



PATIENT PRESENTING CLINICAL SIGNS

Billy Cox History: Patient was in clinic for routine care. Owner has noted some decrease in appetite, and rare vomiting. Patient does drink and urinate a fair amount but has been for several years. On radiographs an area of concern was noted in left abdomen, some displacement of organs: ruling out fat pad, mass effect, vs. open. Patient is on gabapentin for arthritis, otherwise not on any medications

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DLH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Spayed Female

The left kidney is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

16 years

The right kidney is normal size (4.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13.26 lbs

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is seen.

INTERPRETED BY

Spleen

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

The spleen is normal in size (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, ill-defined hyperechoic nodules/areas are observed throughout the organ. Splenic vasculature is normal.

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Liver

Kristin Velasco

The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Bethany Family PC

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.

REFERRING VET

Gastrointestinal

Dr. Tiffany Pow

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas

The left limb is prominent in size with minimal deviation from the normal layering pattern. The



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parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter). There is no evidence of peripancreatic effusion.

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Free Abdomen

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

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic pancreatitis.

SEX

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*There is no obvious evidence of an abdominal mass.

Secondary Findings

AGE

16 years

- Bilateral, chronic age-related renal changes
- The hyperechoic splenic nodules/areas, trend toward the benign (i.e., myelolipomas, lipogranulomas) with a low possibility of emerging neoplasia.
- The hepatic parenchymal changes may be a normal variant for this patient or could be secondary to hepatic lipidosis, an inflammatory hepatopathy, or less likely, infiltrative neoplasia (i.e., lymphoma). Correlation with the patient's liver values is recommended.

WEIGHT

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, as well as thoracic radiographs (to assess for occult disease in the chest). Further recommended should be based on the patient's baseline lab-work results.

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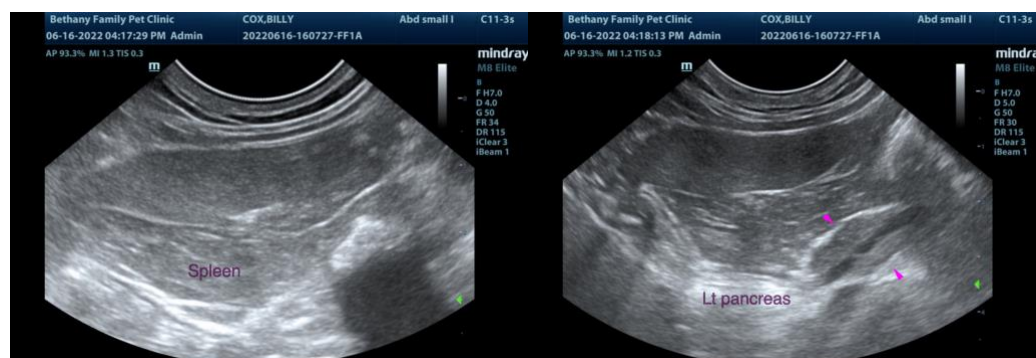
Kristin Velasco

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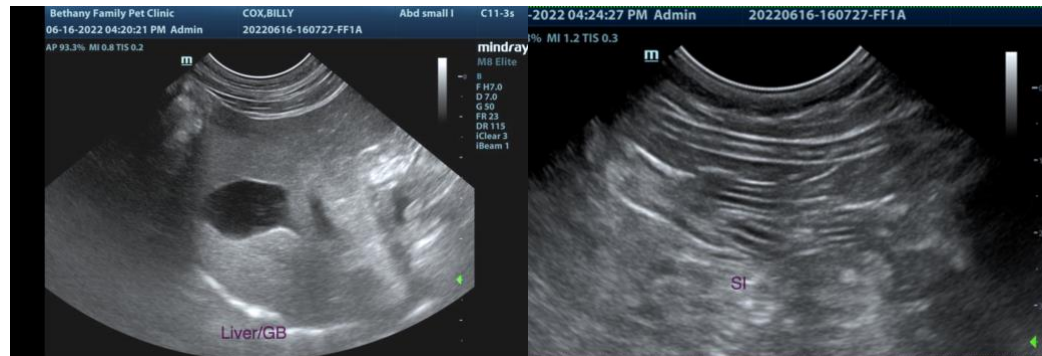
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com