



PATIENT

Whiskey Danna

PRESENTING CLINICAL SIGNS

On methimazole, calcitriol, and Z/D but recently having a lot of weight loss
Abnormal PE/Chem/CBC/UA Results: Amylase 1900, Ca 14.2, creat 2.5, T4 0.8 chest rads WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. A scant amount of suspended echogenic debris is observed within the lumen. The region of the trigone is normal.

BREED

DSH

The left kidney presented normal size (3.25 cm in length); normal shape and architecture with smooth peripheral margins. 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.

SEX

Neutered Male

The right kidney presented normal size (3.49 cm in length); normal shape and architecture with smooth peripheral margins. 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.

AGE

15 Years

Adrenal Glands

The left adrenal gland was normal in size, measuring 0.31 cm in width. Normal shape and glandular echogenicity.

WEIGHT

7.8 Pounds

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

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

Spleen

The spleen is normal in size (0.76 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.

IMAGING PERFORMED BY

Dr. Scott

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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Ho Ho Kus Vet
Hospital

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall is normal to borderline thickened (up to 0.29 cm) with apparent retention of the normal layering pattern. There is disruption of the normal 1:3 muscularis/mucosal ratio in some segments. Discreet masses are not identified. The ileum is mildly thickened up to 0.39 cm with a prominent muscularis layer. The mesentery effacing the ileocecolic junction is slightly hyperechoic. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

REFERRING VET

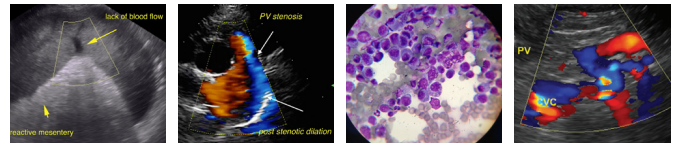
Dr. Eisenberg

INVOICE

36791

DATE

4/11/22



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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

PRIMARY FINDINGS

- The bowel changes could be consistent with inflammatory bowel disease or emerging lymphoma.

SECONDARY FINDINGS

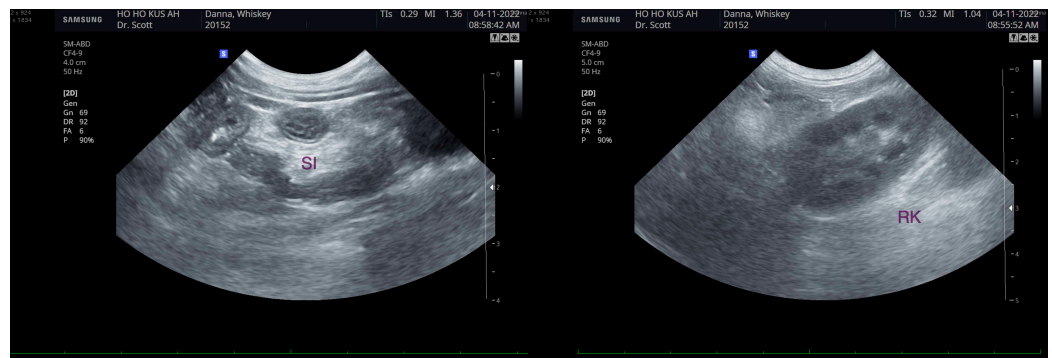
- Minor, non-specific, age related, renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the weight loss, consider the following:

- 3-view thoracic radiographs to assess for occult neoplasia in the chest.
- Thorough neurological examination. In some patients with brain tumors, weight loss is the sole clinical sign.
- Malabsorption panel including serum cobalamin, folate, TLI and PLI
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be warranted.

Given the hypercalcemia, discontinuation of the Calcitriol is recommended with a recheck of the total and ionized calcium levels in 3-4 weeks is recommended.





