



PATIENT

Amber Graham

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

19 Yrs. 5 months

WEIGHT

2.9

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

13239

DATE

4/19/22

PRESENTING CLINICAL SIGNS

History: Geriatric, Starting a few days ago, amber has seemed confused - befuddled, has decreased eating. Always vocalizes after having a bowel movement. AUS for evaluation
Abnormal PE/Chem/CBC/UA Results: Chem: WNL except increase SDMA = 39ug/dL (0-14) was 11 in Oct 2021 increased GLOB= 52g/L (28-51) decreased K = 3.4 mmol/L (3.5-5.8) T4= normal= 55 (10-60) Urinalysis: cysto, SG= 1.014 pH=5.0, PRO= 30mg/dL, Glu= 100mg/dL ket=neg, bld= 250eryul, bacteria= nonedetected epti= <1/HPF, Casts non-hyaline= suspect presence crystals = none detected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

The left kidney is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed at the corticomedullary junction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm cranial; 0.36 cm caudal; 0.95 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.34 cm cranial; 0.38 cm caudal; 0.96 cm length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. A 0.44 cm parenchymal cyst is observed near the base/left limb. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Bilateral, chronic non-specific nephropathy with dystrophic mineralization.
- The hepatic changes are consistent with age-related parenchymal remodeling
- Age-related pancreatic remodeling with a parenchymal cyst.

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*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include systemic hypertension, primary neurologic disease (i.e., stroke, tumor), cardiac disease, hepatic encephalopathy (less likely), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline blood pressure measurement.
- Thoracic radiographs (three-view) to assess for occult neoplasia.
- Consider an echocardiogram and EKG.
- Pre- and post-prandial serum bile acids can be considered to assess hepatic dysfunction, particularly if the clinical suspicion for hepatic encephalopathy is high.
- If the above tests are inconclusive and an aggressive approach is desired, consider referral to a board-certified neurologist to discuss an MRI +/- CSF tap.

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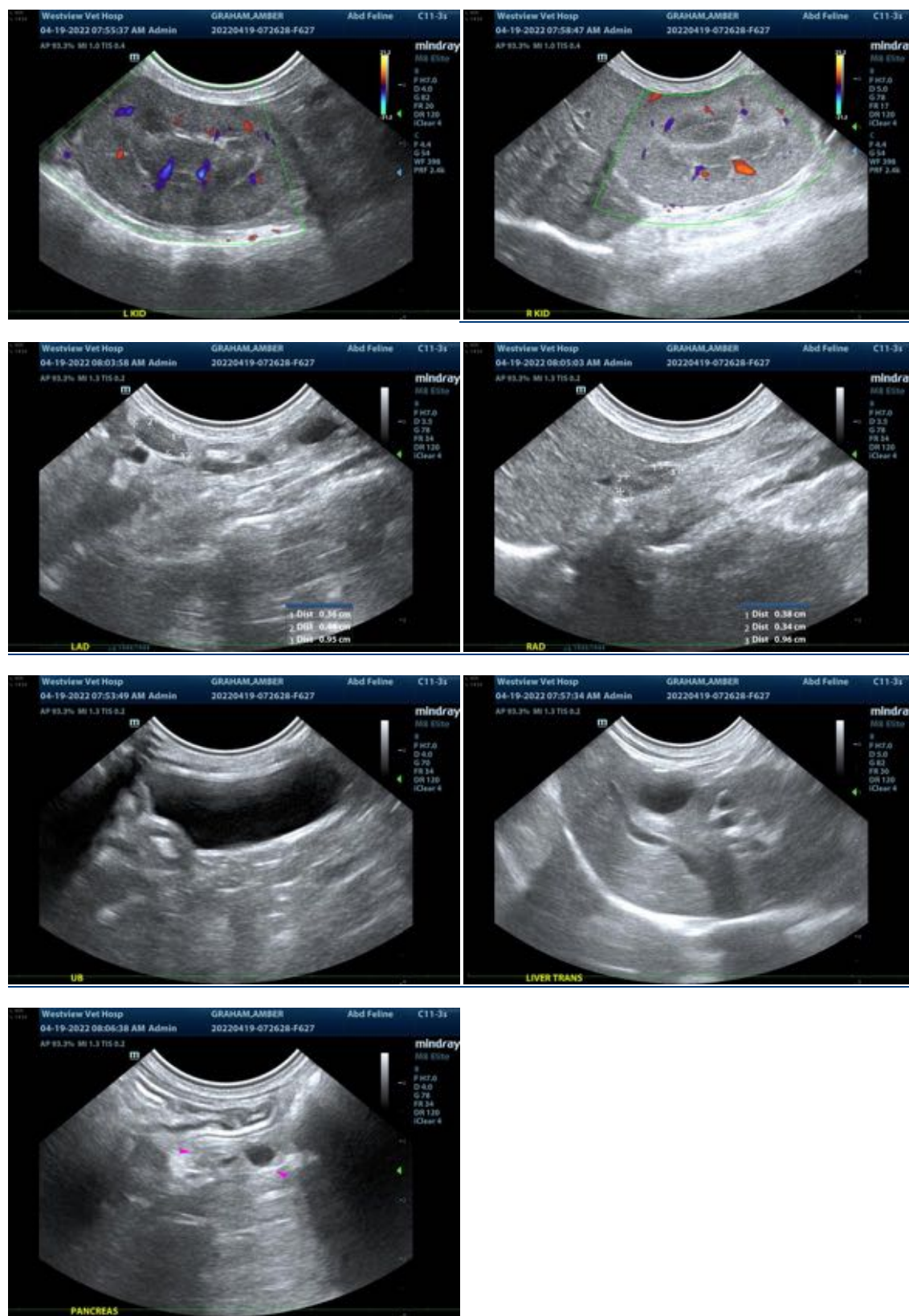
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The information and recommendations provided are based on the images presented by the referring



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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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Andrea.nicastro@sonopath.com

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