

**PATIENT PRESENTING CLINICAL SIGNS**

Nana Hajiyelau History: Patient presents for abnormal FPL.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

DSH/Bengal Cat The left kidney is normal in size (3.33 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 appears normal.

**SEX**

Female Spayed The right kidney is normal in size (3.34 cm in length) with a normal shape, architecture and smooth peripheral margins. 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. Renal vasculature appears normal.

**AGE**

12 years **Adrenal Glands** The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

**WEIGHT**

9.4 lbs The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

**Spleen**

The spleen is normal in size (0.89 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.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Vazquez

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.

**HOSPITAL NAME**

Animal Paradise Hosp

**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 in thickness 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.

**REFERRING VET**

Dr. Mostafa ElShafie

**Pancreas**

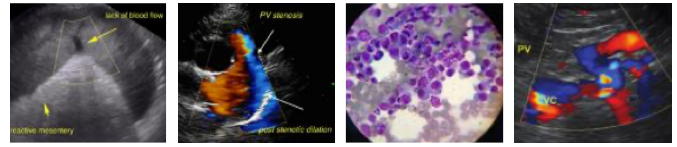
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The right limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). Surrounding mesentery is mildly hyperechoic.

**DATE**

5.11.23



**PATIENT**

**Nana Hajiyelau** *Free Abdomen*  
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The pancreatic changes are suggestive mild chronic active pancreatitis with age-related remodeling.

**BREED**

DSH

**Secondary Findings**

- Bilateral chronic renal changes

**SEX**

Female Spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Symptomatic care for pancreatitis flareups should be administered as needed. If a flareup occurs, a repeat ultrasound is recommended at that time to assess severity.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to assess for concurrent maldigestion/malabsorption.
- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).

**AGE**

12 years

**WEIGHT**

9.4 lbs

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**HOSPITAL NAME**

Animal PH

**REFERRING VET**

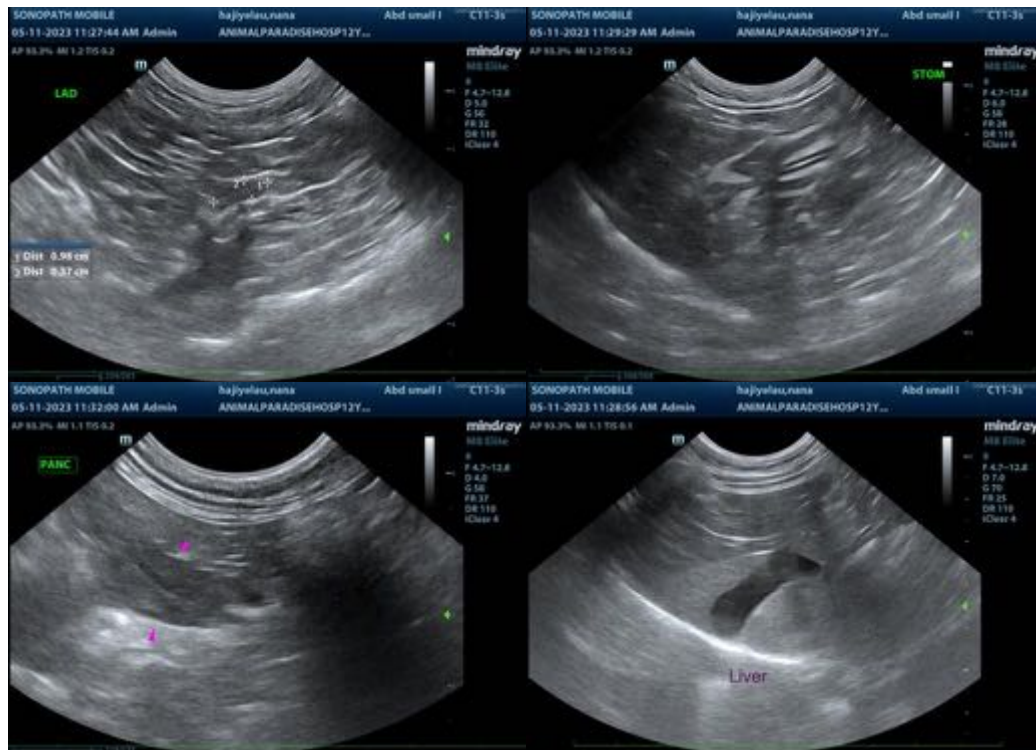
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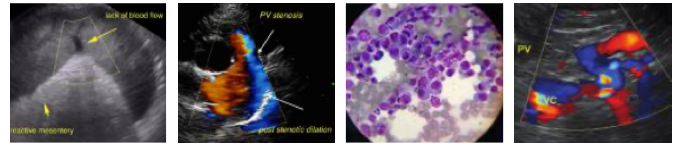
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**PATIENT**

Nana Hajiyelau

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

9.4 lbs

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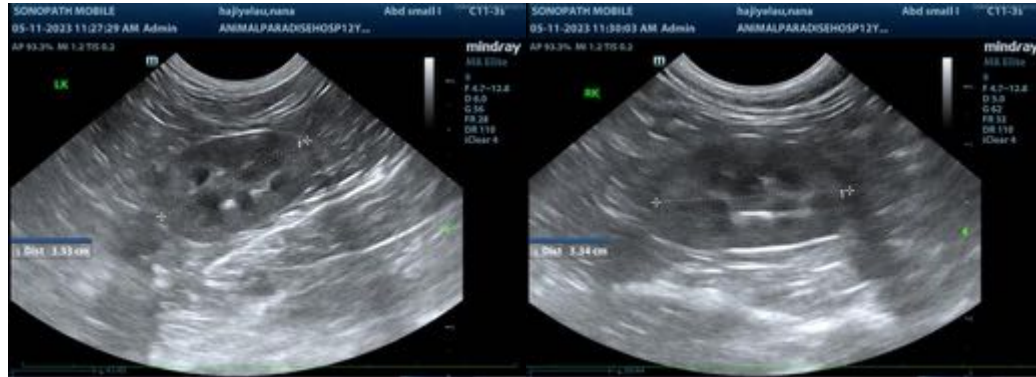
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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