



**PATIENT**

Lizzie Yedlock

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

11.7 Lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VUC

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

14008

**DATE**

2/19/22

**PRESENTING CLINICAL SIGNS**

History: Cat examined for pancreatitis last year. Treated as outpatient with Convenia, SQ fluids for 3 days, Metronidazole, PenG injection, Cerenia. X-rays and Ultrasound performed. NO IMAGES AVAILABLE from previous Ultrasound Written report: 3/9/21 Performed at Critter Care Large fluid and heterogenous mass 6cm X 3.5cm at left pancreas cranial aspect. Positive fluid in pancreatic body. Cranial pancreatitis secondary to pancreatitis Abscess- sterile versus septic FNA may be helpful (not done) No issues since March 2021. Pancreatitis resolved. Owner feels cat has gained weight and seems "sluggish". Weight 11.8 March 2021. Current weight (home scale) 13.1. Great appetite. Owner self referred for follow-up abdominal ultrasound to assess pancreatic cyst.  
Abnormal PE/Chem/CBC/UA Results: n/a

**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 cm, are normal.

The left kidney is normal size (3.74 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 (3.84 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 (0.37 cm cranial, 0.35 cm caudal, 1.07 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.51 cm cranial, 0.49 cm caudal, 1.22 cm in length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.88 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.



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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.

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**Gastrointestinal**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

**BREED**

DLH

**Pancreas**

The left limb of the pancreas is visible with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and subtly mottled in appearance. A few ill-defined hypoechoic nodules are seen. The pancreatic duct is not overtly dilated.

**SEX**

Spayed Female

**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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**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic remodeling/fibrosis. The ill-defined hypoechoic nodules may represent benign hyperplastic nodules or remodeling changes. There is no evidence of a pancreatic cyst or abscessation.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given that the cat seems sluggish (per the owner), consider baseline lab work, including a CBC chemistry panel, urinalysis and T4 +/- three-view thoracic radiographs to assess for occult disease in the chest.

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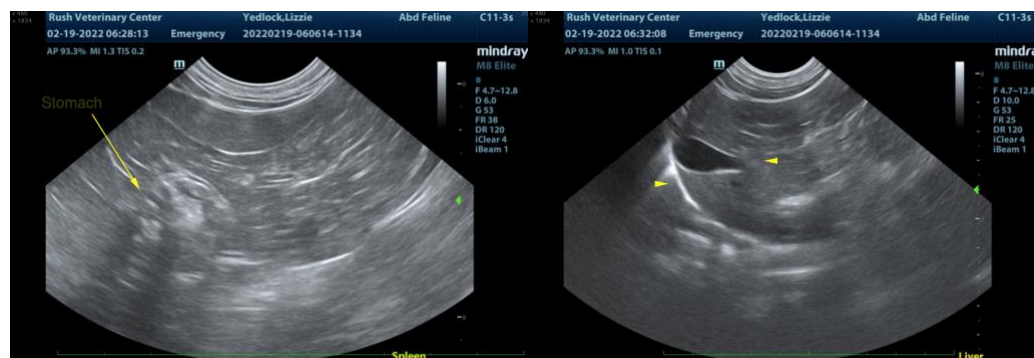
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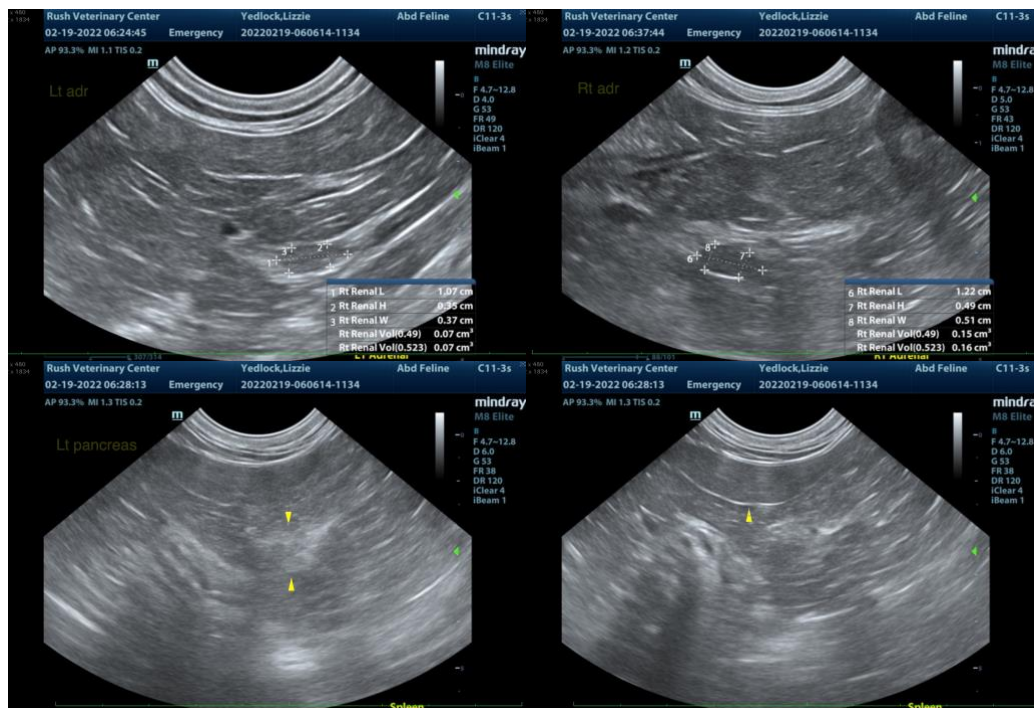
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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