



**PATIENT PRESENTING CLINICAL SIGNS**

Trouble Torek

History: Trouble was seen by a colleague Jan 2021 and recent weight loss was reported by the O. Pt was noted to be significantly underweight with some generalized atrophy of muscle. Feline Plus panel was unremarkable and survey radiographs were recommended, as was a follow-up weight check. Neither were done. Pt was 6.16# at that time and is now 5.44#. She has a history of frequent vomiting but is otherwise well.

**SPECIES**

Feline

**BREED**

DLH

Abnormal PE/Chem/CBC/UA Results: Recent labs (feline plus 3/1/23) showed iris stage 2 renal disease, nonproteinuric, possibly hypertensive (stressed), that was not present in 2021 and mild hypercalcemia (calcium 11.4mg/dL). Thyroid testing was normal. submitted a recheck calcium today

**SEX**

Female Spayed

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**AGE**

13 years

The left kidney is subjectively normal in size with normal peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

5.5 lbs

The right kidney is borderline small in size (3.04 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A few foci of mineralization are observed. There is no evidence of pyelectasia, infarcts or hydroureter.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Brita Kiffney

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Northshore VH

**Spleen**

The spleen is normal in size (0.67 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.

**REFERRING VET**

Brita Kiffney

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

**DATE**

3.9.23

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately fluid-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



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Trouble Torek

small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in (some/most) segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

**SPECIES**

Feline

**Pancreas**

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

DLH

**Free Abdomen**

There is no obvious evidence of free fluid. A 0.37 cm gastric lymph node is visualized. A few prominent colic lymph nodes are visualized (the largest measuring 0.79 cm in length). Surrounding mesentery is hyperechoic. In addition, a few prominent mesenteric lymph nodes are also seen (the largest measuring 1.26 cm in length).

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Female Spayed

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 years

**Primary Findings**

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**WEIGHT**

5.5 lbs

**Secondary Findings**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Right nonobstructive nephrolithiasis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Fecal evaluation for ova and Giardia
- GI panel including serum cobalamin and folate, TLI and PLI
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Consider transitioning to a hydrolyzed protein or limited antigen diet.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- If the patient remains persistently hypercalcemic, consider an ionized calcium/PTH/PTHrP

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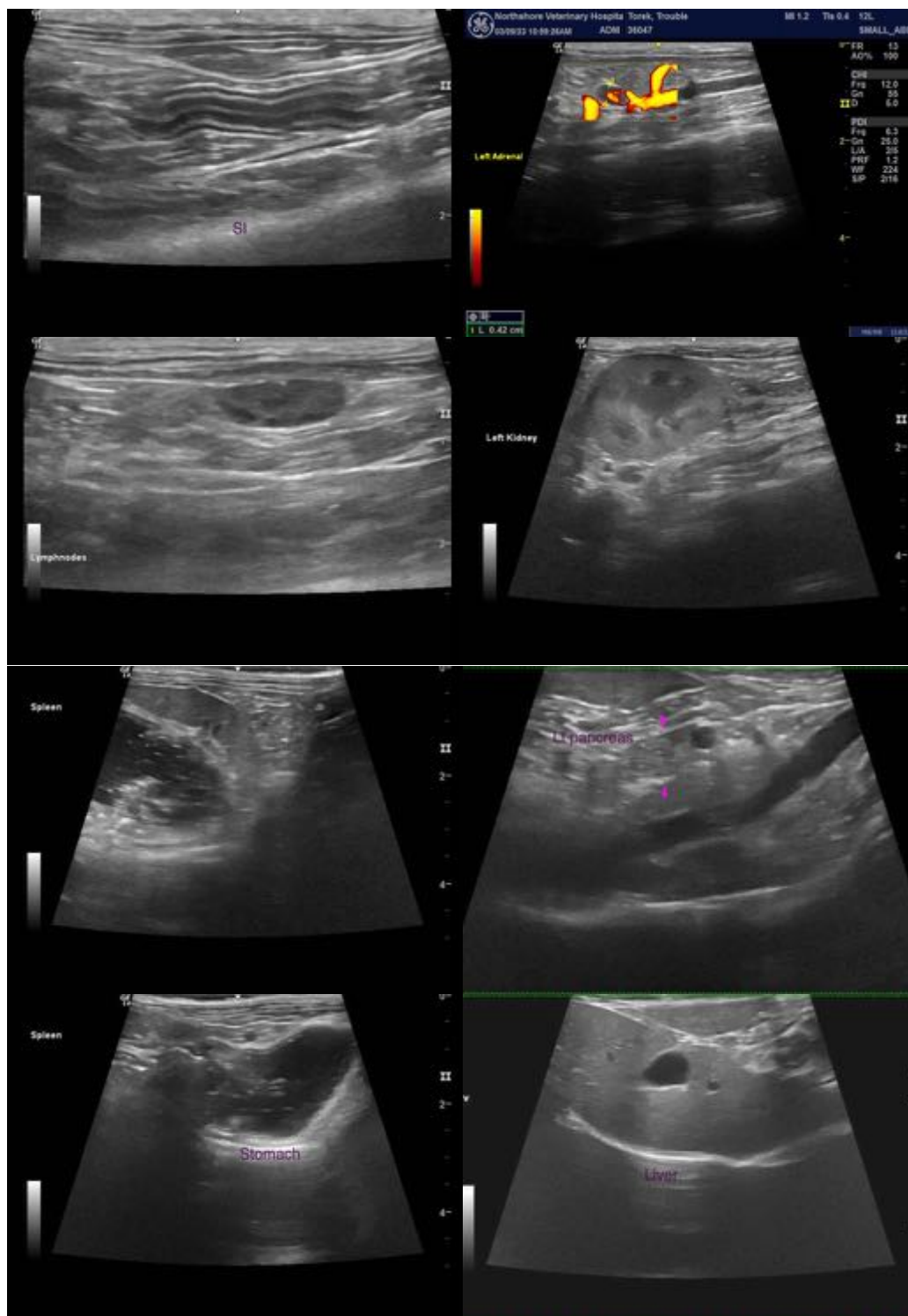
Brita Kiffney

