



PATIENT PRESENTING CLINICAL SIGNS

Rooney Tobey History: Rapidly losing weight recently despite patient eating the same amount. On K/D diet. T4 normal at 1, chest rads WNL. Has a deep pyoderma present and is currently being treated.

SPECIES Abnormal PE/Chem/CBC/UA Results: HCT 23% (creat. 2.3 BUN 31) - has been stable.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Spayed Female

The left kidney is small in size (2.76 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is mildly hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12 years

The right kidney is normal in size (3.05 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is mildly hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12.9 lbs

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.55 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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Animal General on
Hudson

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.

REFERRING VET

Dr. Daniel Tierney

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. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

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.



PATIENT

Free Abdomen

Rooney Tobey

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few mesenteric lymph nodes are visible +/- prominent.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Feline

Primary Findings

BREED

DSH

- Bowel pattern consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

SEX

- Bilateral chronic nephropathy

Spayed Female

*It is unclear whether the patient's weight loss is secondary to maldigestion/malabsorption, chronic renal disease, other underlying process, or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 years

- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Fecal evaluation for ova and Giardia (if not already performed)
- A neurologic examination is also recommended as weight loss can be the sole clinical sign in patients with brain tumors.
- Ultimately, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
- Regarding the azotemia, consider the following:

WEIGHT

12.9 lbs

1. Baseline blood pressure measurement
2. Urine culture and sensitivity
3. UPC (if proteinuria is present in the absence of infection)

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PATIENT

Rooney Tobey

SPECIES

Feline

BREED

DSH

SEX

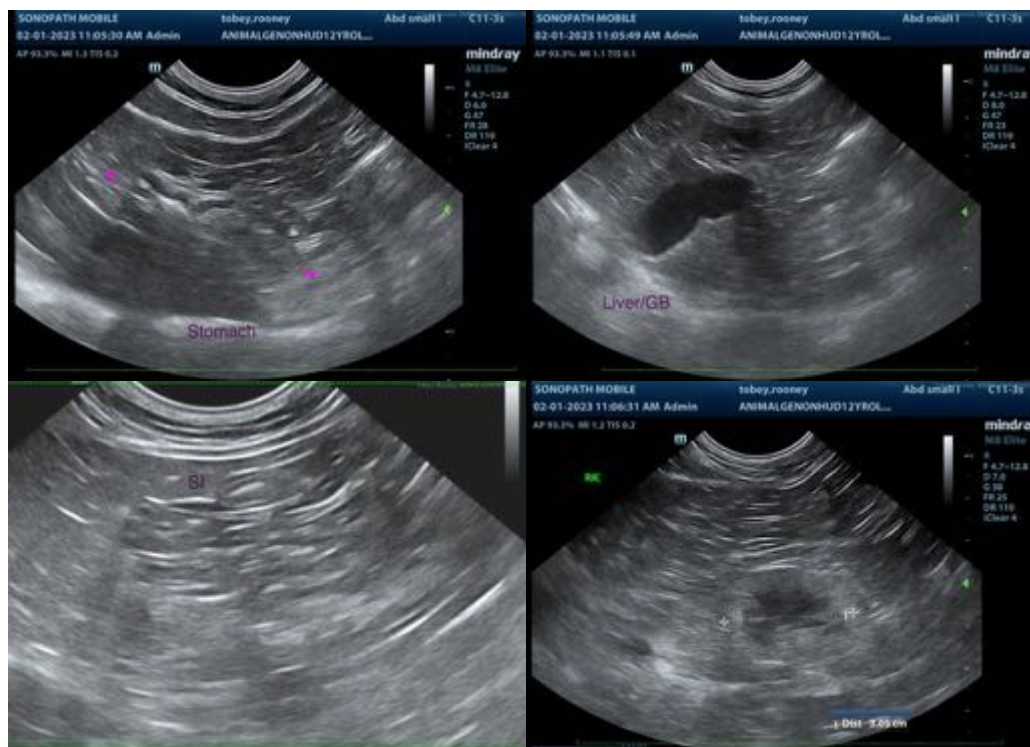
Spayed Female

AGE

12 years

WEIGHT

12.9 lbs



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.

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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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