

**PATIENT**

Aslynn Dworzan

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

19 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Advanced PetCare of  
Nevada

**REFERRING VET**

Dr. Behrens

**INVOICE**

14627

**DATE**

2/21/23

**PRESENTING CLINICAL SIGNS**

History: Was seen at 2 different clinics for emergency on 2/18/23 and 2/19/23 for fever and abdominal pain. P is not improving with medication: onsiar, buprenorphine, doxycycline, and Mirataz. Abdominal radiographs did not show an obvious cause for fever or pain.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. 2 tiny cystic calculi are observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.62 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened with mild to moderate loss of corticomedullary distinction. A few cortical infarcts are seen at the cranial aspect. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal size (4.29 cm in length) with a slightly irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened with mild to moderate loss of corticomedullary distinction. A cortical infarct is seen at the cranial pole. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

**Adrenal Glands**

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

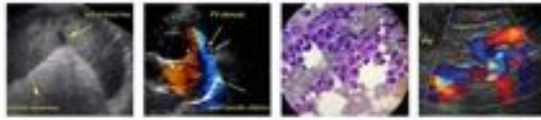
The spleen is normal to slightly prominent in size (1.13 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure and isoechoic to the spleen. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

**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. Discrete masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.



**PATIENT**

Aslynn Dworzan

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

19 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Advanced PetCare of  
Nevada

**REFERRING VET**

Dr. Behrens

**INVOICE**

14627

**DATE**

2/21/23

***Pancreas***

The pancreas is diffusely visible/prominent in size with slightly irregular peripheral contours in the left limb. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

***Free Abdomen***

There is no evidence of free fluid. 1-2 colic lymph nodes are visible, the largest measuring 0.45 cm in diameter. Surrounding mesentery is hyperechoic.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The pancreatic changes are suggestive of mild acute or acute-on-chronic pancreatitis.

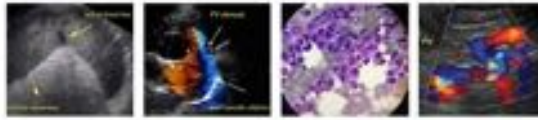
**Secondary Findings:**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral, chronic renal changes with cortical infarcts.
- Tiny cystic calculi.

\*The patient's clinical signs may be secondary to pancreatitis. However, another underlying illness (i.e., pyelonephritis, orthopedic/neurologic disease, infectious disease, other) may be a contributing factory.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A CBC chemistry panel, urinalysis, and T4 are recommended, if not already performed.
- An fPLI +/- a full GI panel including serum cobalamin, folate, TLI and PLI is recommended to further assess for pancreatitis and small intestinal disease.
- Also consider three-view thoracic radiographs to evaluate for occult pathology in the chest.
- A urine culture and sensitivity should also be considered to assess for occult pyelonephritis.
- Infectious disease testing (i.e., feline leukemia, FIV, FIP and Toxoplasmosis) is also a consideration.



**PATIENT**

Aslynn Dworzan

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

19 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Advanced PetCare of  
Nevada

