



PATIENT

Goliath Checke

PRESENTING CLINICAL SIGNS

Not eating on own since Christmas - drinking tons of water and urinating a lot
Abnormal PE/Chem/CBC/UA Results: unremarkable

SPECIES

Feline

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 small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

BREED

DSH

The left kidney presented normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.42 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

SEX

Neutered Male

AGE

12 Years

The right kidney is small in size (2.63 cm in length) with an irregular shape. The cortex is variably thickened, and there is poor corticomedullary distinction. At least two non-obstructive nephroliths are visualized, obscuring a portion of the medullary architecture. There is no evidence of pyelectasia or hydroureter.

WEIGHT

6.9 Pounds

Adrenal Glands

The left adrenal gland was normal in size, measuring 0.89 cm length x 0.43 cm width. Normal shape and glandular echogenicity.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right adrenal gland is normal in size, measuring 1.06 cm length x 0.52 cm width with a normal shape and smooth peripheral contours. The parenchyma is of appropriate echogenicity. Hyperechoic foci are visualized within the parenchyma. Surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Travis Cerf

Spleen

The spleen is normal in size (0.85 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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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with a slightly coarse echotexture. A 0.72 cm cystic structure is observed on the left side. The lobar biliary ducts are dilated and tortuous. The hepatic vasculature is of normal volume with no evidence of congestion.

REFERRING VET

Dr. Travis Cerf

The gallbladder is distended. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are tortuous and dilated. The common bile duct measures up to 0.49 cm at the level of the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

INVOICE

33890

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 to mildly thickened (up to 0.27 cm) with a normal layering pattern and appropriate

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mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

SPECIES

Feline

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

DSH

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

PRIMARY FINDINGS

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The lobar, cystic, and common bile duct changes are suggestive of cholangitis. There is no obvious evidence of an intra- or extraluminal bile duct obstruction. The cystic hepatic lesion may represent a benign cyst or an emerging biliary cystadenoma or cystadenocarcinoma.
- Bilateral age-related renal changes with left pyelectasia and right non-obstructive nephrolithiasis.

AGE

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WEIGHT

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SECONDARY FINDINGS

- The hyperechoic right adrenal foci are likely a benign age-related incidental finding.

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the left pyelectasia, a urinalysis and urine culture and sensitivity are recommended to assess for pyelonephritis as a potential cause for PU/PD. Other diagnostic considerations include the following:

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- GI panel (send to Texas A&M)
- Fecal evaluation for ova and Giardia
- 3-view thoracic radiographs to assess for occult neoplasia in the chest
- +/- endoscopic or surgical gastrointestinal biopsies

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Given the patient's inappetence, a potential feeding tube (i.e., esophagostomy) should be considered to help prevent the development of hepatic lipidosis.

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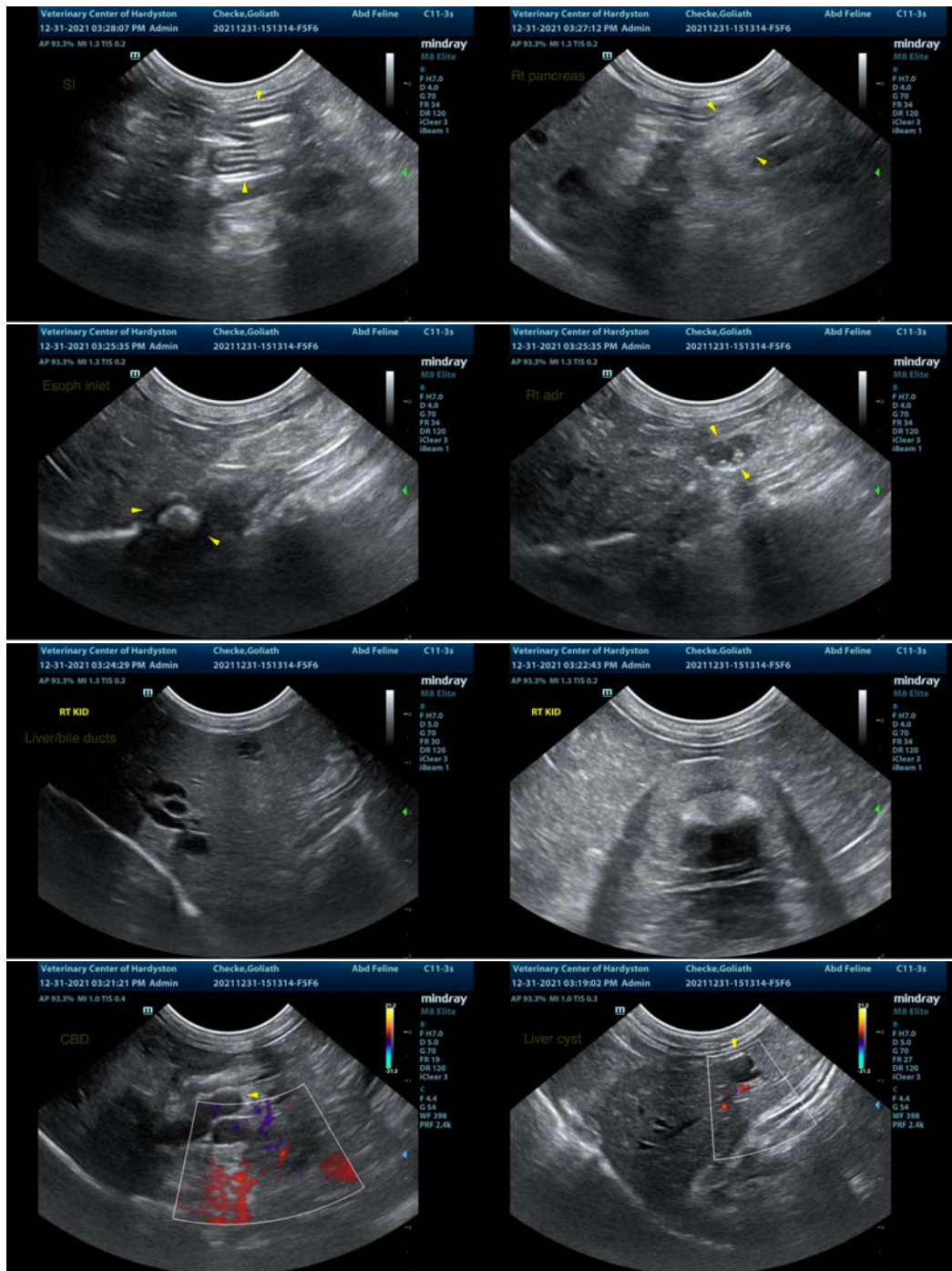
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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