



PATIENT

Cinnamon Weber

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

02/18/2012

WEIGHT

4.4 kg

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl Summerville ER

REFERRING VET

Dr Kelsey Harris

INVOICE

22851

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Cinnamon is a 14yo, female spayed DSH presenting for labored breathing. The owner was woken up during the night by the patient howling and stumbling. She was observed to have widely dilated pupils, was acting as if she could not see, was panting heavily, and urinated on the floor. Her motor skills were noted to be off, and she was uncharacteristically docile, allowing herself to be held. The owner was concerned about a possible stroke. The rapid breathing reportedly began just prior to presentation. The patient had a senior blood panel approximately 2 months ago which was reportedly normal.

Attitude: QDR

Hydration: 5% dehydrated

BCS: 5/9

Pain: 0/4

MM: light pink

CRT: 2 sec

EENT: moderate dental calculus and gingivitis, no oral foreign objects or masses appreciated, no nasal or ocular discharge

PLNS: all peripheral LNs normal in size, soft, symmetric, and non-painful

CV: no murmurs ausculted, regular rhythm, femoral pulses strong and synchronous

RESP: moderately tachypneic (80 brpm), mildly dyspneic, bronchovesicular sounds slightly harsh bilaterally, no obvious crackles ausculted

ABD: soft, non-painful, no palpable organomegaly or masses

UG: bladder soft and small in size, normal external genitalia

M/S: normal ambulation, no evidence of lameness or muscle wasting

INTEG: full hair coat, no alopecia, scale, erythema, or evidence of ectoparasites

NEURO: normal mentation, normal CNS, no ataxia, normal CPs and withdrawals x 4, no spinal or cervical pain noted

POCUS:

THORACIC:

No pericardial effusion

No pleural effusion

Glide sign present

Majority A-lines (dry lung)

1-2 pulmonary B-lines (wet lung) detected bilaterally

LV volume (subjective) - decreased vs. thickened muscle

LV function (subjective) - decreased

LA size (subjective) - severely enlarged

ABDOMINAL:

DH 1

SR 0

CC 0

HR 0

Total Score: 1/4

Gall Bladder Wall: Moderate edema/halo sign present

Gall Bladder Contents: Typical

Urinary Bladder Wall: Typical

Urinary Bladder Contents: Typical

Caudal vena cava: subjectively appears distended

Clinical Impressions: Severe left atrial enlargement and poor cardiac contractility, moderate gallbladder edema, a subjectively distended caudal vena cava, and a very small amount of peritoneal effusion



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surrounding the liver lobes. All findings are highly concerning for significant cardiac dysfunction and likely concurrent right sided CHF +/- left sided CHF.

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Abnormal lab-work values:

- PCV/TP: 40%/6.6

- BG: 201 (H)

- Lactate: 3.2 (H)

- ECG: NSR with 2 single VPCs detected during ~2 minute evaluation

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- CBC: PLT 71k (L), PCT 0.13 (L), rest WNL

- Manual PLT count: 60k with moderate clumping

- Chem17: BG 193 (H), Amylase 1608 (H), rest WNL

- SDMA: 8 (N)

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- T4: 1.7 (N)

- Cardiac proBNP: Abnormal

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Current Medications: Butorphanol 0.9 mg IV PRN, Furosemide 9 mg IV q4h PRN, Clopidogrel 18.75 mg PO q24h

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Radiographic Findings - CXR (3-view) + AXR (3-view) with STAT Antech radiologist review:

1. 6 images of the thorax and abdomen are available for interpretation. The cardiac silhouette is normal in width and measures 2 intercostal spaces wide but there appears to be biatrial enlargement present. The pulmonary vasculature is normal. There is a mild diffuse bronchointerstitial pattern within the lung fields with slightly increased infiltrate noted within the caudal ventral lung field. No pleural effusion is seen. The caudal vena cava is prominent. The trachea is normal. There are severe degenerative changes in the elbows. The detail in the abdomen is normal. The liver is normal. The stomach is empty. The small intestines are mildly dilated with fluid and gas. The colon contains formed feces. The kidneys are normal in shape and opacity but are small. The urinary bladder is normal. The TL spine is aligned. The pelvis and hips are normal.

