


PATIENT PRESENTING CLINICAL SIGNS

Karla Vergets
SPECIES
 Feline

History: Starting Wednesday Karla started acting “off”. She was less interested in food than normal. She usually demands treats and is currently not doing that. She is eating but seems less interested. She has also been less social and hiding more with lower energy. O unsure about water intake. Starting Monday Karla has been getting OTC hairball medication, before this she had been vomiting hairballs typically once daily. The daily vomiting has stopped since implementing this. 2 lb weight loss since November 22nd.

BREED
 DSH

Abnormal PE/Chem/CBC/UA Results: Minichem WNL with PCV 38% Abdominal radiographs: colon filled with moderate amount of formed fecal material. SI appeared empty. Pending larger send-out blood panel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

SEX
 Spayed Female

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE
 11 years, 9 mos

The left kidney is normal in size (3.59 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT
 10.82 lbs

The right kidney is normal in size (4.02 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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.

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Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

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

Spleen

The spleen is normal in size (0.51 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.

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 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/not seen.

REFERRING VET

Leticia Wustenberg
 DVM

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Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. The small intestinal wall thickness is normal



PATIENT

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.

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Pancreas

The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Feline

BREED

Free Abdomen

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Findings

Spayed Female

- Bilateral chronic renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

AGE

11 years, 9 mos

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, infectious/parasitic disease, food allergy/intolerance), underlying metabolic issue, occult neoplasia, orthopedic or neurologic disease, other.

WEIGHT

10.82 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Orthopedic and neurologic examinations are also recommended to assess for nonmetabolic causes for the patient's clinical signs.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to assess for maldigestion/malabsorption and underlying pancreatic disease.
- Depending on the results of the above diagnostics, as well as the pending chemistry panel, a more advanced work-up may be warranted.

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

IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

HOSPITAL NAME

Sherwood Family PC

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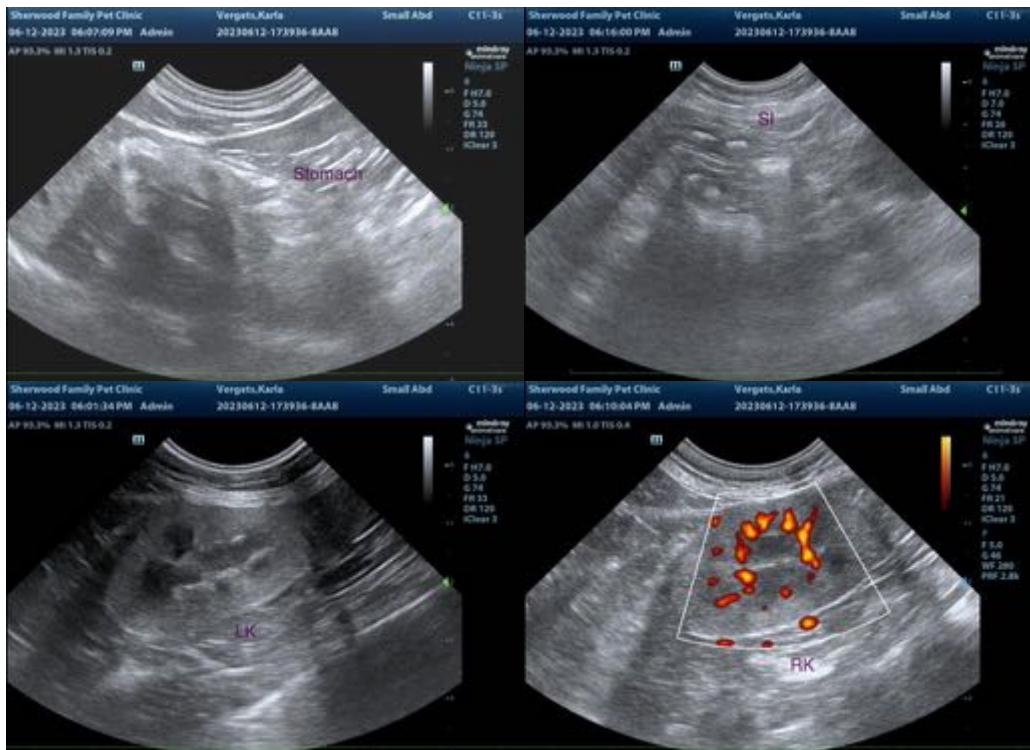
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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