



PATIENT

Gizmo Przybylinski

PRESENTING CLINICAL SIGNS

History: diabetic, on lantis/humulin. recheck hepatolipidosis pattern; is now eating regularly

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of aggregated echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal. Adjacent to the ventral bladder wall, there is an aggregation of adhered mesentery surrounding an ill-defined hypoechoic to anechoic area measuring approximately 1.20 cm.

BREED

Domestic shorthair

SEX

Male, neutered

The left kidney is normal size (4.65 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

9 Yrs.

The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

17 lbs.

Adrenal Glands

The left adrenal gland is normal in size (1.06 cm length; 0.36 cm width) with a normal shape and smooth peripheral contours. A few irregular, hyperechoic to mineralized areas are observed within the parenchyma. Glandular echogenicity and detail are otherwise normal. Surrounding vasculature appears normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (1.16 cm length; 0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 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.

IMAGING PERFORMED BY

Diane McFadden,
RVT

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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. A bi-lobed confirmation is suspected. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

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 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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DATE

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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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Feline

Free Abdomen

Trace free fluid is observed in the caudal abdomen. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

SEX

Male, neutered

Primary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Changes are similar to the previous sonogram.
- Caudal retroperitonitis ventral to the urinary bladder. The origin and significance of the hypoechoic to anechoic structure within the active mesentery are unclear. The lesion and inflammatory response in this region may be a result of trauma (i.e., cystocentesis or other external trauma, infection, granuloma, other).

AGE

9 Yrs.

Secondary Findings:

- Bilateral age-related renal changes. Changes are similar to the previous sonogram.
- The hyperechoic to mineralized foci within the left adrenal gland parenchyma are likely a benign age-related incidental finding.

WEIGHT

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for hepatic lipidosis is recommended if the patient's clinical status and liver enzymes continue to improve. If this is not the case, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) should be considered. If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.
- With regard to the caudal retroperitonitis and echogenic lesion, a repeat ultrasound is recommended in 2-3 weeks to assess for progression/resolution. If the lesion does not resolve, aspiration or exploratory/biopsy of the lesion may be warranted.

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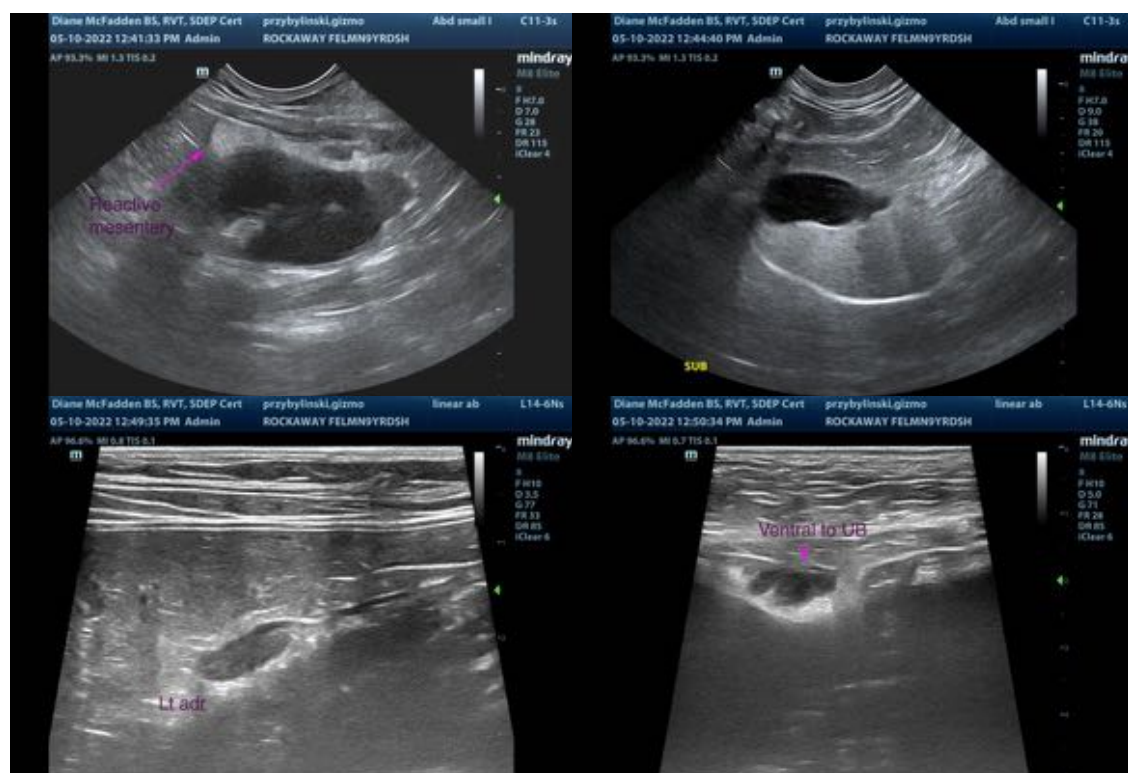
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (Small Animal Internal Medicine)

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