

PATIENT PRESENTING CLINICAL SIGNS

Rupert Westgate
 History: Previous blood abnormalities (Dec), then URI in February. Hx of feline asthma. Rad report found cardiomegaly - needs work up prior to treatment for asthma is initiated. Current meds: Was on Cerenia 8mg SID to QOD - has not been on med prior to US for about 2 wks. BP: 140-150 mmHg. *Having bi-cavity ultrasound.

SPECIES

Feline
 Abnormal PE/Chem/CBC/UA Results: ProBPN 210 (0-1--), Spec fPL 39.3(0.3.5).

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed 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.

SEX

Neutered Male

The left kidney is normal in size (4.16 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

AGE

13 years

The right kidney is normal in size (4.42 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. The cortex is isoechoic relative to the spleen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

12 lbs

Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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.

HOSPITAL NAME

Anchor AH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Laura Hussey, BVM

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.

INVOICE

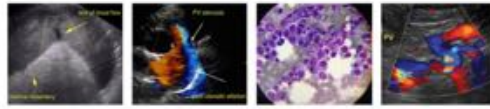
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Gastrointestinal

The gastric lumen is moderately distended with ingesta and soft, shadowing material. 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

DATE

3.9.23



PATIENT

ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Rupert Westgate

SPECIES

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is isoechoic to slightly hypoechoic relative to surrounding omental fat and mottled in appearance. The pancreatic duct is dilated (up to 0.44 cm in diameter). Surrounding mesentery is hyperechoic.

Feline

Free Abdomen

There is no obvious evidence of free fluid. A 0.72 cm gastric lymph node is visualized. Surrounding mesentery is hyperechoic.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- The pancreatic changes are consistent with chronic active pancreatitis, with adjacent peritonitis. Changes appear moderate to severe.

AGE

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- The prominent gastric lymph node is likely reactive, with a lower possibility of emerging neoplasia.

Secondary Findings

WEIGHT

12 lbs

- The mild splenomegaly may be a normal variant for this patient or may represent a benign process (i.e., extramedullary hematopoiesis, lymphoid hyperplasia or similar) or an emerging neoplasia (i.e., round cell tumor).

INTERPRETED BY

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

- Bilateral chronic age-related renal changes with dystrophic mineralization
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.
- The soft, shadowing material within the gastric lumen most likely represents a hairball mixed with ingesta. Although other foreign material cannot be completely excluded.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If pancreatic flare-ups occur, symptomatic care is recommended as needed. Care should be taken to avoid medications that may increase the risk of pancreatitis. If the patient is to undergo anesthesia, it will be important to maintain adequate organ perfusion as a hypotensive event can precipitate a pancreatitis flare-up.

HOSPITAL NAME

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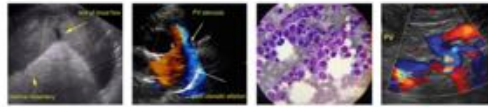
Laura Hussey, BVM

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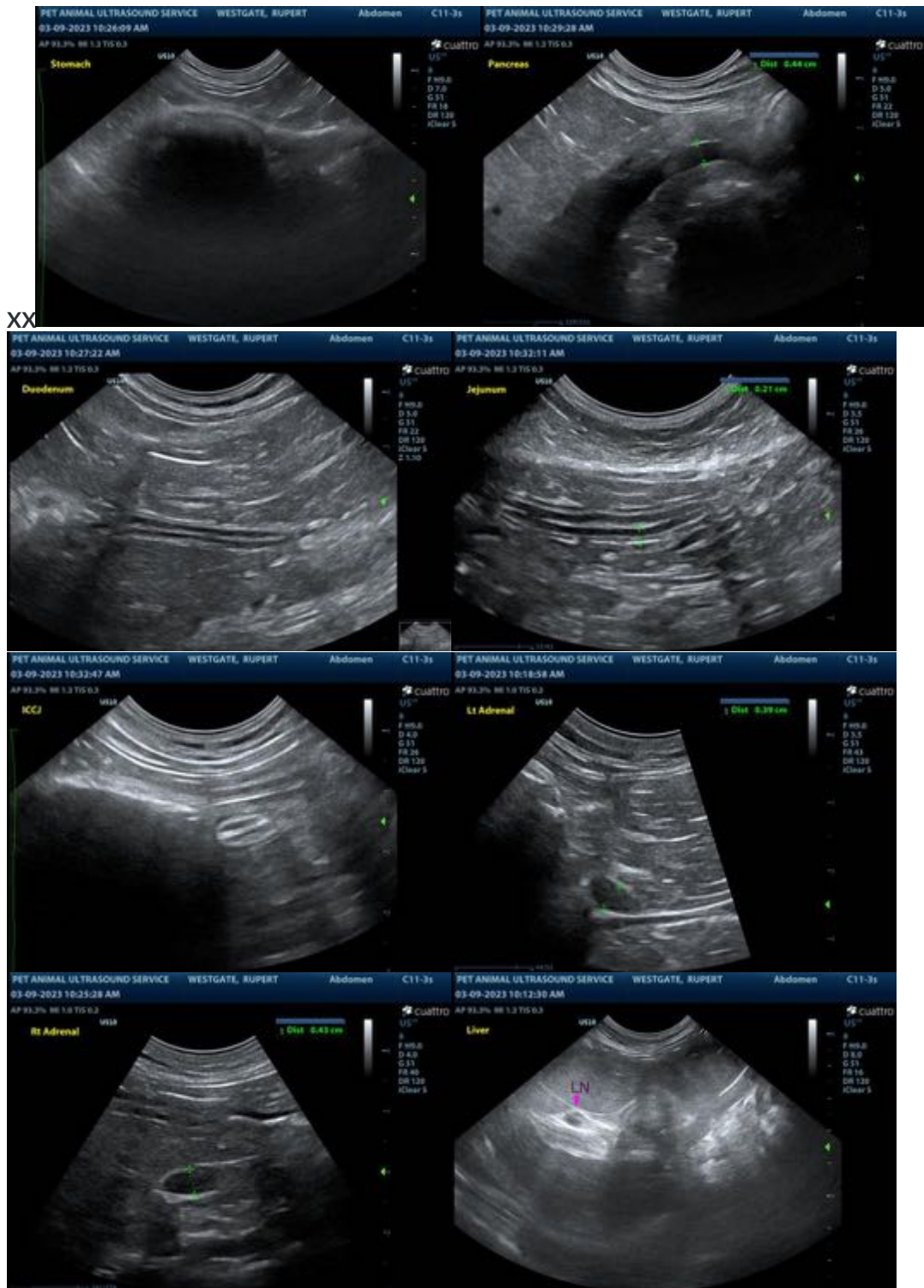
Laura Hussey, BVM

