



PATIENT

Gypsy Stalk

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 years

WEIGHT

6.13 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers, VMD

INVOICE

10983

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: Chronic decreased appetite, weight loss, dental was performed 3 months ago because suspected dental disease as part of issue- helped slightly but no major difference with appetite and weight loss continued. Blood pressure normal today. No vomiting. No diarrhea Pet is hyperthyroid but is well controlled on methimazole patient is on a low dose of transdermal prednisolone - was started as a trial about 2 months ago bc owner declined ultrasound at that time. No significant improvement noted on prednisolone. Is on 5mg sid.

Abnormal PE/Chem/CBC/UA Results: recent cbc/chem/lytes/t4 normal

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

The left kidney is small in size (2.95 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. A few nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

The right kidney is normal size (3.49 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.54 cm in the transverse plane) along with caliectasis. There is no evidence of nephroliths or infarcts. Proximal hydroureter is suspected.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.95 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Age-related left renal changes with nephrolithiasis and trace pyelectasia Right pyelectasia/caliectasis with possible proximal hydroureter. Differentials include pyelonephritis, proximal ureterolith, tumor or stricture.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include pyelonephritis, microscopic gastrointestinal disease, mild chronic pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the right renal changes, a urine culture and sensitivity is recommended.
- Also consider thoracic radiographs to assess for occult disease in the chest.
- A neurologic examination should be considered as weight loss can be the sole clinical sign for patients with brain tumors.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended to assess for maldigestion/malabsorption and pancreatic disease

Depending on the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.



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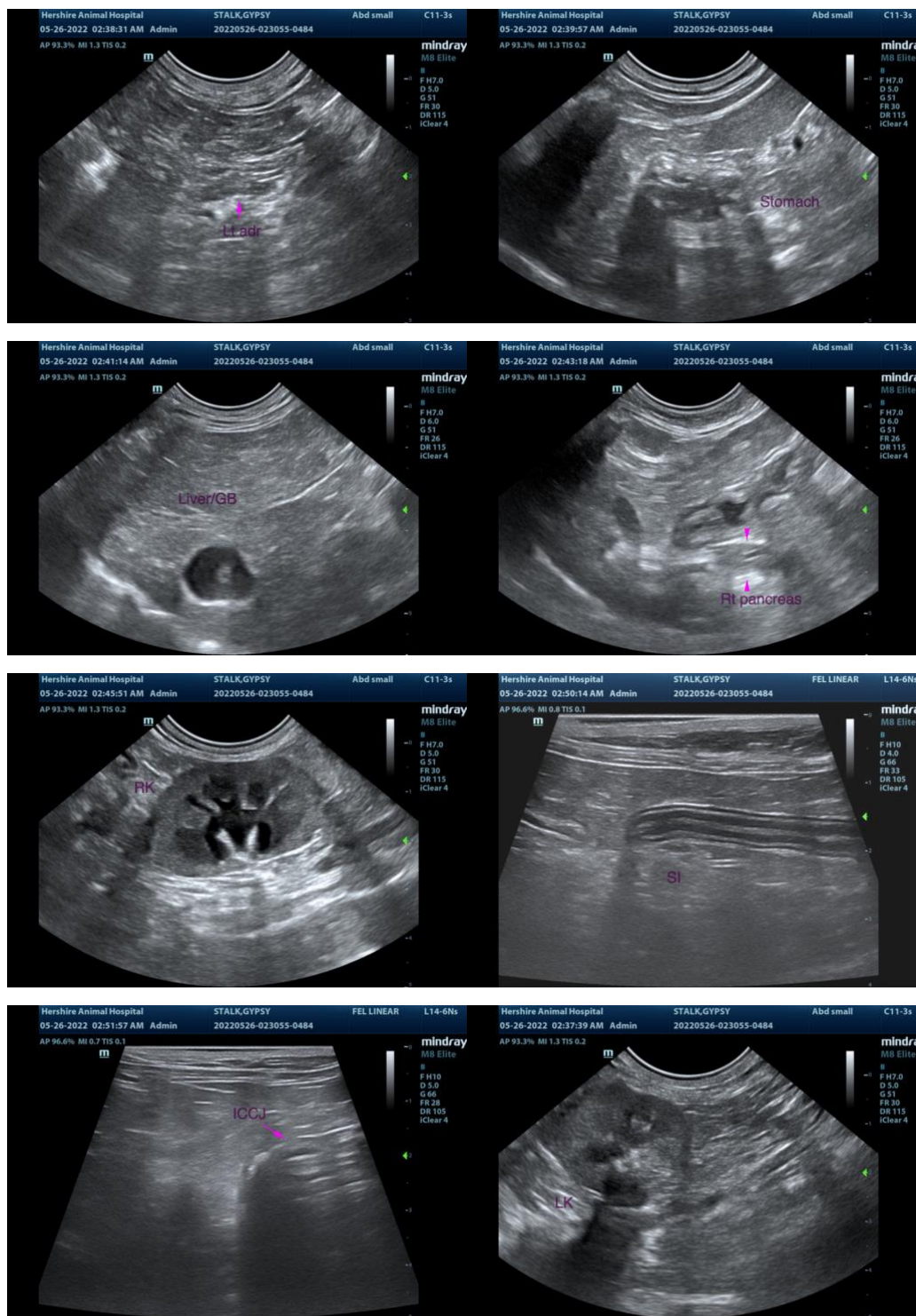
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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