



PATIENT

Taffy Fraley

PRESENTING CLINICAL SIGNS

History: Not Eating, hiding

fPL negative, BUN 50, SDMA 15, CBC WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic shorthair

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

SEX

Female, spayed

The left kidney is borderline small in size (4.14 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A large cortical infarct is observed at the caudolateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

AGE

15.5 Yrs.

The right kidney is normal size (3.00 cm in length); normal shape and architecture with 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.

WEIGHT

11.81 lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING PERFORMED BY

Amy Mayhew LVT

Spleen

The spleen is normal in size (0.65 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.

HOSPITAL NAME

SVS Imaging

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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated and can be followed to the level of the duodenal papilla.

REFERRING VET

Airport VH

INVOICE

13366

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

DATE

5/16/22



PATIENT

Taffy Fraley

pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The left limb of the pancreas is prominent with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic shorthair

Free Abdomen

There is no evidence of free fluid. A 1.11 cm sublumbar lymph node is visualized. The node is normal in shape and echogenicity. A few colic lymph nodes are also visualized, the largest measuring 0.45 cm in length. Surrounding mesentery is hyperechoic.

SEX

Female, spayed

AGE

15.5 Yrs.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are consistent with age-related remodeling/fibrosis. Low-grade pancreatitis may be present, particularly if the patient exhibits a positive Murphy's sign.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral chronic age-related renal changes with right cortical infarct.

WEIGHT

11.81 lbs.

INTERPRETED BY

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

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance), underlying metabolic issue, low-grade pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, consider a urine culture and sensitivity to assess for occult pyelonephritis.
- Also consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Other diagnostic considerations include the following:
 1. GI panel (send to Texas A&M).
 2. Fecal evaluation for ova and Giardia.
 3. Neurologic examination to assess for deficits which might indicate a primary neurologic problem.
 4. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging

REFERRING VET

Airport VH

INVOICE

13366

DATE

5/16/22



PATIENT

Taffy Fraley

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15.5 Yrs.

WEIGHT

11.81 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging

REFERRING VET

Airport VH

INVOICE

13366

DATE

5/16/22





PATIENT

Taffy Fraley

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15.5 Yrs.

WEIGHT

11.81 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging

REFERRING VET

Airport VH

INVOICE

13366

DATE
5/16/22



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*)

Andrea.nicastro@sonopath.com