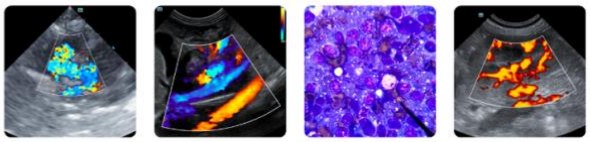


PATIENT

Pepper Schwalbe

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

20

WEIGHT

4.06 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

22239

DATE

12-11-25

PRESENTING CLINICAL SIGNS

History: Approximately 2 weeks of progressive ataxia with progressive weight loss (1 week)
Abnormal PE/Chem/CBC/UA Results: Oral Cavity: light pink/tacky, CRT <2s, Halitosis; Cardiovascular: grade IV/VI HM Respiratory: increased BV sounds Abdominal: painful on abdominal palpation; protective, unable to thoroughly palpate due to protecting Integument: unkept haircoat, cyst/sebaceous gland adenoma like masses all over Musculoskeletal: generalized cachexia, dropped hocks, wide gait, mild ataxia, decreased ROM EPOC: Na (145) Cl (132) BUN >120 Creatinine (11.57) Glucose (149) HCT (25) CHEM: BUN (>130) Creat (failed) Phosphorus (14.6) CBC: Non-regenerative anemia, Neutrophils (11.73) Monocytes (0.81) T4: WNL U/A: 1.016 pH 6 WNL
Radiographs: cardiomegaly, bilateral small kidneys, right sided nephrolithiasis, reduced serosal detail with skin/subcutaneous nodular pathology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.28 cm in length) with a relatively normal shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (2.17 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Moderate-to-severe pyelectasia is present (0.56 cm in the longitudinal plane). A scant amount of echogenic debris is observed within the renal pelvis. Hyperechoic shadowing diverticular foci are visualized. There are questionable cortical infarcts. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is not definitively visualized in the available images.

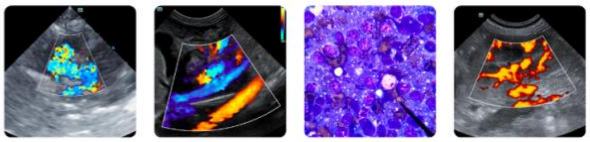
Spleen

The spleen is normal in size (0.82 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled, bordering on nodular in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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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. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Lymph Nodes

The abdominal lymph nodes are not definitively visualized in the available images.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic-to-heterogenous in appearance. Several, varying-sized hypoechoic-to-cystic nodules are observed within the mesentery (one of the larger lesions measuring 1.03 cm in its longest dimension). There is questionable scant ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral non-specific chronic renal changes with pyelectasia (more pronounced in the right kidney) and right dystrophic mineralization. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof.
- The diffuse mesenteric changes are concerning for infiltrative neoplasia (i.e., carcinomatosis). However, reactive change cannot be excluded.

Secondary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long term clinical history is recommended.
- The hepatic parenchymal changes are nonspecific and could be secondary to age-related parenchymal remodeling, infiltrative neoplasia, inflammatory disease, and/or other hepatopathy.
- Regarding the mesenteric changes, consider the following:

    1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
    2. Aspiration of a mesenteric nodule (if accessible, and if clotting status is appropriate). A 25-gauge needle should be used. Depending on the results, consultation with a board-certified oncologist may be indicated.

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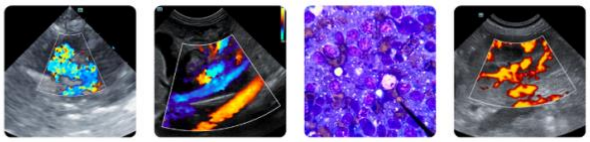