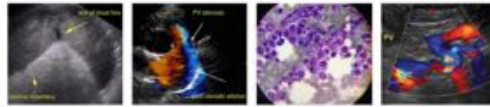
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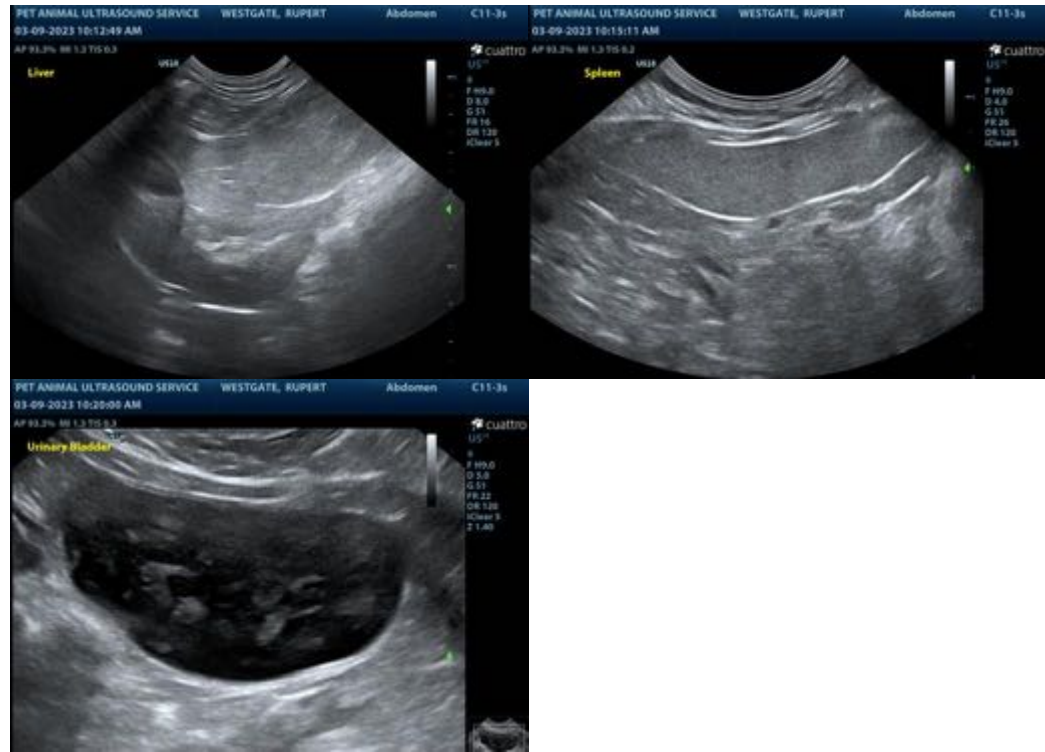
Neutered Male

AGE

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WEIGHT

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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.

INTERPRETED BY

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 DVM, Diplomate
 ACVIM (Small Animal
 Internal Medicine)

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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