

PATIENT

Noodles Brown

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

7.5 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Patti Mayfield

HOSPITAL NAME

Broken Top VC

REFERRING VET

Dr. McSwain

INVOICE

13068

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: Pt presenting for Basic AUS, Pt is currently on no Medications and has been normal. E/D normally, U/BM normally, no V/D/S/C. PPH: Patient was evaluated at VRCCO on Sunday, 2/20/22 for vomiting and apparent pain. Noodles was treated (uncertain of diagnostics or treatment plan) and was discharged with Buprenorphine. He appears to be improved; eating no further vomiting. Client has not needed to administer any additional buprenex. Repeat blood work was performed by Broken Top Vet Clinic (2/24/22), which demonstrated mild leucopenia and slight elevation of the GGT. Abnormal PE/Chem/CBC/UA Results: PE: Overweight. Soft and comfortable abdomen. Minor dermal lesions. 2/24/22 CBC: WBC: 3200/uL (3900-19,000) PMN wnl at 2720/uL LYMPH: 384/uL (850-5850) MONO: 320/uL (400-5300) EOS: 640/uL (700-218) Remainder wnl T4: wnl CHEM: GGT: 10 U/L (0-6) CK: 3082 U/L (64-440) USG: 1.013, all unremarkable FeLV/FIV/HW: NEG x 3 Fecal O&P/Giardia: NEG

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 mostly 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 (4.04 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.

The right kidney is normal size (4.84 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 in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

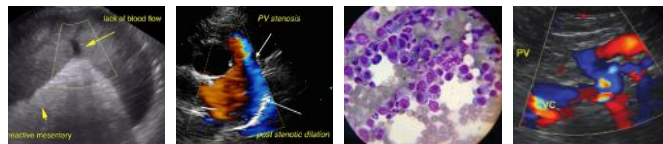
The right adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.99 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. The gall bladder lumen is moderately



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

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Gastrointestinal

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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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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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. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Male, neutered

Free Abdomen

AGE

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

8 Yrs.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

- The left pancreatic changes could be consistent with resolving and/or chronic pancreatitis +/- concurrent fibrosis.
- The remainder of the abdomen is unremarkable.

7.5 kg.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- Consider an fPLI to further assess for pancreatitis.
- If the patient's clinical signs recur, a repeat ultrasound +/- a more advanced GI workup may be warranted.

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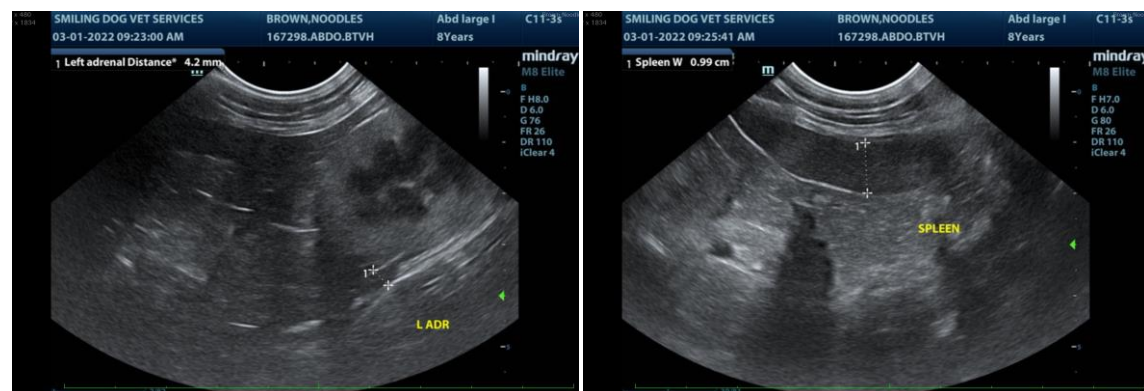
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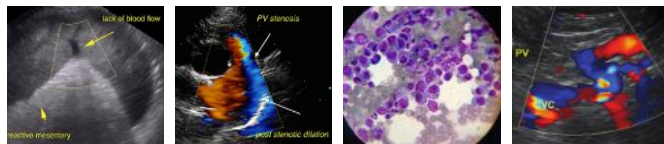
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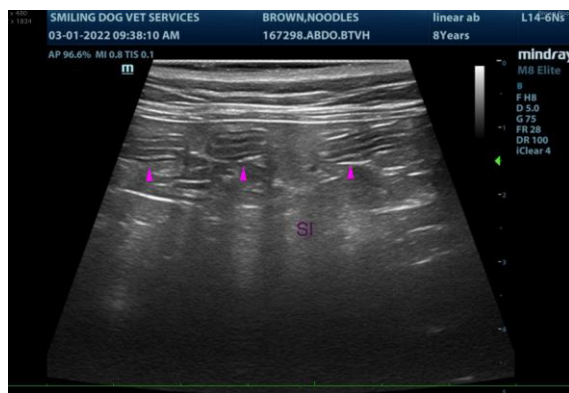
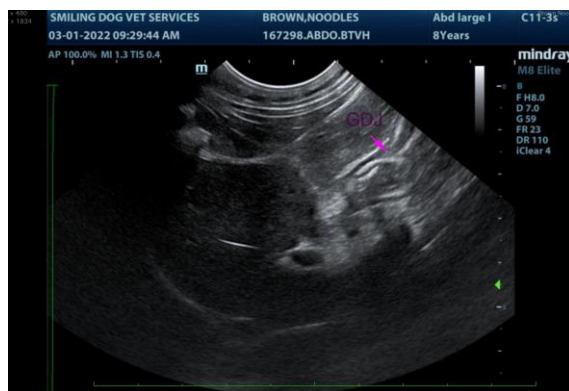
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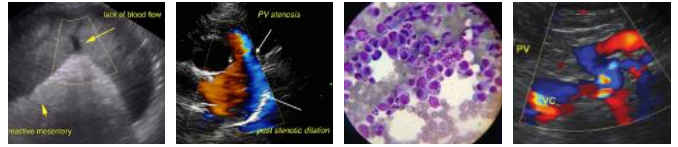
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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