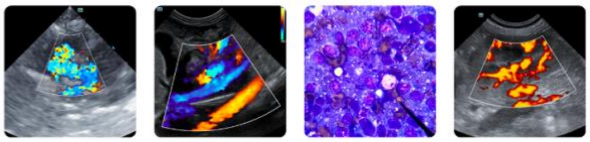


PATIENT

Prissy Mathias

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island Vet Svc

REFERRING VET

Brackett

INVOICE

22313

DATE

12-22-25

PRESENTING CLINICAL SIGNS

History: Anorexia x 3 days
Abnormal PE/Chem/CBC/UA Results: CBC: WNL- no clinical concern Chemistry: TP 9.0 g/dL (H), GLOB 5.5 g/dL (H) USG: 1.050 Courtesy POCUS: no pleural/pericardial/peritoneal effusion FeLV/FIV Snap: negative Severe dental disease

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.63 cm in length) with a normal shape, architecture and smooth peripheralmargins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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.

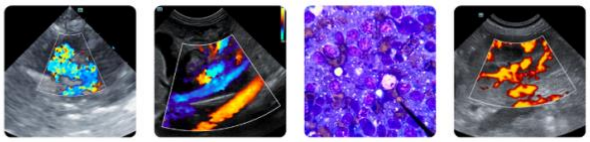
Liver

The liver is prominent-in-size, with swollen peripheral contours. A 0.96 x 0.49 cm ill-defined hypoechoic nodule is observed at the caudal aspect, left- to mid-liver. The remaining parenchyma is isoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary stones are present. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic-to-mineralized debris/sand, +/- tiny choleliths is observed within the lumen. The cystic and common bile ducts are normal

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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas
The left limb is visible/prominent, with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. The pancreatic duct is dilated (up to 0.50 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with chronic pancreatitis with age-related parenchymal remodeling.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or, less likely, small cell lymphoma. Normal variation is also possible. Correlation with the patient's long-term clinical history is recommended.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy. Intrahepatic biliary stones, likely a benign incidental finding. The hypoechoic hepatic nodule could be consistent with a benign process (i.e., inflammatory focus, other). Alternatively, an emerging tumor is possible, although considered less likely.
- Gallbladder debris/sand, +/- tiny, nonobstructive cholelith

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hyperglobulinemia, consider the following:
  1. Serum protein electrophoresis
  2. Three-view thoracic radiographs to assess for occult pathology in the chest
  3. Feline leukemia, FIV, and FIP testing if not already performed
  4. +/- bone marrow aspirate, if indicated
- Regarding the patient's anorexia, also consider the following:
  1. GI panel including serum cobalamin and folate, TLI and PLI, as well as a fecal evaluation for ova and Giardia
  2. Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be indicated.
  3. In the meantime, symptomatic care is recommended.

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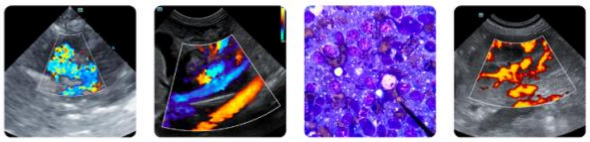