**REFERRING VET**

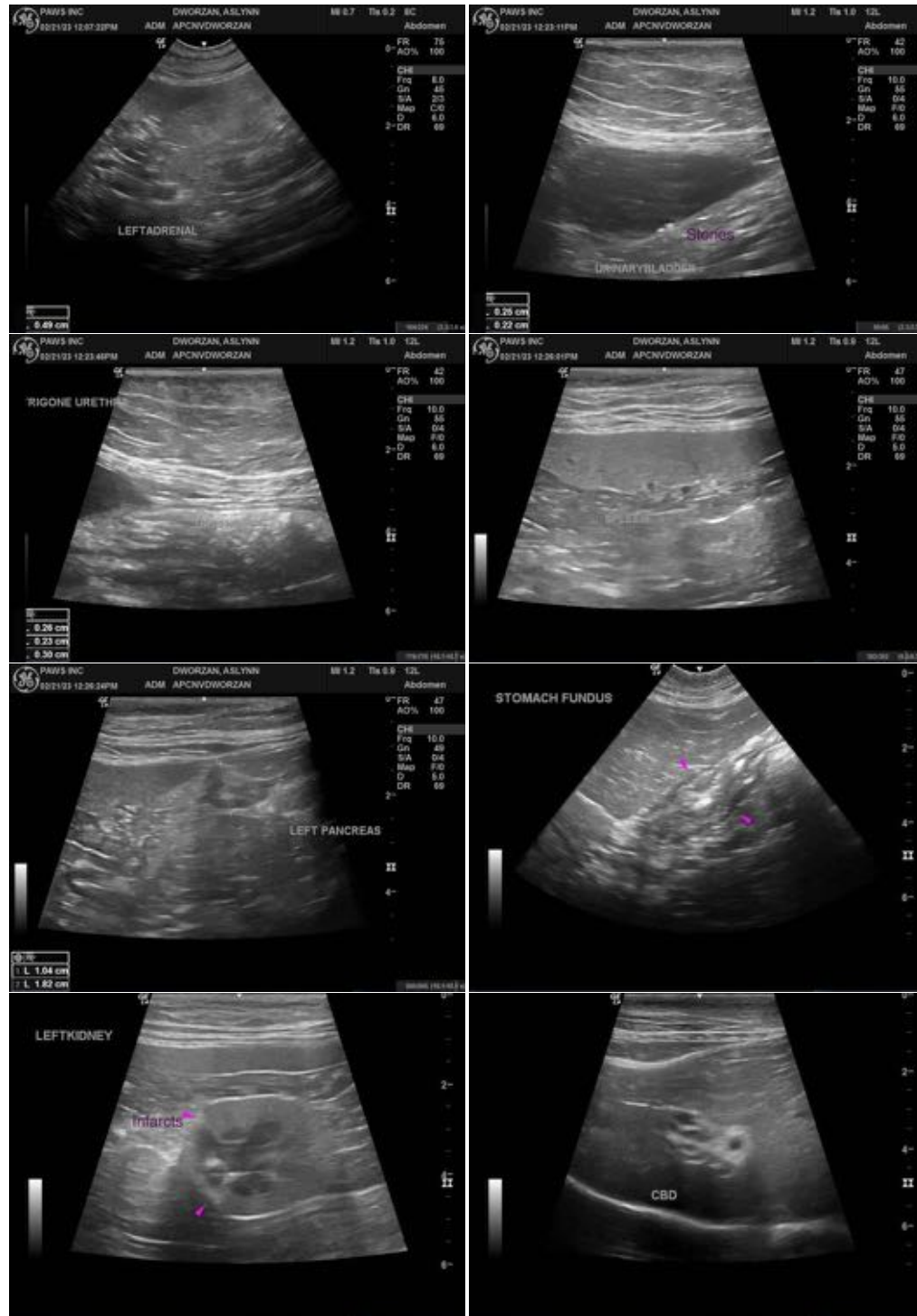
Dr. Behrens

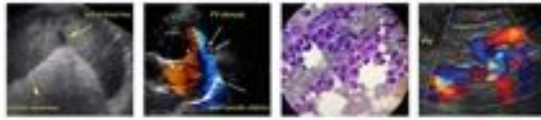
**INVOICE**

14627

**DATE**

2/21/23





**PATIENT**

Aslynn Dworzan

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

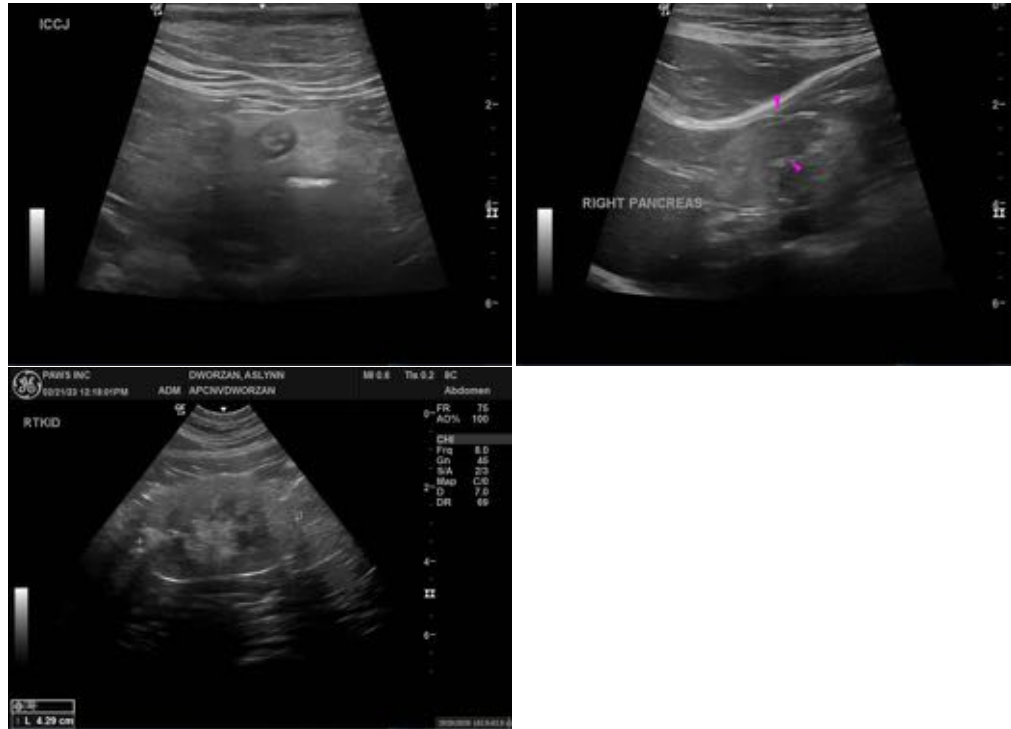
Male, neutered

**AGE**

11 Yrs.

**WEIGHT**

19 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Advanced PetCare of  
Nevada

**REFERRING VET**

Dr. Behrens

**INVOICE**

14627

**DATE**

2/21/23

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)

info@SonoPath.com