



PATIENT

Merlin Leslie

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

15 years

WEIGHT

5.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Callihan/Animal
Emergency Care

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Baker/Animal
Emergency Care

INVOICE

11872

DATE

12.19.22

PRESENTING CLINICAL SIGNS

History: acute onset ataxia this morning, wobbly head. Has recent history of mild elev spec fPL but normal labs otherwise. Owners take beta blockers and Seroquel but no history of missing meds
Really fractious

Abnormal PE/Chem/CBC/UA Results: Hypophosphatemia (1.7). Hypokalemia (3.1)
Anemia (HCT 22% automated; manual PCV/TP 27/7.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal size (3.69 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

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

Spleen

The spleen is normal in size (0.70 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 isoechoic to hyperechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is 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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.



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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

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- Bilateral nonspecific age-related renal changes
- Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, benign age-related change, or other hepatopathy.

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary neurologic disease (i.e., tumor, cerebral vascular accident), underlying metabolic issue, toxicity, hepatic encephalopathy, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Thoracic radiographs are recommended to assess for occult disease in the chest, if not already performed.
- A baseline blood pressure measurement should also be considered to evaluate for systemic hypertension.
- T4/free T4 by equilibrium dialysis
- Also consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction.
- Depending on the results of the above diagnostics, a consultation with a board-certified neurologist may be warranted.
- Regarding the anemia, a CBC with reticulocyte count is also recommended.

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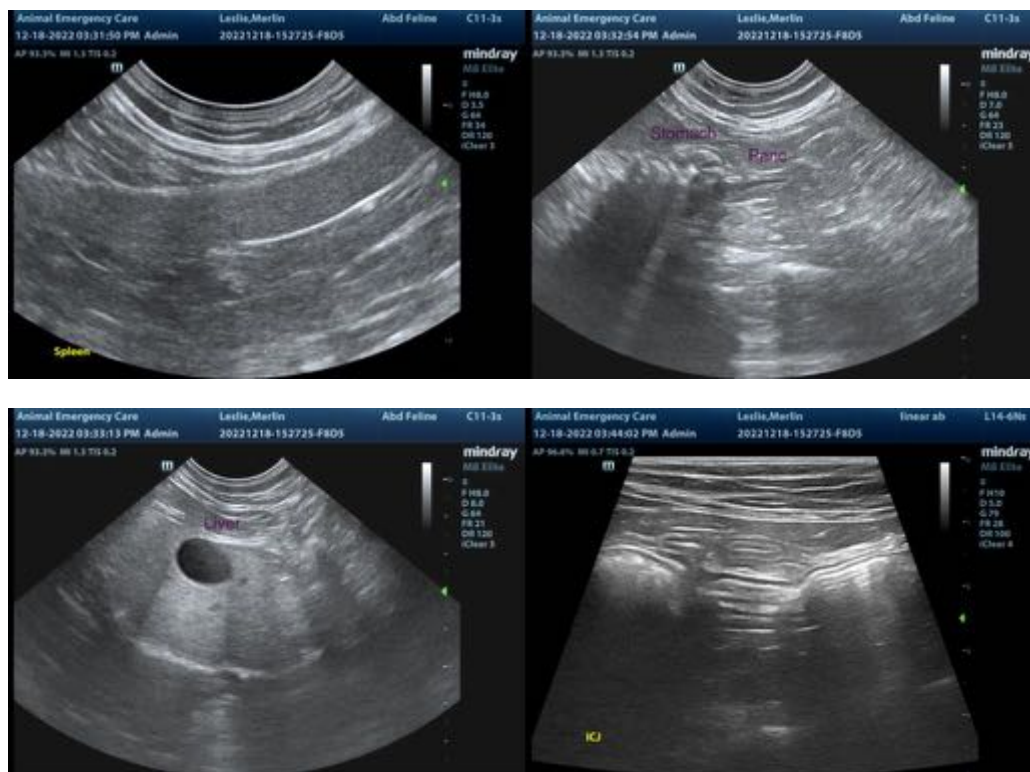
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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