



PATIENT

Thyme Conley

SPECIES

Feline

BREED

Chihuahua Mix

SEX

DSH

AGE

4/4/2020

WEIGHT

8.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Andrea Nicastro,
DVM, Diplomate
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Internal Medicine)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

RDVM Kim Wilson

INVOICE

10355

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: severe gingivitis rest of PE wnl

ABNORMAL Labwork Values:

1/31/21 Globulin 5.7, ALT 117, ALP 175, RBC 10.7, MCV 35, MCH 10.9, neutrophils 10,082, monocytes 852 2/9/22 Globulin 6.9, ALT 317, ALP 152

Current Medications; no medications

Notes to Specialist (if any)

Concerns with elevated liver enzymes, trending higher and hyperglobulinemia Bloodwork pending FeLV/FIV test, T4, Full chemistry

Fine Needle Aspirates:

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 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 2 cm, are normal.

The left kidney is normal size (3.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

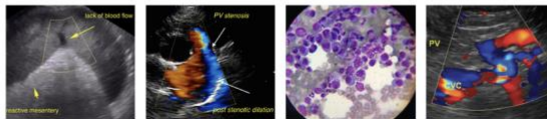
The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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 portal vein to caudal vena cava ratio is approximately 1: 1.



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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.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 colonic wall is normal. No obstructive disease is noted.

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Pancreas

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

No free fluid is observed. One to two enlarged hypoechoic irregular lymph nodes are observed in the caudal abdomen, the largest measuring 1.89 in length. Surrounding mesentery is hyperechoic.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, feline infectious peritonitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (i.e., lymphoma), other hepatopathy) is suspected.
- The enlarged caudal abdominal lymph nodes could be consistent with infiltrative neoplasia (i.e., lymphoma), lymphadenitis (i.e., pyogranulomatous), reactive lymphadenitis or lymphoid hyperplasia.

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Secondary Findings

- The pancreatic changes are suggestive of a chronic inflammatory component, +/- fibrosis. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Because the lymph node was not safe to aspirate (due to the presence of large surrounding vessels), the plan is to treat empirically for bacterial cholangiohepatitis (i.e., amoxicillin-clavulanic acid +/- metronidazole). A recheck of the liver values is recommended in 5-7 days. A recheck ultrasound is also recommended in 2-4 weeks to assess for progression of the lymphadenopathy.

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- Given the hyperglobulinemia, consider a serum protein electrophoresis.
- Three-view thoracic radiographs can be considered to assess for occult disease in the chest.