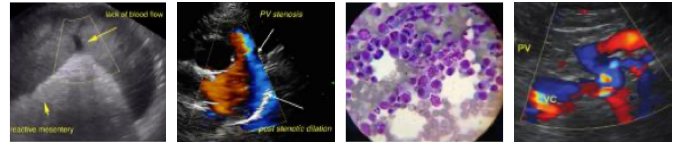
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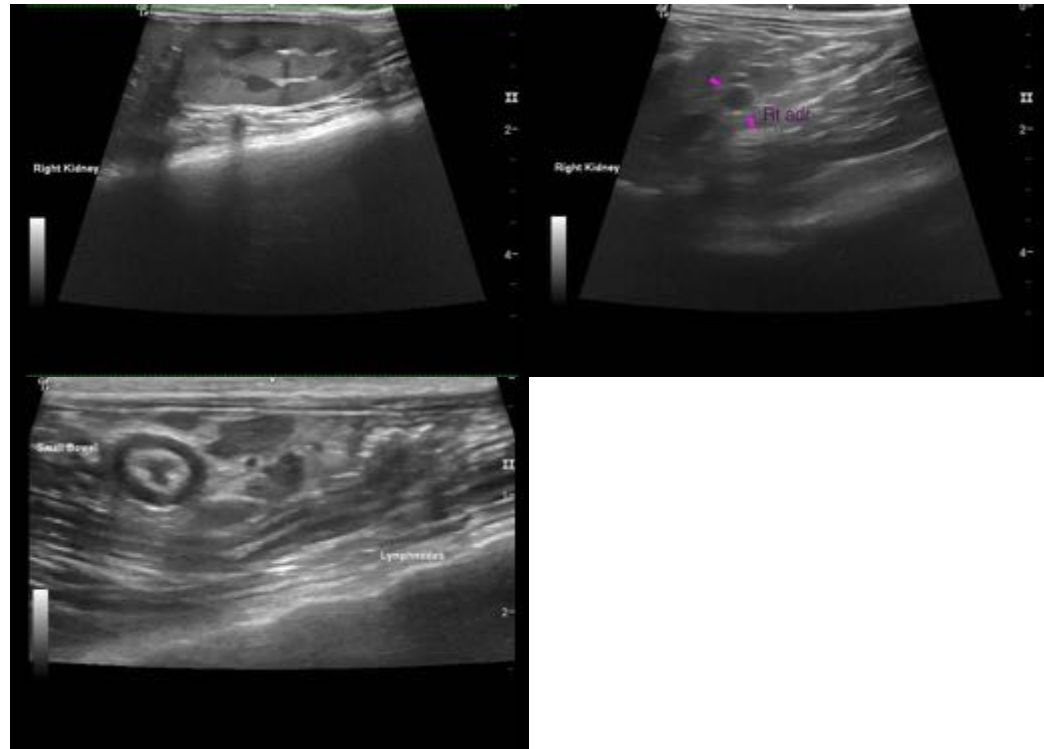
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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