


PATIENT PRESENTING CLINICAL SIGNS

Purdy Raymaker History: PU/PD, decreased appetite, vomits food EOD, hyperthyroidism.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 3 weeks ago: slightly low white blood cells, mild elevation in BUN, mild elevation in ALP, dilute urine, high T4(5.7). Methimazole dose was increased, rechecking bloodwork today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED

DSH

Urinary System

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

SEX

Spayed Female

The left kidney is subjectively normal in size with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of hydronephrosis. Renal vasculature is normal.

AGE

15 years

The right kidney is normal in size (3.23 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Severe pyelectasia is present (0.81 cm in the longitudinal plane). There is no evidence of infarcts. Proximal hydronephrosis is suspected, but difficult to evaluate. Renal vasculature is normal.

WEIGHT

7.95 lbs

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

INTERPRETED BY

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

The right adrenal gland is borderline enlarged (0.54 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Spleen

The spleen is normal in size (0.82 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

Dr. Sheldon

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

Advanced PC of
Oakland

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.

REFERRING VET

Dr. Sheldon

Gastrointestinal

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 not dilated. The small intestinal wall is normal to mildly thickened (up to 0.27 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The

INVOICE

12843

DATE

4.24.23



PATIENT ileocecal colic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Purdy Raymaker

Pancreas

SPECIES

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Feline

Free Abdomen

BREED

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Spayed Female

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings

AGE

15 years

- Bilateral chronic renal changes with pyelectasia, more severe in the right kidney. The pyelectasia may be secondary to pyelonephritis, age-related remodeling, or ureteral disease (i.e., stricture, stone, tumor, particularly on the right side).

WEIGHT

7.95 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the PU/PD, consider a urinalysis with culture and sensitivity, particularly in light of the bilateral renal changes.
- Regarding the vomiting and inappetence, consider the following:
 1. Three-view thoracic radiographs to assess for occult disease in the chest
 2. Fecal evaluation for ova and Giardia
 3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
 4. +/- endoscopic or surgical GI biopsies
 5. Also consider limited antigen or hydrolyzed protein diet trial when the patient is eating again.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

- If the hyperthyroidism remains unregulated, the methimazole dose may need continued adjustment. Regulation of the patient's T4 level may normalize some of the clinical signs.

HOSPITAL NAME

Advanced PC of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

12843

DATE

4.24.23



PATIENT

Purdy Raymaker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

7.95 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PC of
Oakland

REFERRING VET

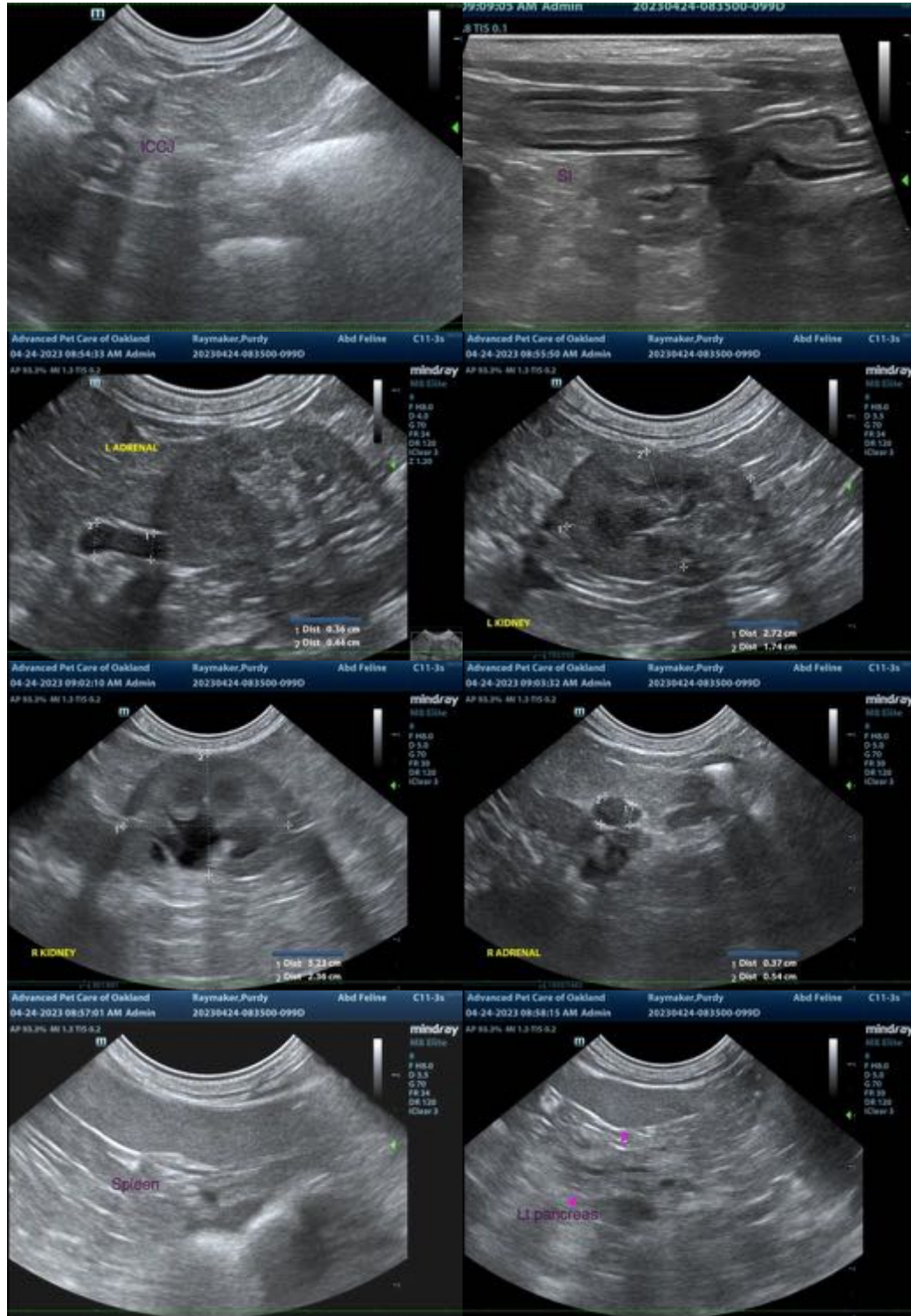
Dr. Sheldon

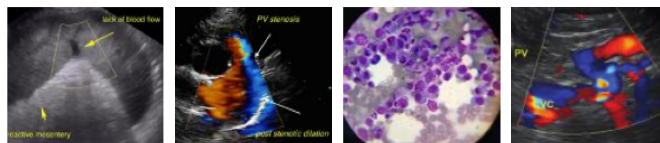
INVOICE

12843

DATE

4.24.23





PATIENT

Purdy Raymaker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

7.95 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PC of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

12843

DATE

4.24.23



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)
info@SonoPath.com