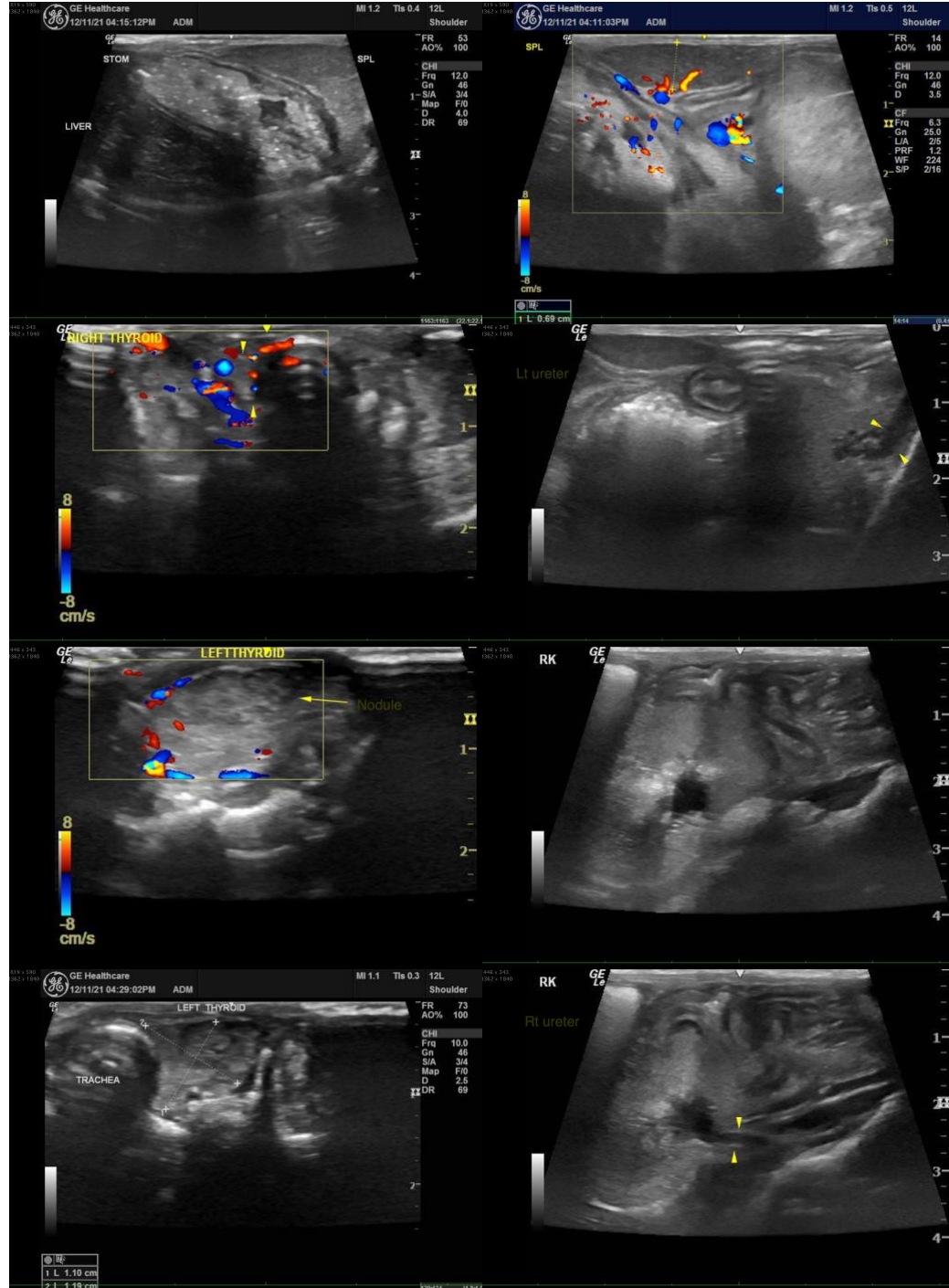
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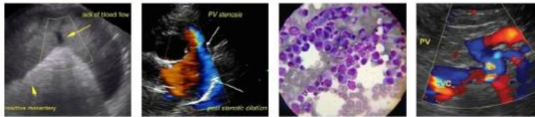
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT 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.

Spike Wolf

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

SPECIES

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SEX

Spayed Female

AGE

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