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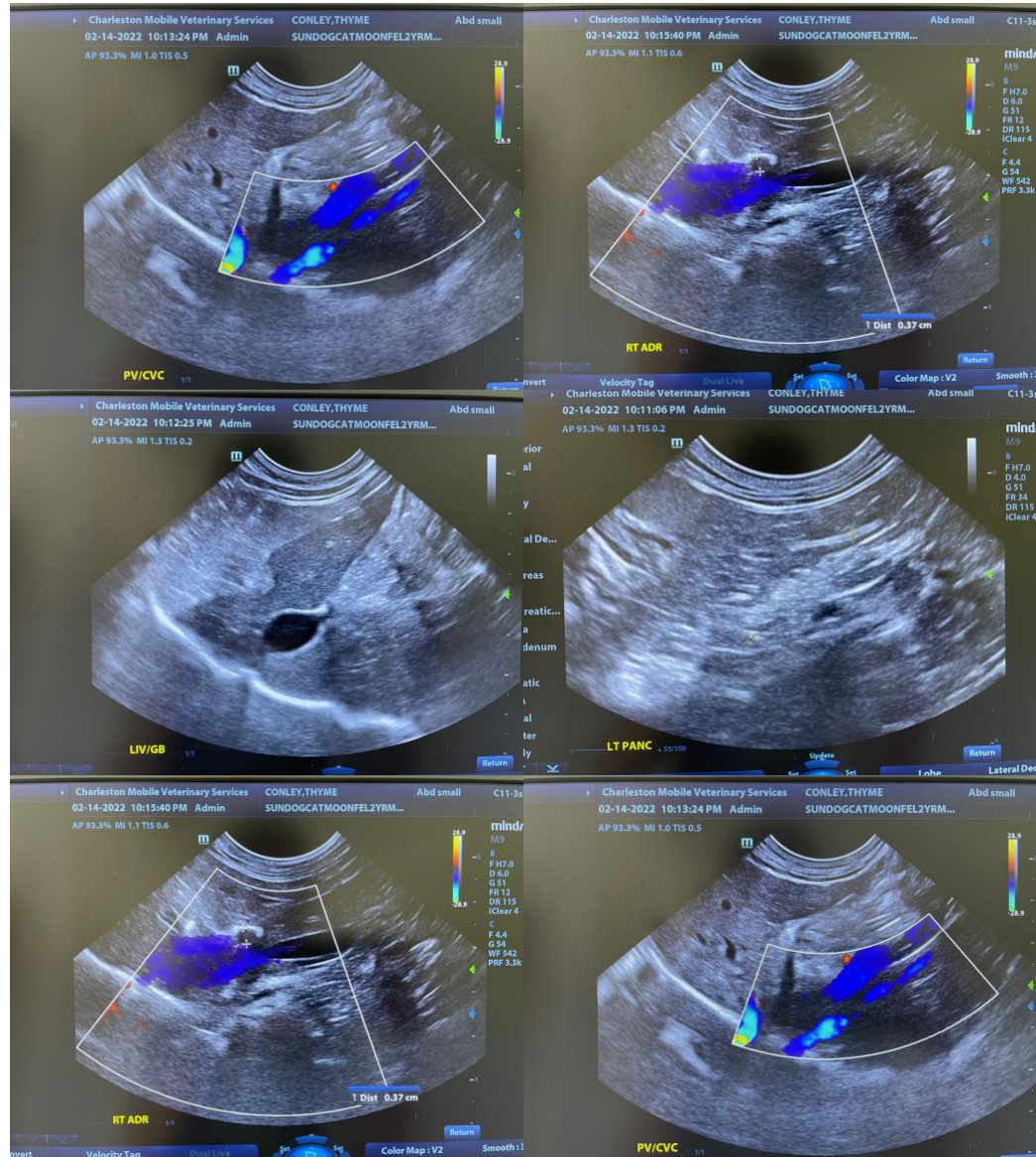
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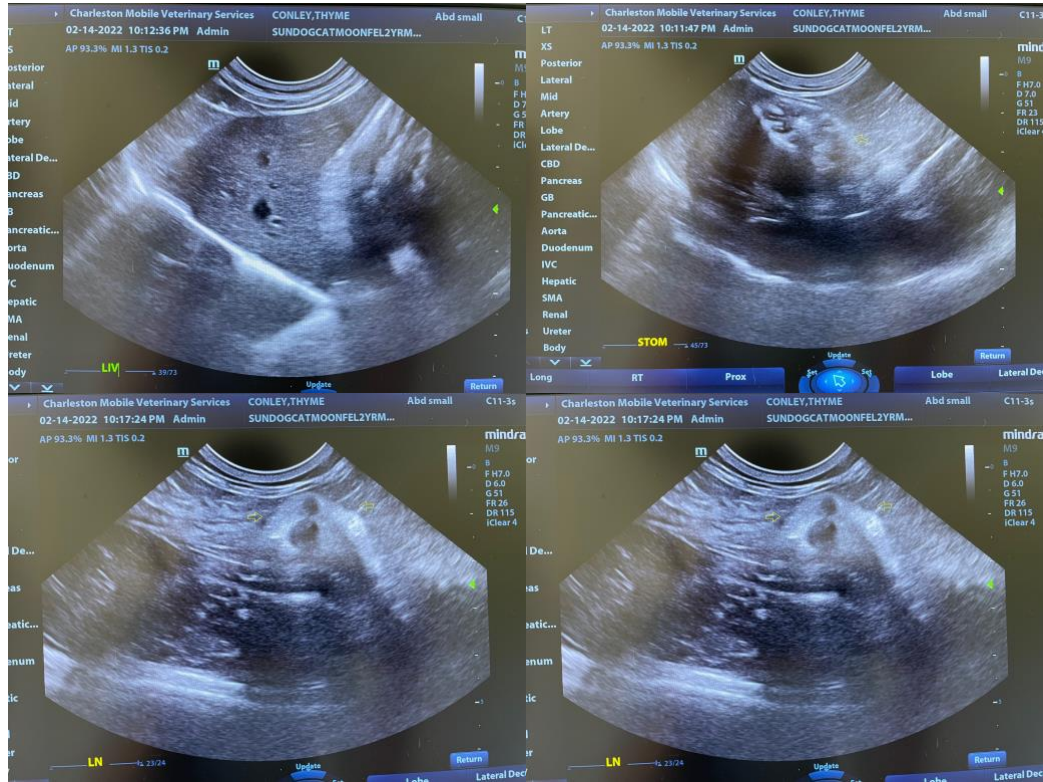
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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