



PATIENT

Gaga Lin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

13.1 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Daniel Tierney

INVOICE

10016

DATE

12/8/21

PRESENTING CLINICAL SIGNS

History: Was seen for not eating. Patient is diabetic. Blood work was normal, fPLI normal, treated with supportive care. 2 days later the patient presented at emergency hospital for seizure, and hypoglycemia. Insulin was decreased from 5 units BID to 3 units BID. Current meds: Lantus 3 units BID.

Abnormal PE/Chem/CBC/UA Results: 12/2/21: BG 228, BUN 8, eos. 0.02.

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 lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.00 cm, are normal.

The left kidney is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.76 cm length; 0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.67 cm length; 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is upper limits of normal size (0.95 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

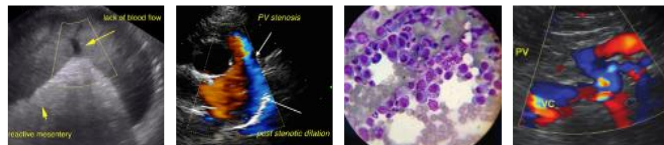
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is contracted. The wall is of appropriate thickness for the level of repletion. A small amount of aggregated echogenic partially dependent debris 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.


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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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

The right limb is prominent with irregular peripheral contours. The parenchyma is hyperechoic, relative to surrounding omental fat, and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Age-related pancreatic remodeling +/- fibrosis. Concurrent pancreatitis is possible, particularly if the patient is painful on cranial abdominal palpation.
- The hepatic parenchymal changes are most consistent with diabetic hepatopathy. However other considerations include inflammatory disease, hepatic lipidosis, or less likely, infiltrative neoplasia.

Secondary Findings

- Minor age-related renal changes

*An obvious cause for the patient's inappetence is not identified in the study. Considerations include primary gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest. Also consider a GI Panel, including serum cobalamin, folate TLI and PLI, +/- a urine culture and sensitivity to assess for occult pyelonephritis (as urinary tract infections are common in diabetic patients).

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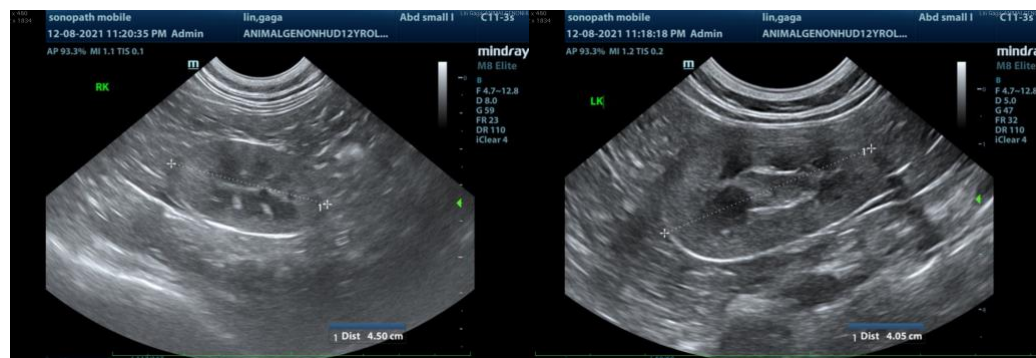
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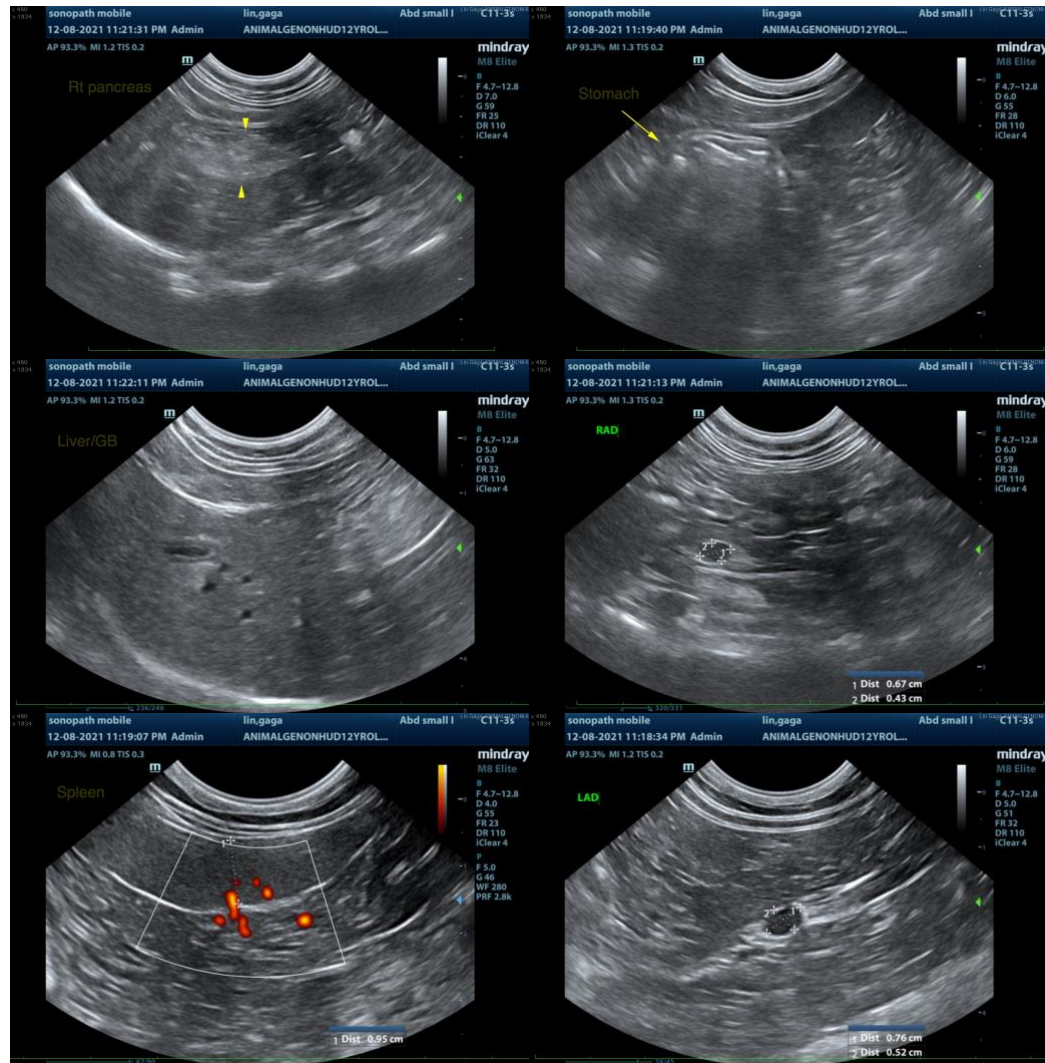
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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