



PATIENT

Shadow Shulist

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

13 years

WEIGHT

7.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

Dr. Sandhu

INVOICE

10832

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History: Was seen in Feb for hiding, vomiting, weight loss and decreased appetite. Diagnosed as Hyperthyroid and started Felimazole. Next bloodwork showed T4 less than 6. April 22 seen for very smelly stools, horrible diarrhea, weight loss, hungry but vomiting with increased GI sounds. Metronidazole not helpful. Start Tylocin and Prednisolone. Quite thin. Abnormal PE/Chem/CBC/UA Results: ALT elevated 127, ALP elevated 478, Fecal Negative.

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 is mildly distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.79 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.63 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

The gall bladder is moderately distended. A bilobed conformation is suspected. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is suspected to be patent. The small intestinal lumen is diffusely fluid-distended (mild) and hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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Pancreas

The right limb is visible/prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.17 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. A few mesentery lymph nodes are visible (<0.5 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse gastrointestinal ileus.
- The pancreatic changes are consistent with mild, acute or chronic active pancreatitis.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings

- Bilateral, chronic, age-related renal changes with right dystrophic mineralization
- Bilobed gall bladder – incidental
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Despite the negative fecal evaluation, consider prophylactic deworming with fenbendazole.
- A 6-week limited antigen diet trial to assess for food allergies, if patient will tolerate it.
- Given the elevated liver enzymes, consider pre-and postprandial serum bile acids to assess hepatic function. Toxoplasmosis testing (i.e., IgM and IgG) is also a consideration.
- Ultimately, gastrointestinal, and hepatic biopsies may be necessary to get a definitive diagnosis. Bile cultures (aerobic and anaerobic) should also be obtained if biopsies are pursued. Prior to biopsies, the corticosteroids should be tapered/discontinued as they may mask underlying pathology.
- While awaiting test results, consider nutrition support (i.e., via a temporary feeding tube) +/- empirical treatment for bacterial cholangiohepatitis (i.e., add amoxicillin-clavulanic acid and Denamarin to the current treatment regimen).
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.



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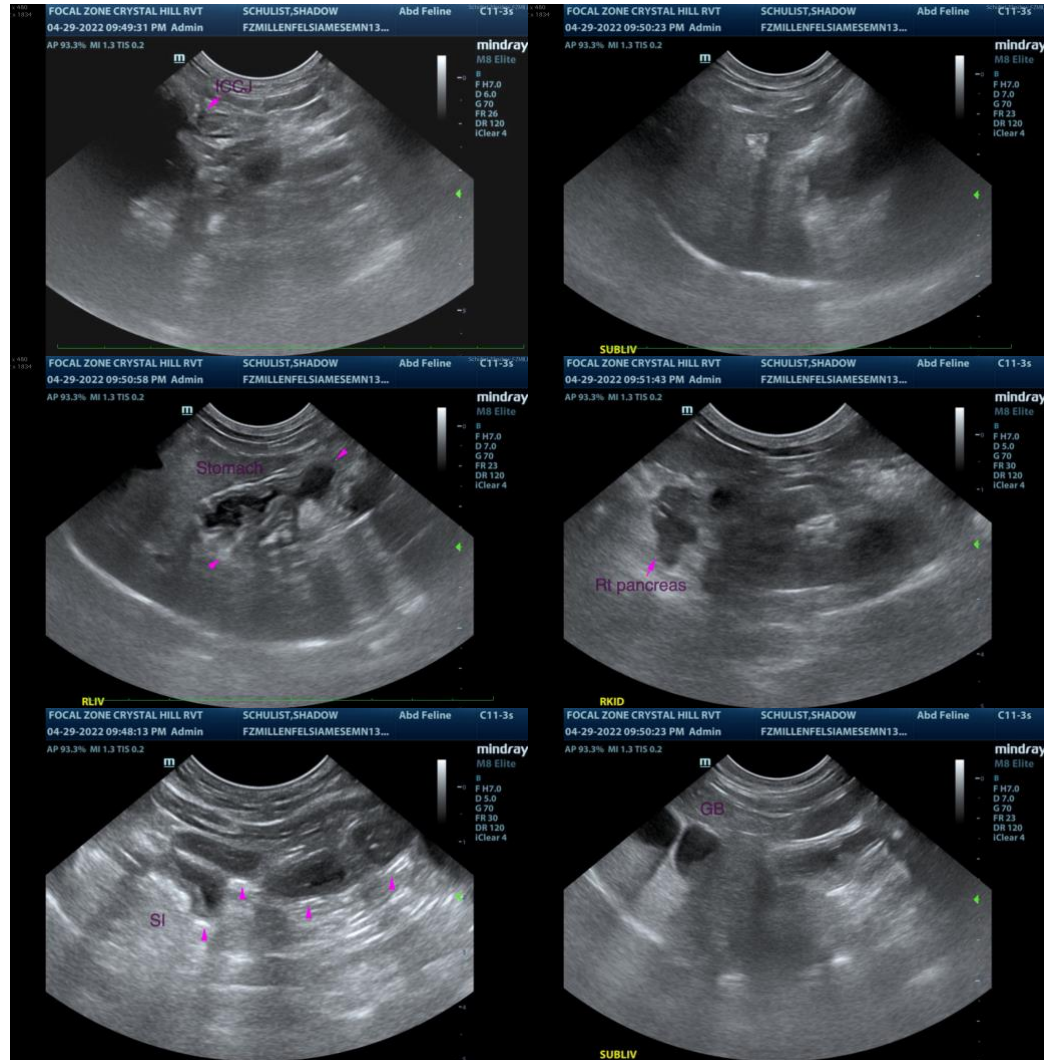
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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