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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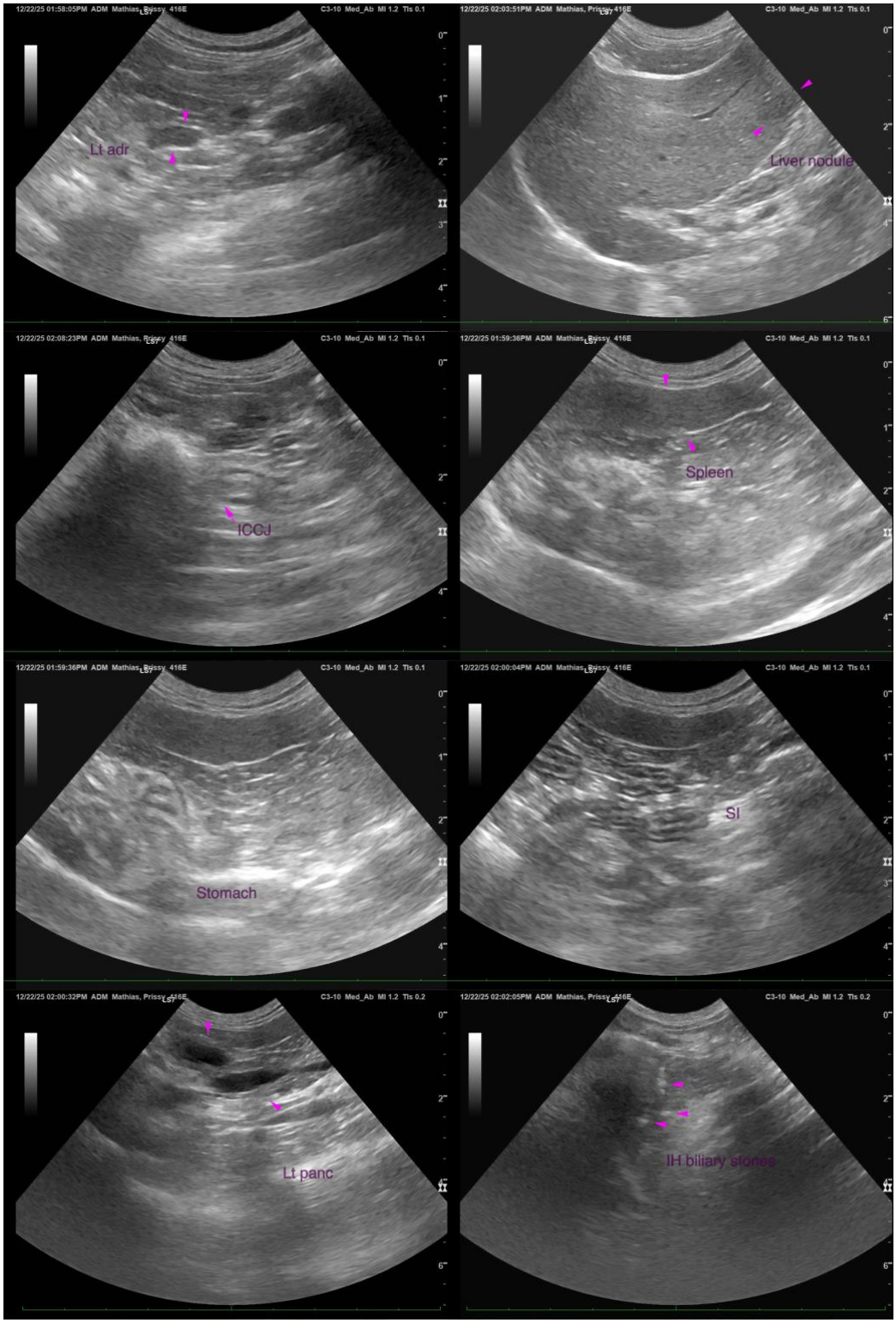

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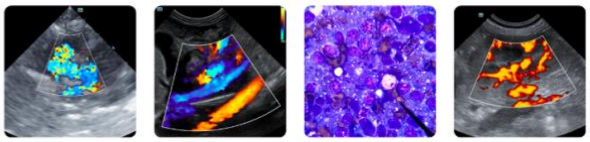

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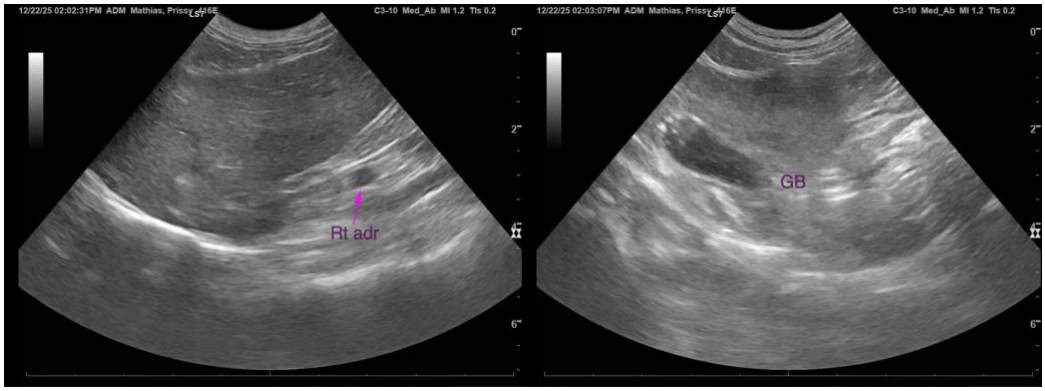

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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