



PATIENT

Roadrunner Nolet

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

15 Pounds

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

13726

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: Dr's absolutely beautiful cat. Started Prednisolone 1/22- chronic diarrhea- has access to cattle droppings- indoor/outdoor cat- found on the streets as a kitten- concerned about parasites from the cattle but has been tested and negative- eats rodents

Abnormal PE/Chem/CBC/UA Results: CHEM: Albumin 4.1, Cholesterol 289, Amylase 1399, pres PSL 27, CBC: NEUtrophils 10660, LYMP 1170

ULTRASONOGRAPHIC EXAMINATION OF THE

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of echogenic debris is observed 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 size (4.71 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.57 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is subjectively prominent in size (1.14 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. Several varying sized hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic suspended debris is observed within the lumen. The cystic and common bile ducts are normal.

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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 segmentally dilated with chyme. 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 pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). There is no evidence of peripancreatic effusion.

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Free Abdomen

There is no evidence of free fluid. A few prominent mid to caudal abdominal lymph nodes are visualized, the largest measuring 1.29 cm in length.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling

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Secondary Findings

- The prominent spleen is likely a normal variant for this large breed cat. However, lymphoid hyperplasia, extramedullary hematopoiesis or infiltrative neoplasia cannot be completely excluded. Neoplasia is considered unlikely, however. The hyperechoic nodules are likely benign (i.e., myelolipomas or foci of lymphoid hyperplasia).

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- The hepatic changes may be a normal variant for this patient (given his size). Other possibilities include hepatic lipidosis, inflammatory disease or infiltrative neoplasia.

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- Minor degenerative renal changes

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- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.



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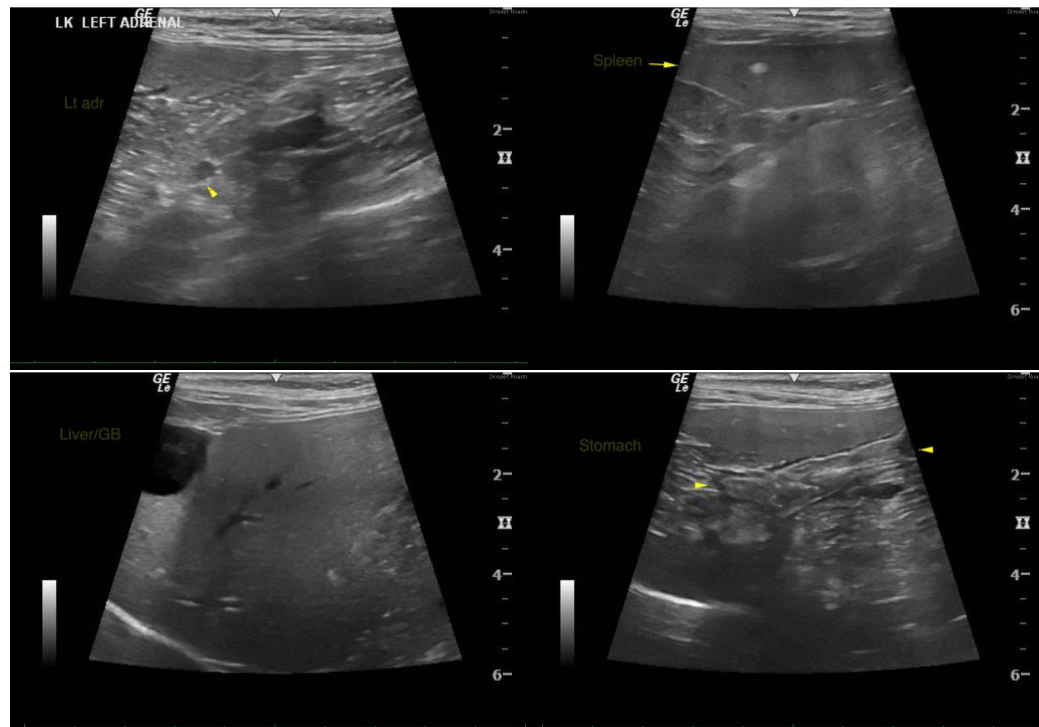
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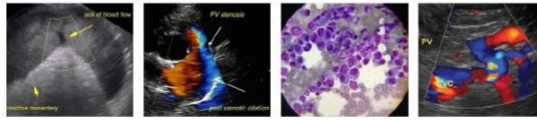
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patients indoor/outdoor status, consider prophylactic deworming with fenbendazole, despite the negative fecal results.
- Malabsorption panel, including serum cobalamin, folate, TLI and PLI
- 6-week limited antigen diet trial
- Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
- Also consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
- Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.





Portable Animal Wellness Sonography, Inc.

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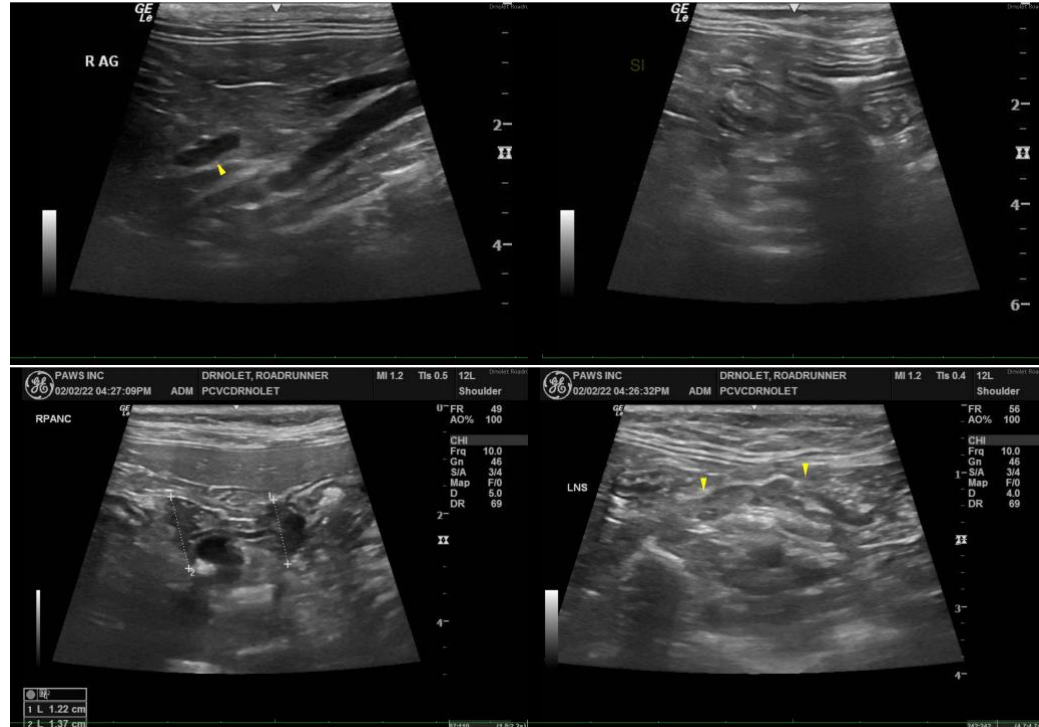
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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