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Assessment

1. Biatrial enlargement associated with the heart which could suggest occult cardiomyopathy. A complete echocardiogram may be helpful for further assessment if clinically feasible.
2. Mild diffuse bronchointerstitial pattern within the lungs with slightly increased infiltrate in the caudal ventral lung fields. Age changes contributing to some of the infiltrate may be considered. Developing pulmonary edema from congestive heart failure is a consideration especially given the changes associate with the heart. PTE is also possible. A cause for the neurologic signs is not otherwise identified. Embolic disease would be a primary concern.
3. Small kidneys which is concerning for renal disease.
4. Diffuse dilation of small bowel typical of functional ileus. This could be exacerbated by aerophagia. No mechanical obstruction is seen.
5. Otherwise, normal abdomen. No obvious effusion is visible, but ultrasound is more sensitive in this assessment.

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Dr. Anne Bahr, DACVR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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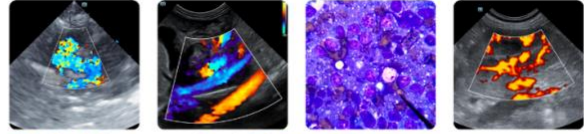
Urinary System

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

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The left kidney is normal in size (3.53 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



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The right kidney is normal in size (3.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SPECIES

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Adrenal Glands

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (0.70 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.

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Liver

The liver is subjectively normal in size with normal curvilinear 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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The gastric lumen is moderately-distended. The wall is mildly-thickened (up to 0.17 cm) and hyperechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The duodenal papilla is normal-in-size (0.26 cm in width).

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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 transverse plane borderline-thickened (up to 0.27 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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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.

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Lymph Nodes

A 0.52 x 0.72 cm lymph node is observed in the mid- to caudal abdomen.

Free Abdomen

There is no obvious evidence of free fluid.

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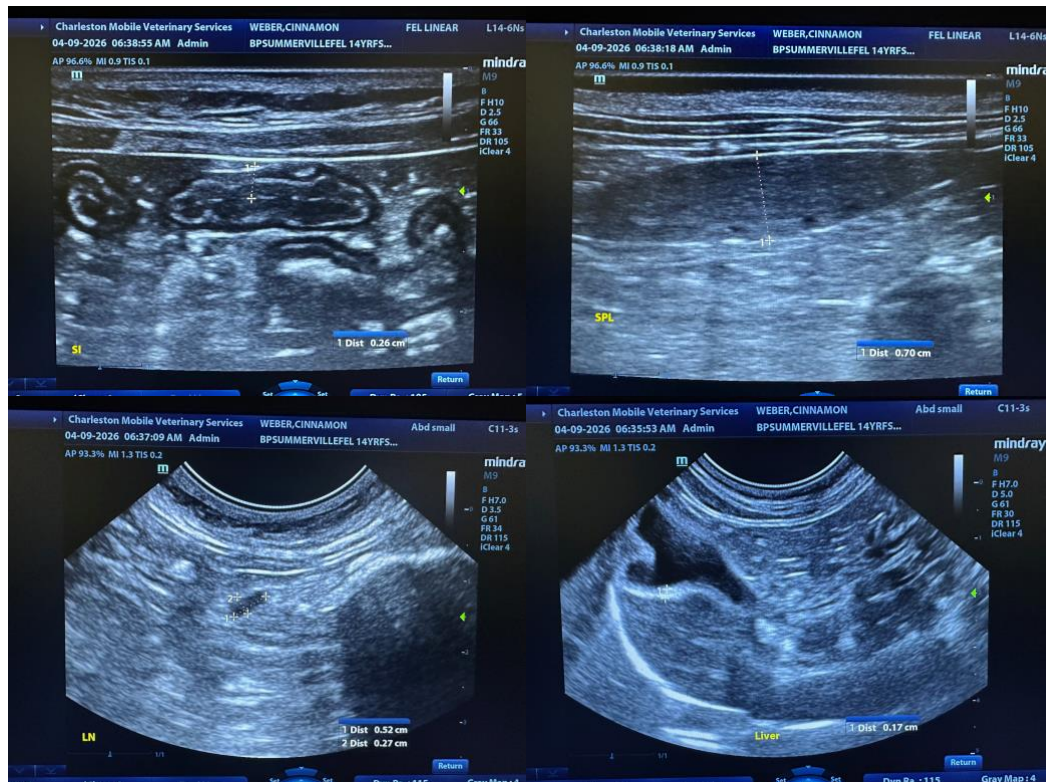
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ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific age-related renal changes
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.
- The prominent lymph node in the caudal abdomen is likely reactive, with a lower possibility of emerging neoplasia.
- The gallbladder wall changes could be consistent with benign age-related hyperplasia or cholecystitis. Correlation with the patient's clinical history and liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations should be based on the echocardiogram report.





