

PATIENT

Sadie Cooper

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 years

WEIGHT

10.10 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr Damewood

INVOICE

12269

DATE

2.22.23

PRESENTING CLINICAL SIGNS

History: Mildly lethargic, intermittent partial anorexia. Not grooming well.
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes (ALT 618, AST 152, ALP 236) elevated bilirubin 0.6 conj 0.3, unconj 0.3 WBC 20,700

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 is moderately distended. A scant amount of aggregated, echogenic debris is suspended 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 in size (3.59 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.01 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in 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 (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.78 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 normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible but not overtly dilated. The distal common bile duct measures 0.16 cm in diameter and can be followed to the level of the duodenal papilla, which is normal in size (0.43 cm in width).

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 is normal to mildly thickened (up to 0.30 cm) with a normal layering pattern and



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appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

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Free Abdomen

There is no obvious evidence of free fluid. A 0.76 cm gastric lymph node is visualized. In addition, a few prominent mesenteric lymph nodes are also seen (the largest measuring 1.56 cm in length).

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

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Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral chronic renal changes with nonobstructive nephrocalcinosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic or surgical)) is recommended to get a definitive diagnosis. Clotting times (i.e., PT/PTT) should be performed prior to any tissue sampling. Thoracic radiographs are also recommended prior to anesthetic event.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended to assess for concurrent maldigestion/malabsorption and underlying pancreatic disease.
- While awaiting test results, symptomatic care for bacterial cholangiohepatitis/hepatic lipidosis is recommended (including broad-spectrum antibiotics, hepatic antioxidants and nutritional support (i.e., via temporary feeding tube)).

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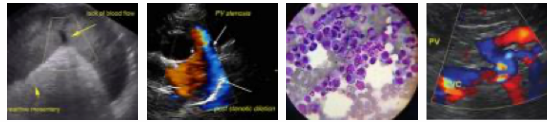
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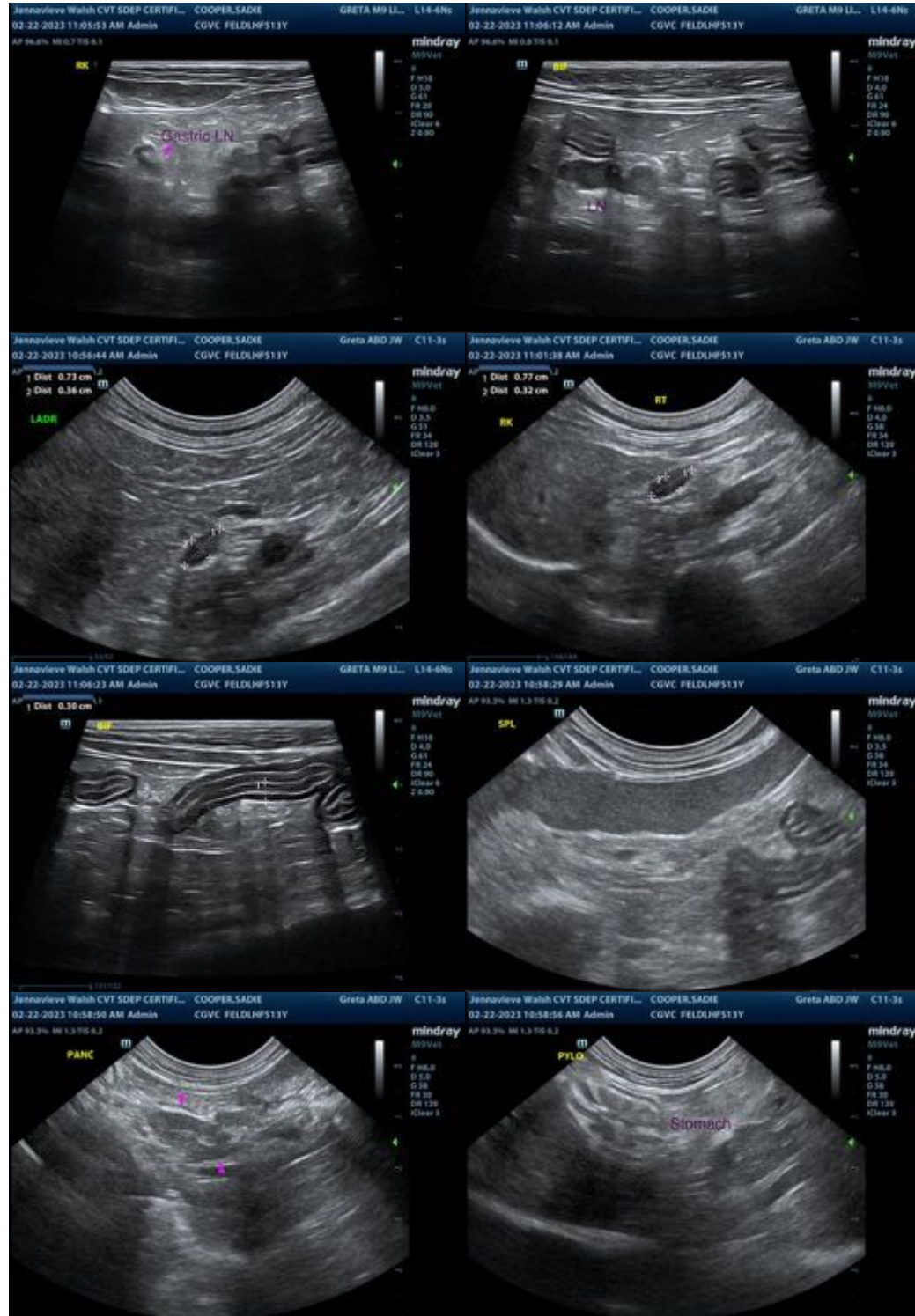
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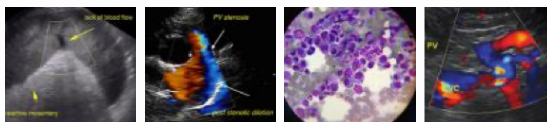
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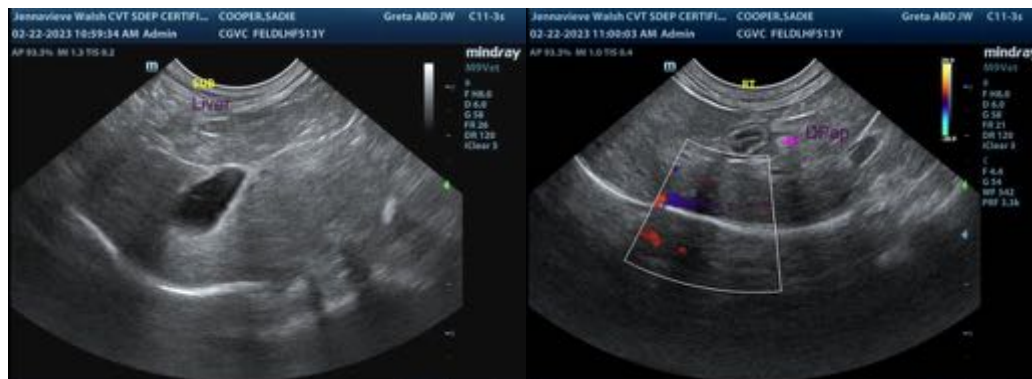
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com