

PATIENT

Sadie Goodwin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11.4.2013

WEIGHT

12.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Kline

INVOICE

11980

DATE

12.30.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: elevated iCa
Abnormal lab-work values: iCa: 1.49 mmol/L. AST: 55 U/L
Current Medications: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi are observed within the lumen, along with some suspended echogenic debris. The region of the trigone and the proximal urethra (visible to a depth of 2-3 cm) urethra are normal.

The left kidney is normal size (3.49 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.51 cm in length) with a normal shape, architecture and smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.72 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.

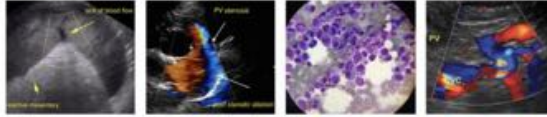
Liver

The liver is subjectively normal in size with normal 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.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen. The portal vein to caudal vena cava ratio is approximately 1:1.

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 detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discrete masses are not identified. The ileocecal colic junction and colonic wall is normal. No obstructive disease is noted.



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Pancreas

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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

Feline

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Spayed Female

- Cystic calculi. Given the history of hypercalcemia, calcium oxalate urolithiasis is favored.
- Bowel pattern consistent with inflammatory bowel disease, with some potential for emerging lymphoma
- Mild bilateral age-related renal changes

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*An obvious cause for the patient's hypercalcemia is not definitively identified in this study. Considerations include primary hyperparathyroidism, occult neoplasia, idiopathic hypercalcemia, excess calcium intake, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A PTH/PTHrP is recommended.
- Also consider vitamin D levels, particularly if excess calcium consumption is suspected.
- Regarding the cystic calculi, a cystotomy with stone removal, analysis and culture is recommended. An attempt at medical dissolution, can be considered, but may be ineffective, particularly if calcium oxalate stones are present.

