



PATIENT

Tina Plemmons

PRESENTING CLINICAL SIGNS

Tina is a 10 Y FS DSH who presented for rapid weight loss, nausea, lethargy, ravenous eating.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

BREED

Domestic shorthair

The left kidney is borderline small in size (3.01 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate to severe pyelectasia is present (0.69 cm in the longitudinal plane). Proximal hydroureter is present (0.30 cm in diameter). The left ureter is not visualized 1 cm beyond the renal pelvis. There is no evidence of nephroliths.

SEX

Female, spayed

The right kidney is borderline small 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. A cortical infarct is observed at the caudolateral aspect. A 0.22 cm cortical cyst is also seen adjacent to the cortical infarct. Moderate to severe pyelectasia is present (0.72 cm in the longitudinal plane). The proximal ureter is dilated (0.28 cm in diameter) but is not visualized 1 cm beyond the renal pelvis.

AGE

10 Yrs.

WEIGHT

6.59 lbs.

Adrenal Glands

No images provided for the left adrenal gland.

INTERPRETED BY

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

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING

PERFORMED BY

Dr. Alyssa Carver

Spleen

The spleen is normal in size (0.67 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.

HOSPITAL NAME

Animal Emergency
Hospital Volusia

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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Alyssa Carver

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 retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. In addition, there is thickening of the submucosal region in some regions. There is evidence of mucosal speckling. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

INVOICE

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Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral, chronic renal changes. The bilateral pyelectasia/hydronephrosis may be secondary to bilateral ureteral strictures, stones, tumors, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated T4, initiation of treatment for hyperthyroidism is recommended. This disease may be responsible for the patient's clinical signs. However, if the patient does not improve with therapy, consider the following:
 1. Three-view thoracic radiographs to assess for occult neoplasia in the chest.
 2. Fecal evaluation for ova and Giardia.
 3. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
 4. Neurologic exam, as weight loss can be the sole clinical signs with patients with primary brain tumors.
- Regarding the bilateral renal changes, consider the following:
 1. Urine culture and sensitivity.
 2. Additional sonographic imaging of the ureters to better assess for ureteral pathology. Alternatively, an abdominal CT scan can be considered.
- Given the low white blood cell count, consider feline leukemia and FIV testing, if not already performed, +/- a bone marrow aspirate.