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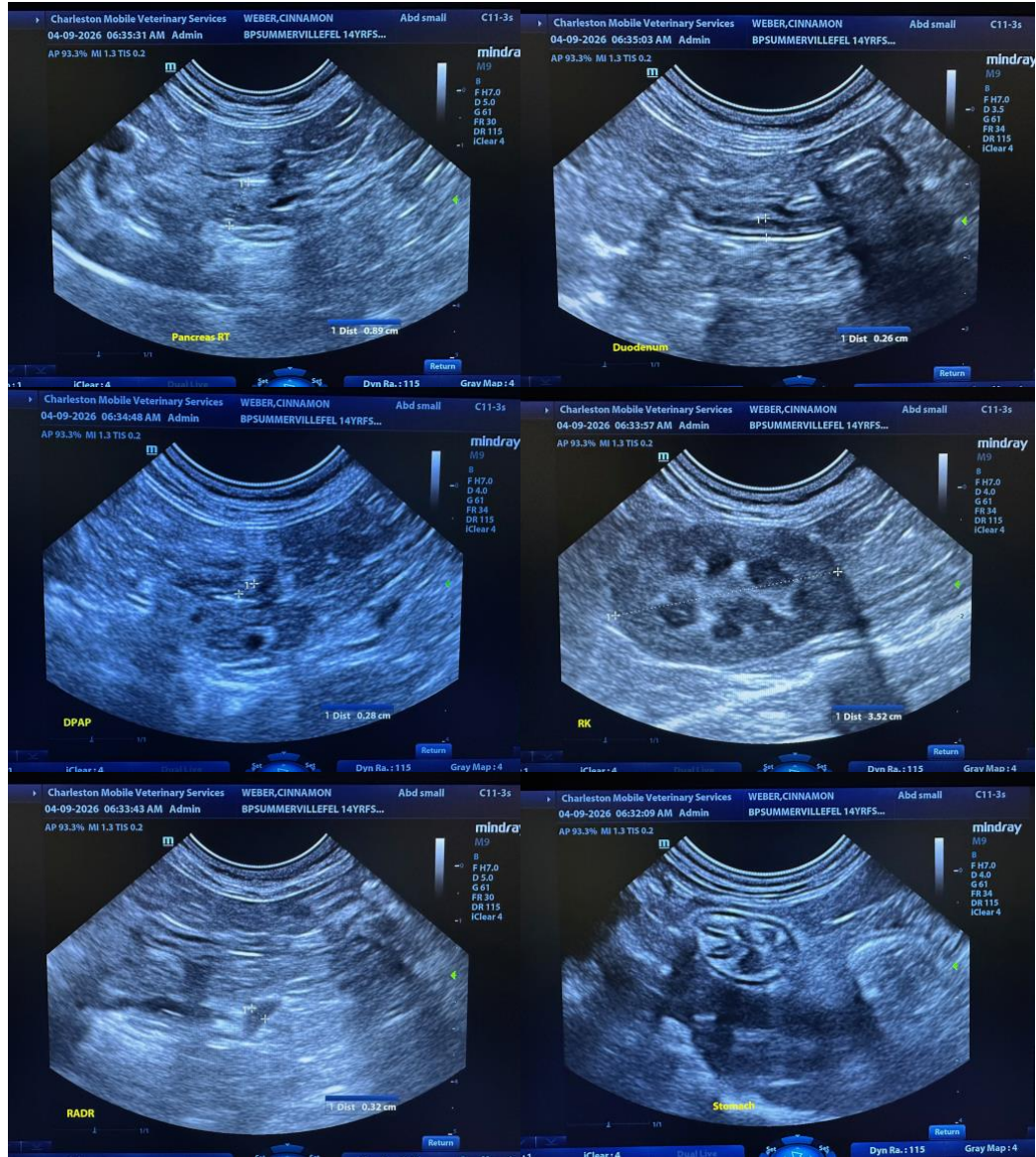
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