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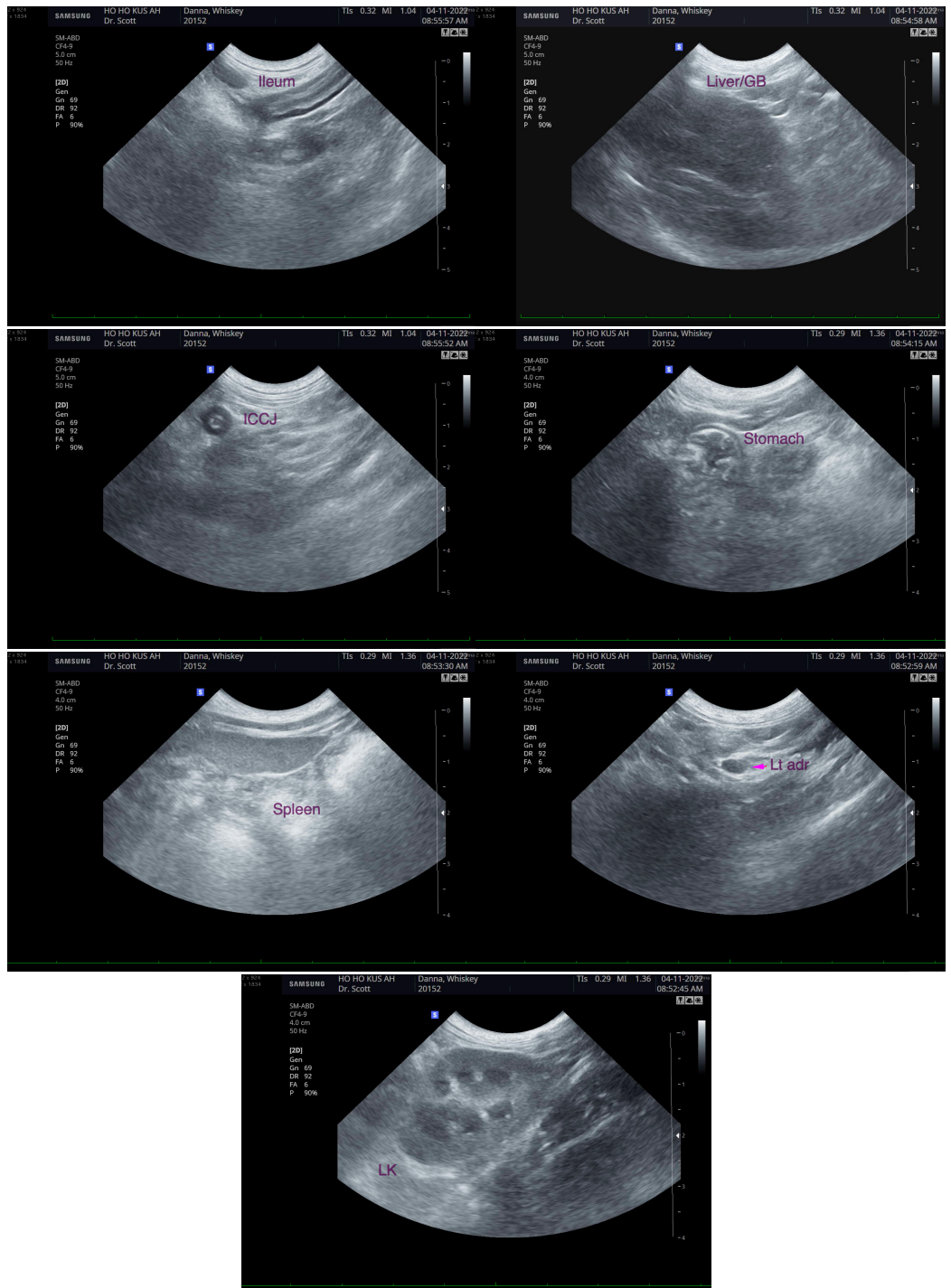
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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info@SonoPath.com

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