



**PATIENT**

Smokey Nadell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

14.9 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Velasco

**HOSPITAL NAME**

Bethany Family PC

**REFERRING VET**

Dr. Velasco

**INVOICE**

33924

**DATE**

12/31/21

**PRESENTING CLINICAL SIGNS**

Smokey is FIV+, and overall in good health. He has some allergies, producing hair barbering and cough. Under tmt with a dermatologist. Ultrasound is being conducted due to increasing constipation issues. O has tried multiple diets, miralax, cisapride. Usually notes some unacceptable side effect which prevents continued use of these diets and meds. Recently tried acupuncture - not really improving. Abnormal PE/Chem/CBC/UA Results: pending CBC/Chem/UA/T4/fpL

**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 mildly to moderately distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.12 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is a questionable cortical infarct at the cranial pole. There is no evidence of pyelectasia or hydroureter.

The right kidney is normal in size (4.49 cm) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is a questionable cortical infarct at the cranial pole. There is no evidence of pyelectasia or hydroureter.

**Adrenal Glands**

The left adrenal gland was normal in size, measuring 0.42 cm. Normal shape and glandular echogenicity.

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

**Spleen**

The spleen is subjectively prominent in size (1.24 cm in width at the level of the hilus) with mild scalloping of the medial contour. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**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.

**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. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen contains hard shadowing fecal material. There is no obvious evidence of obstruction.

**Pancreas**

The left 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.



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The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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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DSH

**ULTRASONOGRAPHIC FINDINGS**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral age related renal changes with dystrophic mineralization and a questionable left cortical infarct.

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\*An obvious cause for the patient's constipation is not identified in this study. Idiopathic megacolon is consideration.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient has failed medical therapy, a subtotal colectomy should be considered. 3-view thoracic radiographs are recommended prior to any anesthetic event.

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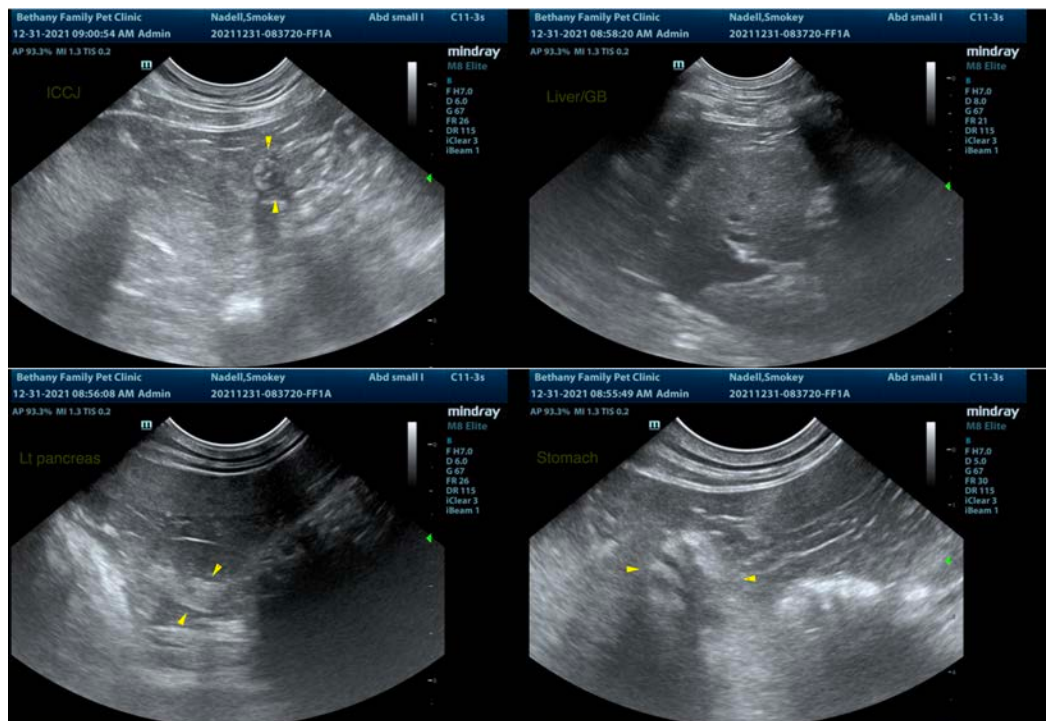
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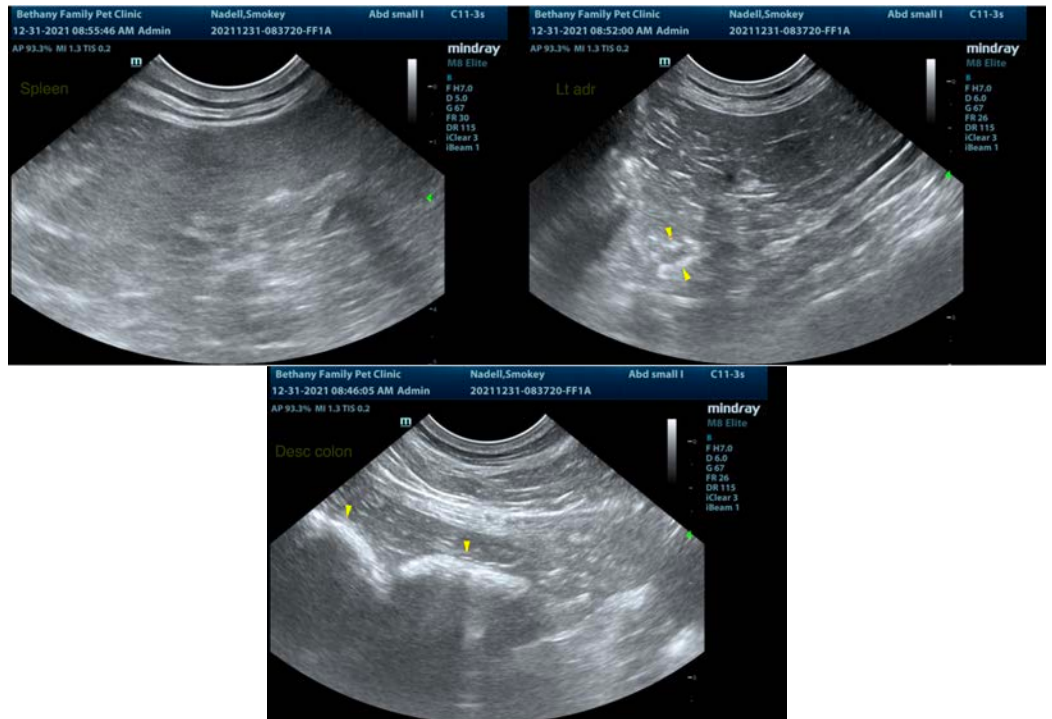
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
info@SonoPath.com