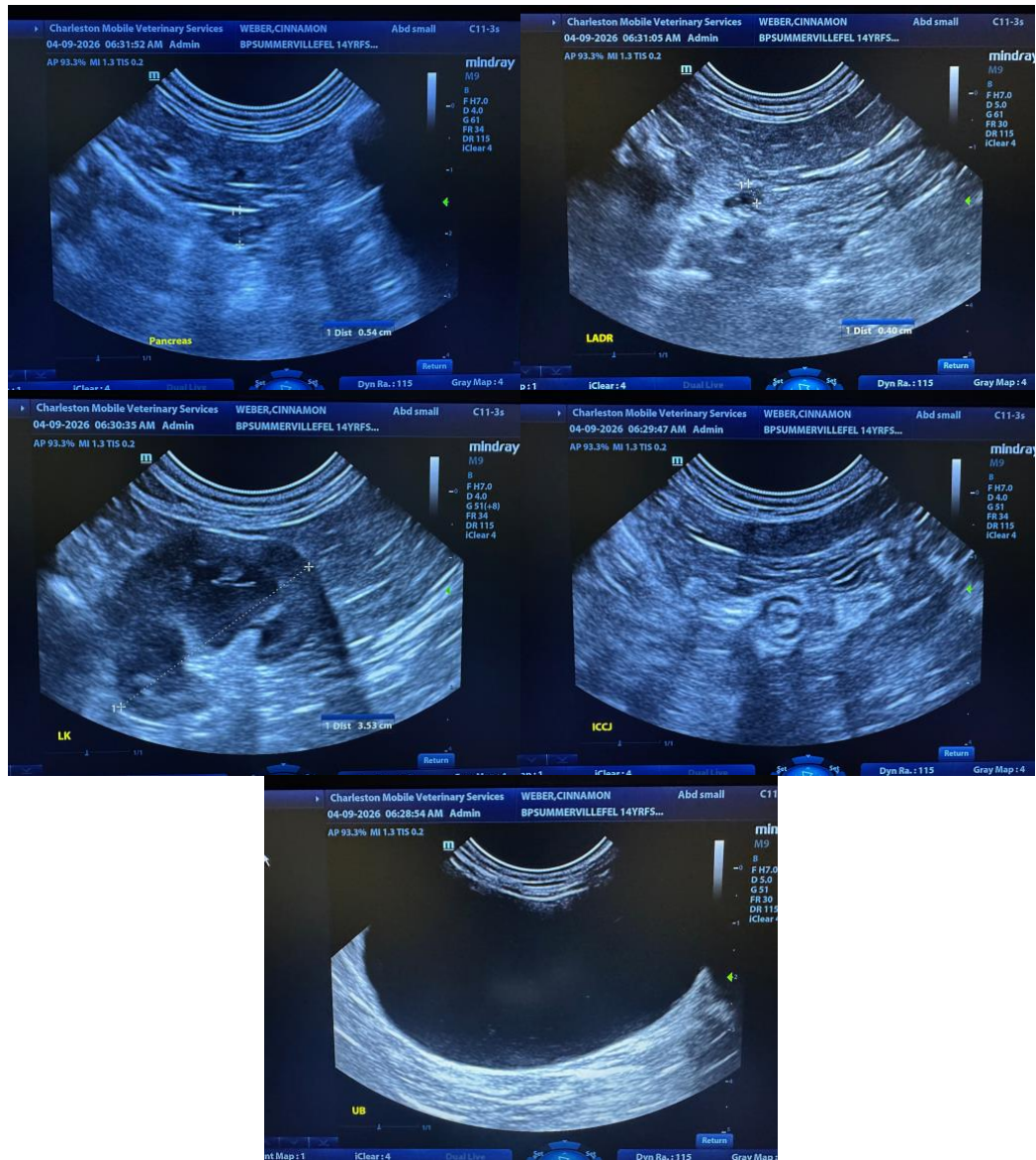
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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