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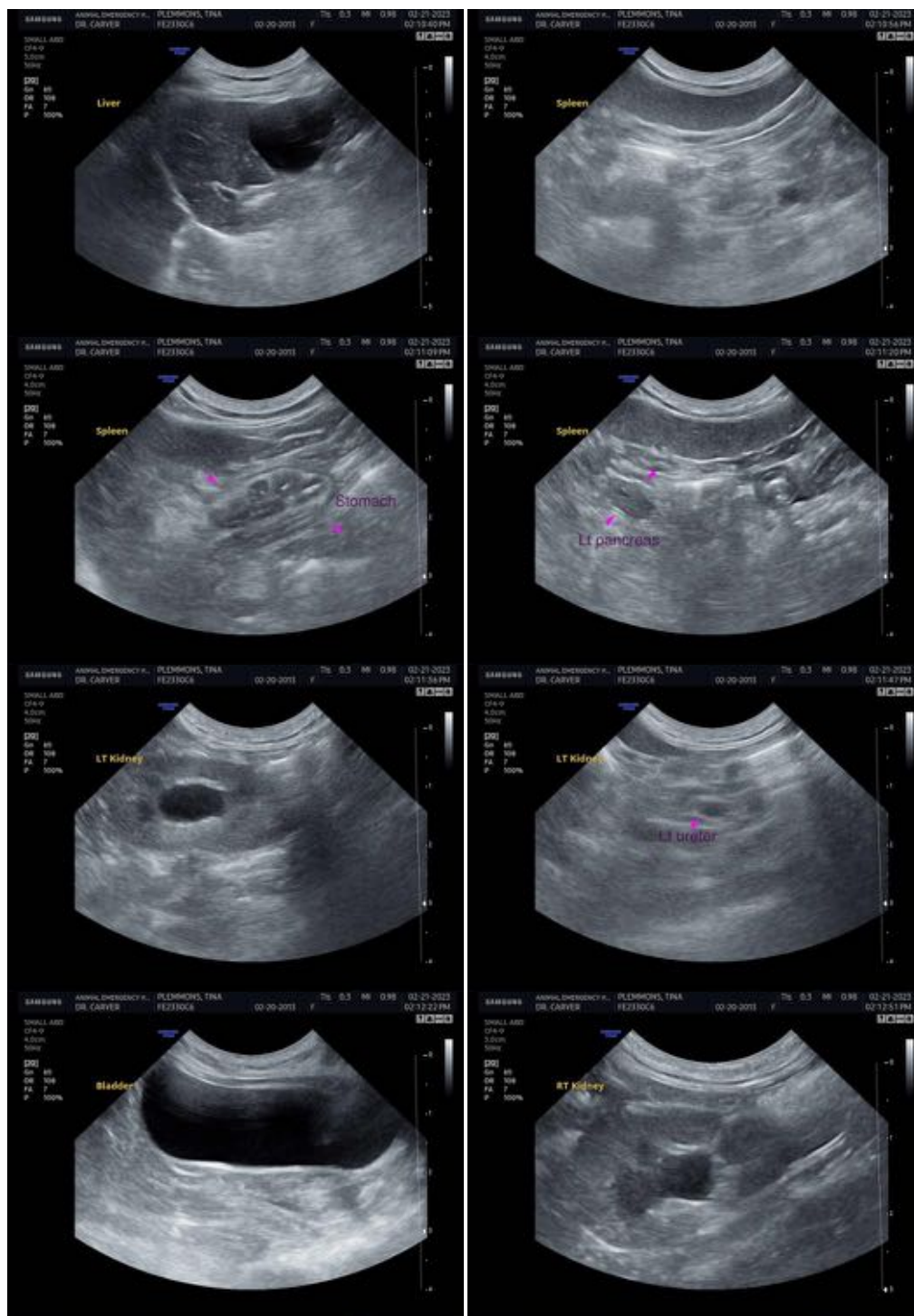
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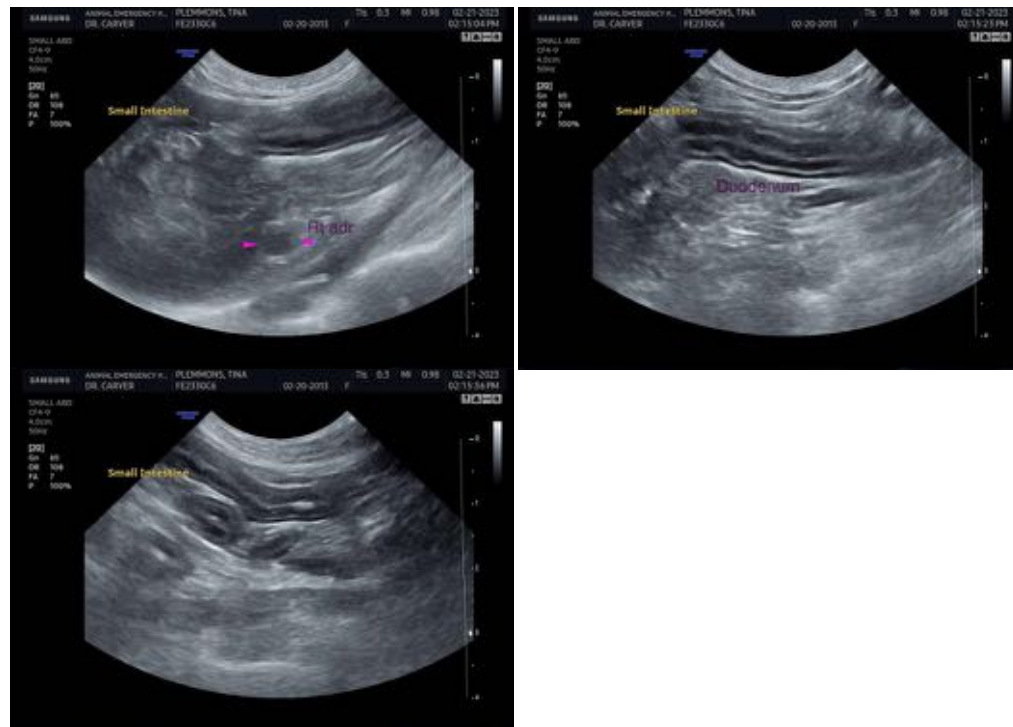
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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