

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Princess Rudko
History: Not eating, not drinking, vomited a couple times, hiding.
4/7/23 - Dr. V saw mass 5x2cm left mammary gland. Spayed at 11 months old.
Given Miritaz and gave zorbium on 4/8 - neither helped per o.
Gave 0.04mL dexdomitor IV for sedation for u/s

SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results
Met Check X-rays - WNL
GLU - 191 (hi) , ALT - 131(hi) , LYM- 0.84(lo), EOS - 0.02(lo), BASO- 0.00 (lo)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH
Urinary System

SEX
Spayed Female
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE
10.5 years
The left kidney is normal in size (3.33 cm in length) with a normal shape, architecture and 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.

WEIGHT
9.4 lb
The right kidney is normal in size (3.75 cm in length) with a slightly irregular shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. One to two small cortical infarcts are suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.69 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. A small to moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with fluid 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

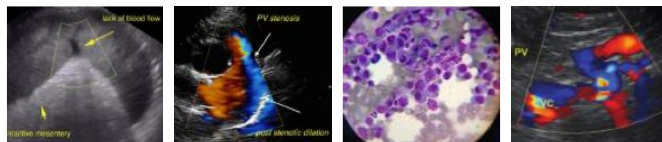
Villari

INVOICE

12732

DATE

4.10.23



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Pancreas

The pancreas is diffusely visible/prominent in size, particularly the left limb. Peripheral margins are slightly irregular. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.25 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with mild to moderate acute pancreatitis, with regional peritonitis.

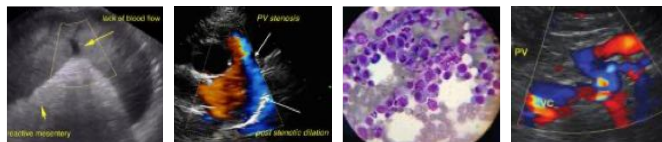
Secondary Findings

- Bilateral chronic age-related renal changes with right cortical infarcts
- The soft, shadowing material within the gastric lumen could be consistent with foreign material (i.e., hair) or retained ingesta. It appears nonobstructive at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support is recommended as soon as the patient will tolerate it. When the patient's pancreatitis has resolved, consider surgical removal of the mammary mass with submission for histopathology





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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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