



PATIENT PRESENTING CLINICAL SIGNS

Oliver Cook History: P presents for weight loss and acute anorexia. P hasn't eaten since Sunday and has been vomiting bile. P has a history of hair balls. No prior vet care or records. P started perking up yesterday but still was vomiting.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE: P QAR. Mild pain response and lick smacking on cranial abdominal palpation. TPR WNL. Chem 27, CBC, fPL, UA, T4 pending.

BREED

Persian

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.

SEX

Neutered Male

No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

10 years

The left kidney is normal in size (3.72 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

WEIGHT

7.6 lbs

The right kidney is normal in size (3.74 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.96 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 appears normal.

IMAGING PERFORMED BY

Saum Hadi

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.

HOSPITAL NAME

Nimbus PH

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Saum Hadi

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. 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. There is no evidence of an obstructive pattern.

INVOICE

12798

Pancreas

The left limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The

DATE

4.20.23



PATIENT pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Oliver Cook

Free Abdomen

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

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

Primary Findings

BREED

- Suspected mild pancreatitis in the left limb

Persian

Secondary Findings

SEX

- Mild bilateral chronic renal changes

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 years

- Consider an fPLI +/- a full malabsorption panel, including serum cobalamin and folate, TLI and PLI to further assess for pancreatitis, as well as maldigestion/malabsorption.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- If the patient's clinical signs do not improve within 24-48 hours, consider repeat abdominal imaging, +/- a more comprehensive GI work-up.
- Thoracic radiographs should also be considered to assess for occult aspiration pneumonia.

WEIGHT

7.6 lbs

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PATIENT

Oliver Cook

SPECIES

Feline

BREED

Persian

SEX

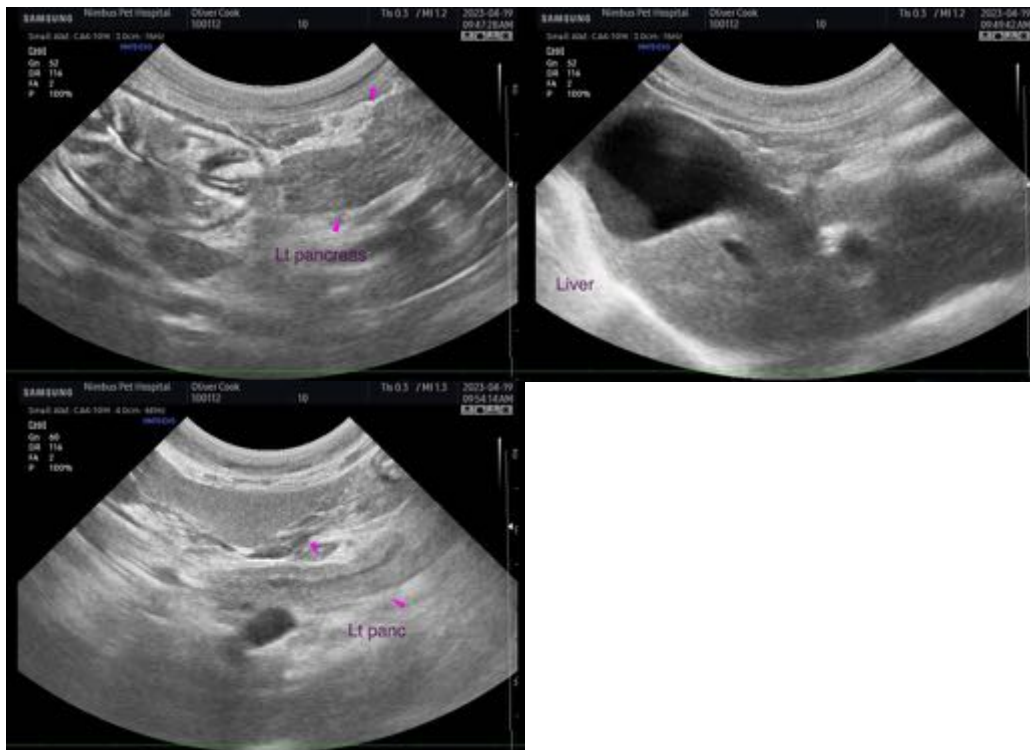
Neutered Male

AGE

10 years

WEIGHT

7.6 lbs



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.

INTERPRETED BY

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

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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