



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Shade Andrus
History: Shade is transferred from Echo Hollow for suspected DKA.

SPECIES
Feline
Shade is being treated by OVRA since August 2022 for Eosinophilic Granuloma Complectex (lesion on ventral abdomen) with Dexamethasone, Atopic (first 2 weeks just finished), Triamcinolone, and another topical ointment.

BREED
DSH
He presented to Echo Hallow today for anorexia and severe lethargy since last night. There is no vomiting.

Shade is reported to be losing weight despite eating a lot. He is PU/PD for some time.

SEX
He is currently being weaned off of Dexamethasone and just finished his first 2 weeks of Atopica. Dexamethasone 10 mg/ml: Weaned from 0.2 mls SID to 0.15 mls SID

AGE
Neutered Male
Echo Hollo BW 4/8/23:
CBC: HCT 52%, Eosin 0.73 (H),
Chem 17: ALT 194 (H), TBIL 1.0 (H), BUN 74 (H), Crea 4.9 (H)K, Phos 11.3
Amyl 1102 (H), BUN 74 (H), Glu 511,
Electrolytes: Na 141 (L), K 2.7 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

7.7 lbs

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 cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

INTERPRETED BY

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

The left kidney is enlarged (4.18 cm in length) with smooth peripheral contours. The cortex is thickened. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Craig Seyler

The right kidney is enlarged (5.02 cm in length) with smooth peripheral contours. The cortex is thickened. There is moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.17 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Wilvet South

Adrenal Glands

(No images provided).

Spleen

The spleen is not definitively visualized in the available images.

REFERRING VET

Craig Seyler

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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.

INVOICE

12724

The gall bladder is distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are visible, tortuous and mildly dilated.

DATE

4.10.23



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Gastrointestinal

The gastric lumen is moderately distended with fluid and ingesta. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). Surrounding mesentery is hyperechoic to saponified.

Free Abdomen

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to severe acute pancreatitis with regional peritonitis +/- saponification of fat.

Secondary Findings

- The bilateral renal changes could be consistent with chronic interstitial nephritis or less likely, emerging neoplasia (i.e., lymphoma). The trace bilateral pyelectasia may be secondary to age-related remodeling, PU/PD, pyelonephritis and/or IV fluid therapy.
- Gastric ileus. Functional ileus (i.e., secondary to pancreatitis) is suspected with a lower possibility of an outflow obstruction.
- The hepatic changes are most consistent with a diabetic hepatopathy. However, concurrent inflammatory or infiltrative disease and/or hepatic lipidosis cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the bilateral renal changes, a urine culture and sensitivity is recommended.
- A renal aspirate can also be considered to rule out infiltrative neoplasia.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if the patient is to undergo IV fluid therapy.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support should be initiated as the patient will tolerate it to help prevent/treat hepatic lipidosis.
- Serial sonographic monitoring (i.e., daily) of the patient's pancreas is recommended to assess for development of abscessation. Organ function should also be closely monitored.



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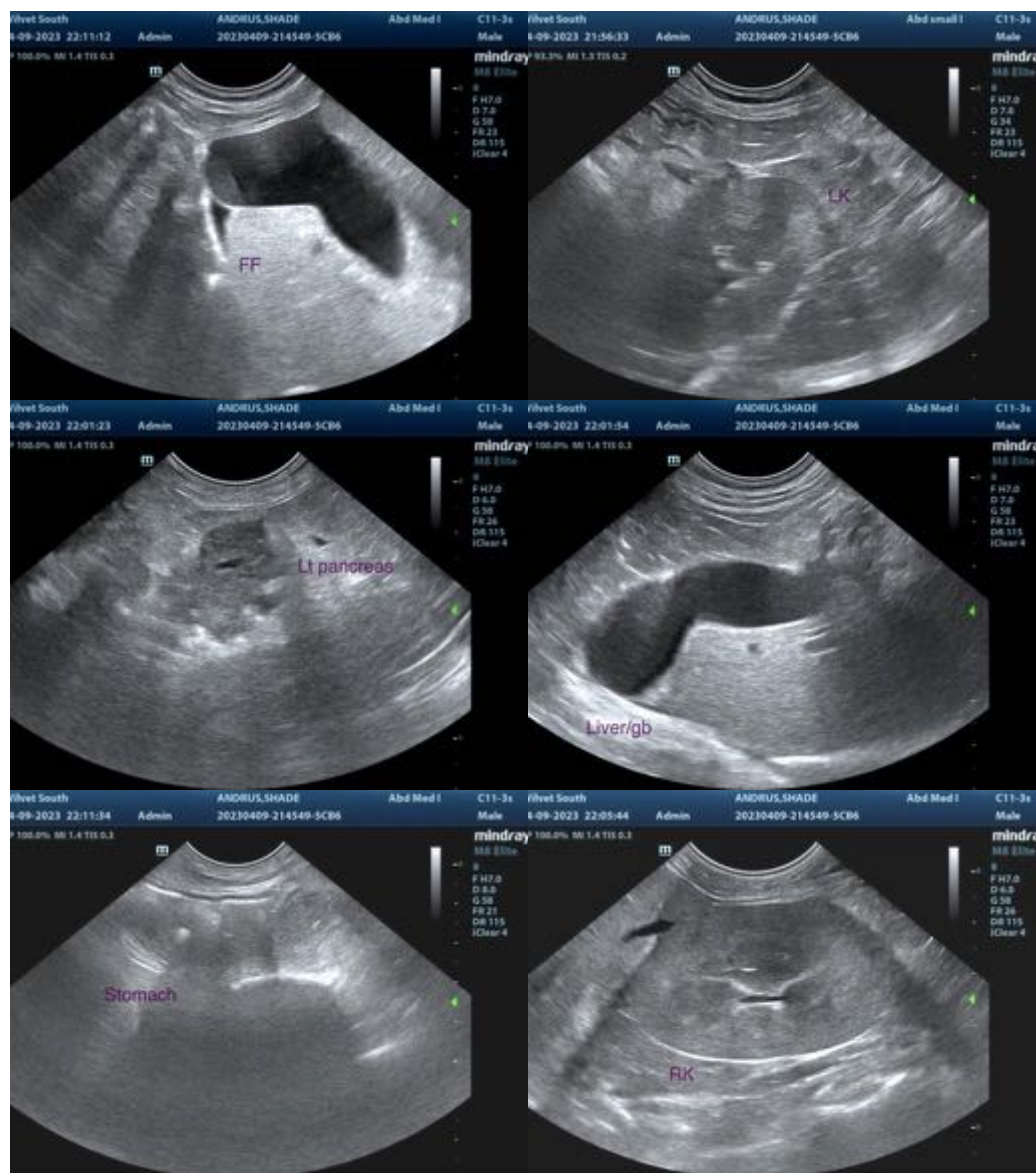
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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