



PATIENT PRESENTING CLINICAL SIGNS

Amie DelCorvo History: History of vomiting, not eating well at all, sometimes some blood in vomit. Weight loss. Cerenia, Famotidine.

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached radiograph and bloodwork/U/A.
Feline USG: 1.016. UPC 0.4. Inactive sediment. Urine culture negative for significant growth. SDMA 16. Albumen slightly low at 22. Mildly elevated total T4.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

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.

SEX

Spayed Female

AGE

17 years

The left kidney is borderline small in size (3.13 cm in length); normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.4 lbs

The right kidney is normal size (3.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The region of the adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.62 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.

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Crystal Hill

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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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 normal.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and one to two small, shadowing structures. 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 diffusely thickened (up to 0.39 cm), with apparent retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a >1: 1 ration in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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DATE

3/28/22



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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.24 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. Two to three prominent mesenteric lymph nodes are visualized, the largest measuring 1.33 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern consistent with severe inflammatory bowel disease or emerging lymphoma
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are consistent with chronic pancreatitis, with suspected age-related remodeling +/- fibrosis.

Secondary Findings

- Bilateral nonspecific, chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
- Also consider a fecal evaluation for ova and Giardia
- If an aggressive approach is desired, GI biopsies (i.e., endoscopic or surgical), could be considered. Surgical biopsies would be ideal in that they are more likely to yield a definitive diagnosis.
- If biopsies are not to be pursued, consider empirical treatment for inflammatory bowel disease (i.e., corticosteroids +/- hypoallergenic diet), as long as the client understands the risks of treatment without a definitive diagnosis.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia or if corticosteroids are to be initiated.
- Given the elevated Total T4, a Free T4 by equilibrium dialysis is recommended to confirm hyperthyroidism. If confirmed, treatment (i.e., Methimazole or I-131 therapy) should be considered.



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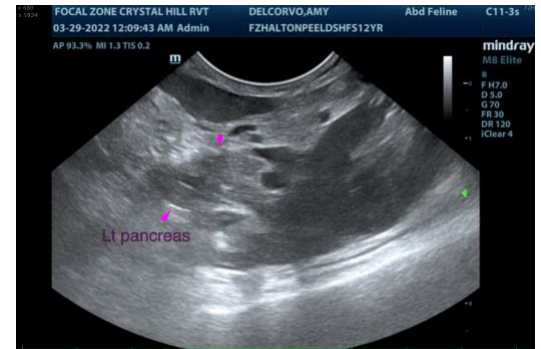
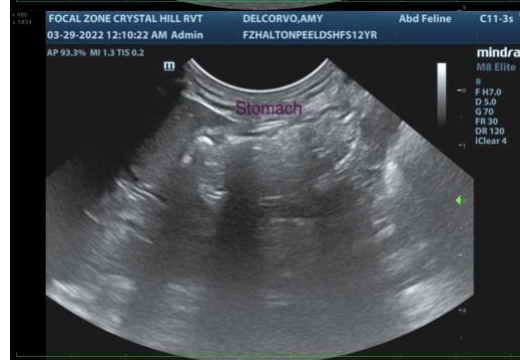
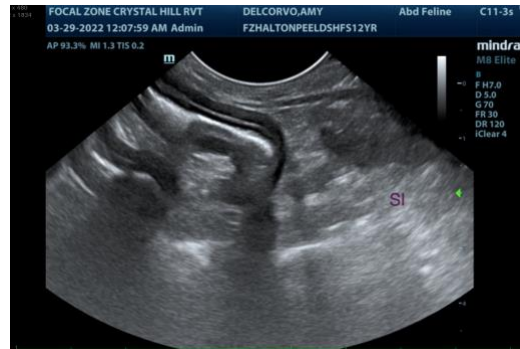
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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