



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Butters Nagy  
History: chronic intermittent hx of vomiting - no worse. Acute onset significant weight loss. Has always urinated a lot - stable.

**SPECIES**  
Feline  
Abnormal PE/Chem/CBC/UA Results: Significant weight loss w/ moderate MCS atrophy dorsum. Well hydrated. Possible enlarged thyroid. BW/UA: CHEM: increased ALT (106), increased BUN (45); creat = 0.9; increased CHOL (283) CBC: WNL TT4: High normal @ 3.7 AU: USG = 1.027; 2+ proteinuria (UPC elevated @ 2.7); 3+ blood; otherwise IS Last BW was done in 2019 - WNL.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
DSH  
**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 suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Neutered Male

**AGE**

8 years

The left kidney is normal size (3.90 cm in length) with a slightly irregular shape. The cortex is severely thickened with numerous infarcts visualized. There is loss of normal renal medullary architecture. There is poor corticomedullary distinction. Focus of mineralization are observed near the renal pelvis. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**WEIGHT**

11.5 lbs

The right kidney is borderline enlarged (4.44 cm in length) with a slightly irregular shape. The cortex is diffusely thickened and hyperechoic, with poor corticomedullary distinction. A cortical infarct is suspected at the cranial pole. A focus of mineralization is observed in the region of the renal pelvis. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal size (0.38 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 (0.31 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.83 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.

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VC, Corvallis, OR

**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.

**REFERRING VET**

Dr. Jessica Bailes

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is suspended within the lumen. 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 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 right 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.

**BREED**

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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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**Primary Findings**

- The bilateral renal changes could be consistent with chronic interstitial nephrosis/nephritis, or potentially, emerging neoplasia (i.e., lymphoma). Bilateral cortical infarcts and nephrolithiasis are also present.

**AGE**

8 years

**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.

**WEIGHT**

11.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the renal changes, consider the following:
  - Urine culture and sensitivity
  - Baseline blood pressure measurement
  - Fine needle aspirate, if clotting status and blood pressure are normal. A 25-gauge needle should be used.
  - Given the proteinuria, consider initiation of an ace inhibitor and/or an angiotensin receptor blocker (i.e, telmisartan)
- Given the weight loss, consider the following:
  - Three-view thoracic radiographs to assess for occult neoplasia
  - GI panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption, as well as underlying pancreatitis
  - T4/free T4 by equilibrium dialysis to further evaluate for hyperthyroidism

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Diplomate ACVIM (*Small Animal Internal Medicine*)

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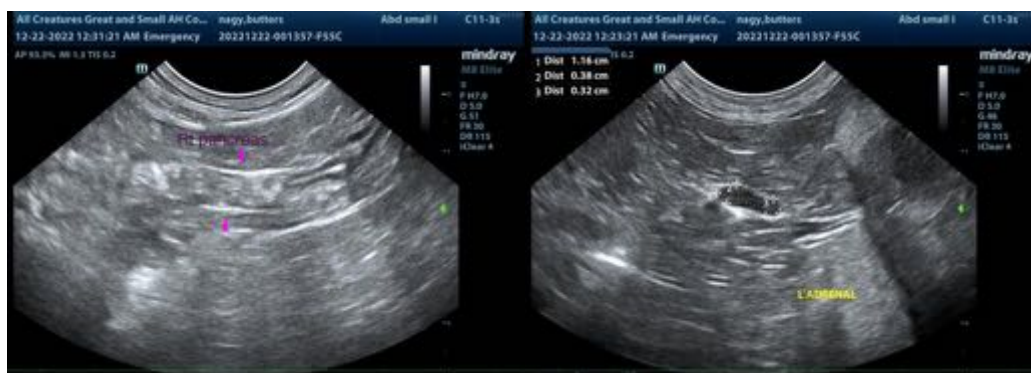
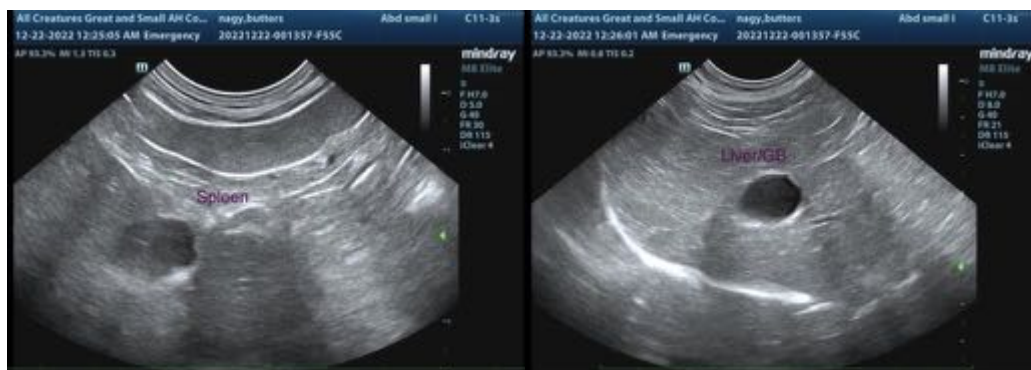
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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