



PATIENT

Buttercup Ceccin

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7 years, 1 mos

WEIGHT

10.7 bs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

10586

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History: History of severe dental/ periodontal disease, chronic diarrhea. Initial blood panel showed hyperglycemia with mild elevation of fructosamine. Subsequent blood glucose measurements have been WNL so insulin was not initiated. Currently has a variable appetite, progressive weight loss.

Abnormal PE/Chem/CBC/UA Results: CHEMISTRY (2/14/22): Ca=11.9 (8-11.8) mg/dL, glucose=392 (70-150) mg/dL BG (3/3/22)=159mg/dL BG (3/14/22)=134 mg/dL Fructosamine (2/14/22) =369 (191-349) umol/L Fructosamine (3/14/22) =371 (191-349) umol/L

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 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 (3.71 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 (4.08 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 region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.90 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 distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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



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Pancreas

The left limb is 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 not overtly dilated.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- 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.

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**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, intestinal dysbiosis), mild chronic pancreatitis, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Other diagnostic considerations include the following:
 - Malabsorption panel including serum cobalamin and folate, TLI and PLI
 - Fecal evaluation for ova and Giardia
 - T4/freeT4 by equilibrium dialysis, if not already performed.
 - Also consider prophylactic deworming with fenbendazole and supplementation with a probiotic with a high colony count (i.e., Provable, Forte, or Visbiome).
 - A 6-week limited antigen diet trial to assess for food allergies
- Depending on the results of the above diagnostics/therapeutics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

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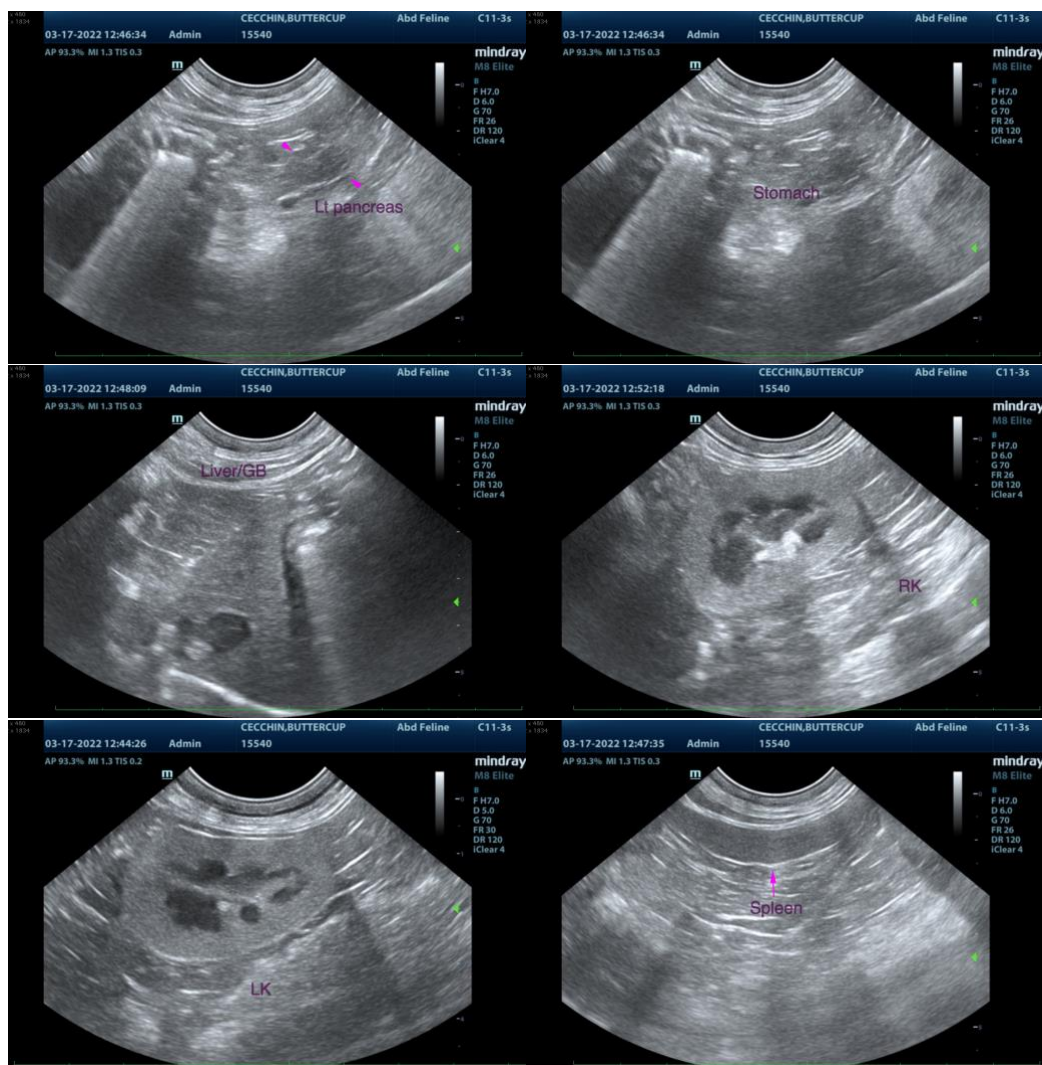
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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