Clinical Sonography & Telecytology
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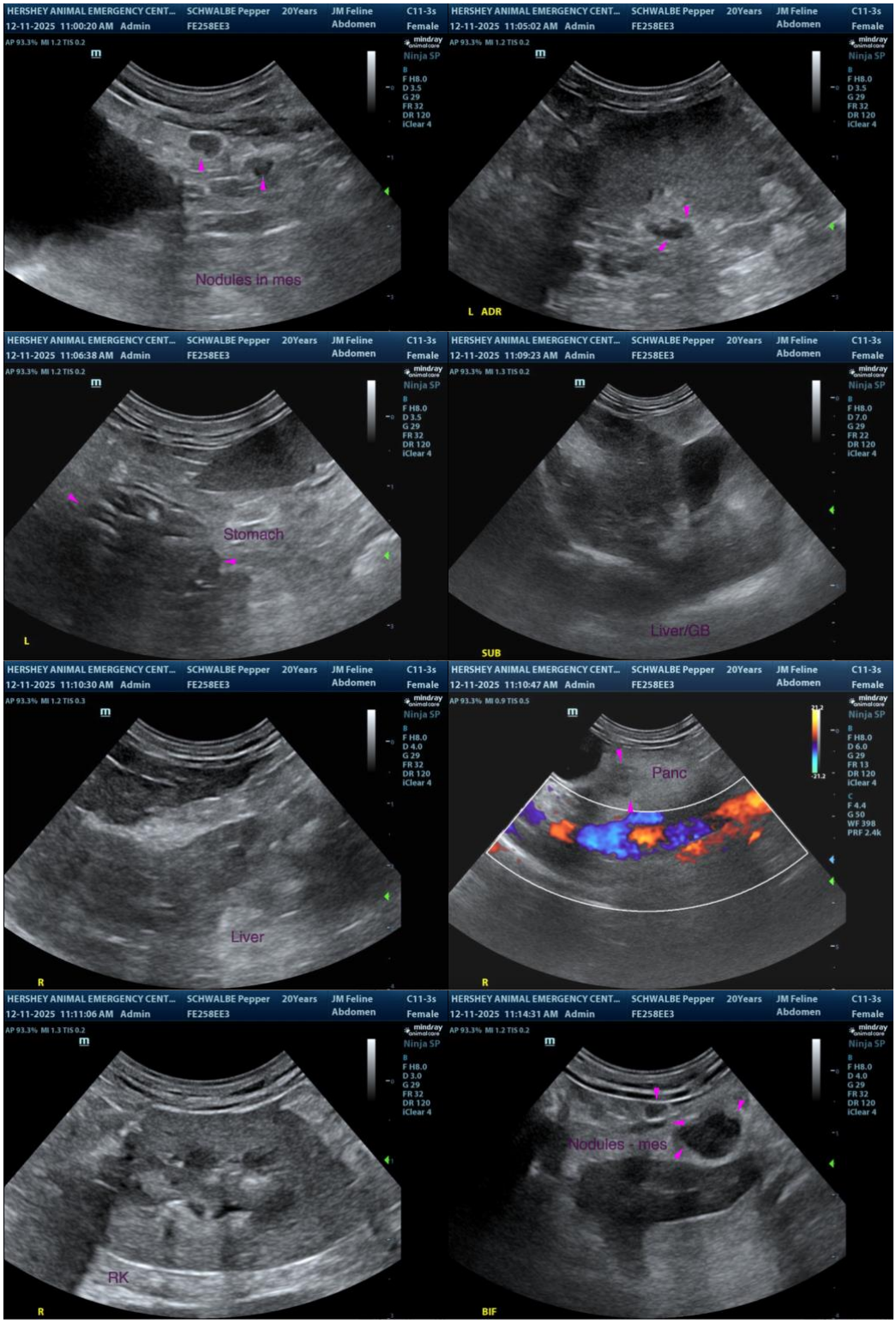
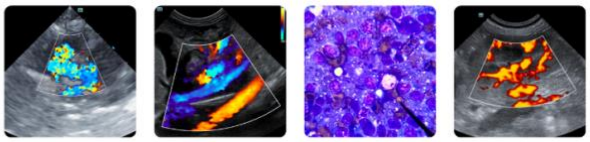


The information and recommendations provided are based on the images presented by the referring



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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