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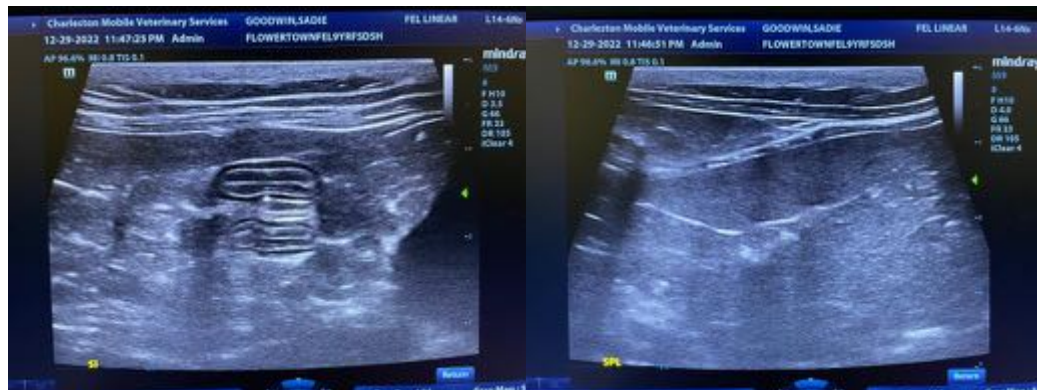
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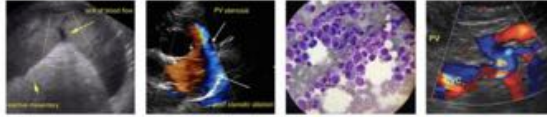
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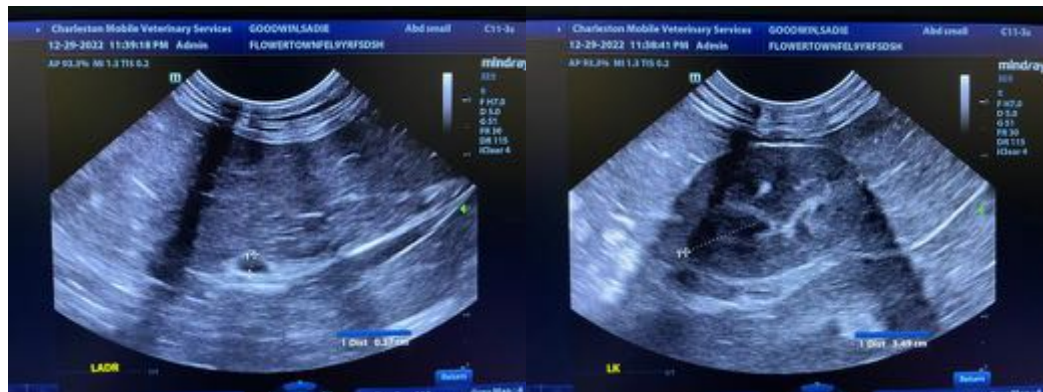
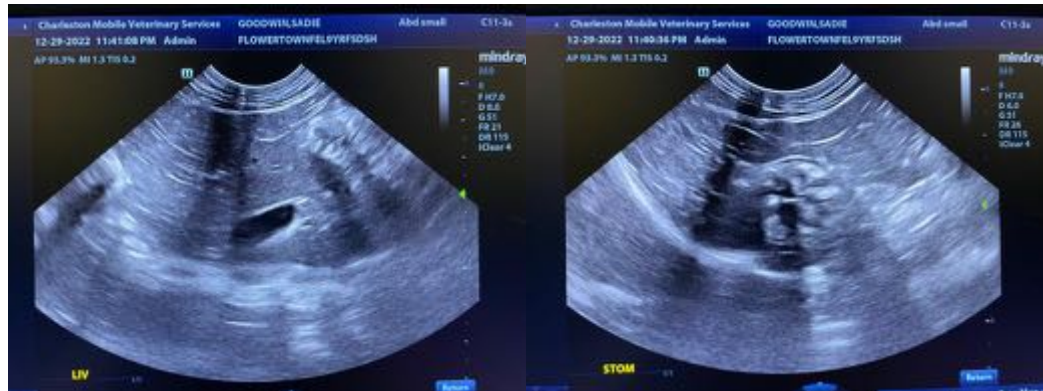
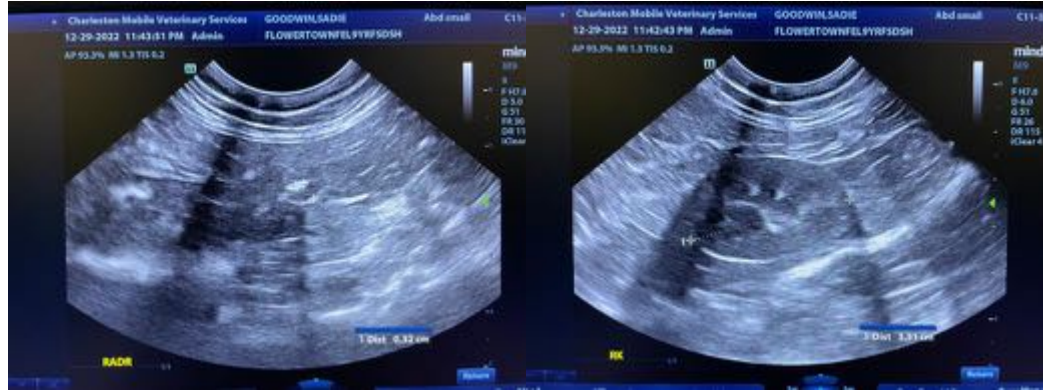
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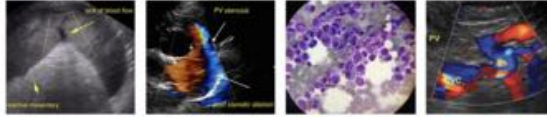
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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