



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boogie Waterfield  
**SPECIES** Feline  
**BREED** Devon Rex  
**SEX** Spayed Female  
**AGE** 12/21/2008  
**WEIGHT** approx 8 lbs

**PRESENTING CLINICAL SIGNS**  
Clinical Exam Findings: lethargy and inappetence for about 48 hours  
high fever last night (105)  
Vomiting last night  
Abnormal labwork values: High white cell count  
Current Medications: IV fluids, onsiior  
Fever of unknown origin, lethargic. Vomiting. Treated at ER overnight. Temp has improved slightly.  
Labs show hyperglycemia and glucosuria.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is mildly irregular. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are seen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.55 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.55 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.73 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 prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 2.80 x 2.30 cm heterogenous, multiseptated cystic mass is observed in the region of the right, medial lobe. In addition, a 1.88 x 1.16 cm heterogenous multiseptated cystic mass is observed in the left, lateral lobe. The remaining parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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Internal Medicine)

**HOSPITAL NAME**

Cats Only Mt Pleasant

**REFERRING VET**

Dr. Ben Fuller

**INVOICE**

11117

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<b>PATIENT</b>	The gall bladder lumen is mildly distended. The wall is mildly thickened (up to 0.11 cm) with a subtly irregular mucosal surface. A cholelith (0.71 cm in diameter) is observed within the gall bladder lumen
Boogie Waterfield	The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The common bile duct measures 0.26 cm in diameter at the distal aspect. The duodenal papilla is normal in size (0.38 cm in width). No obvious evidence of an intraluminal obstruction.
<b>SPECIES</b>	
Feline	<b>Gastrointestinal</b>
<b>BREED</b>	The gastric lumen is distended with ingesta. 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 segmentally dilated with chyme. 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.
Devon Rex	
<b>SEX</b>	
Spayed Female	<b>Pancreas</b>
<b>AGE</b>	A portion of the pancreas is obscured by the gastric distention. In the visualized portions (left limb and base) the pancreas is prominent, with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. A few, irregular cystic lesions are observed in the left limb, the largest measuring 0.73 cm in diameter in its longest dimension. The pancreatic duct is not overtly dilated.
12/21/2008	
<b>WEIGHT</b>	<b>Free Abdomen</b>
approxim 8 lbs	The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
<b>INTERPRETED BY</b>	<b>Other</b>
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	<b>Primary Findings</b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>The pancreatic changes could be consistent with mild pancreatitis with pancreatic cysts. However, the changes may be incidental findings.</li> <li>The hepatic masses are most consistent with adenomas with a lower possibility of a neoplastic process (i.e., biliary adenocarcinoma, other).</li> <li>The diffuse hepatic parenchymal changes are most consistent with benign age-related remodeling. However, inflammatory disease or other hepatopathy cannot be completely excluded. However, in light of the normal liver values, age-related remodeling is suspected.</li> </ul>
Cats Only Mt Pleasant	<b>Secondary Findings</b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>Bilateral, chronic, age-related renal changes</li> <li>The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's urinalysis findings is recommended.</li> <li>Nonobstructive cholelith, likely incidental.</li> </ul>
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\*An obvious cause for the patient's fever and clinical signs is not definitively identified in this study. Considerations include pancreatitis, urinary tract infection, pyelonephritis, other infectious/inflammatory or autoimmune process.

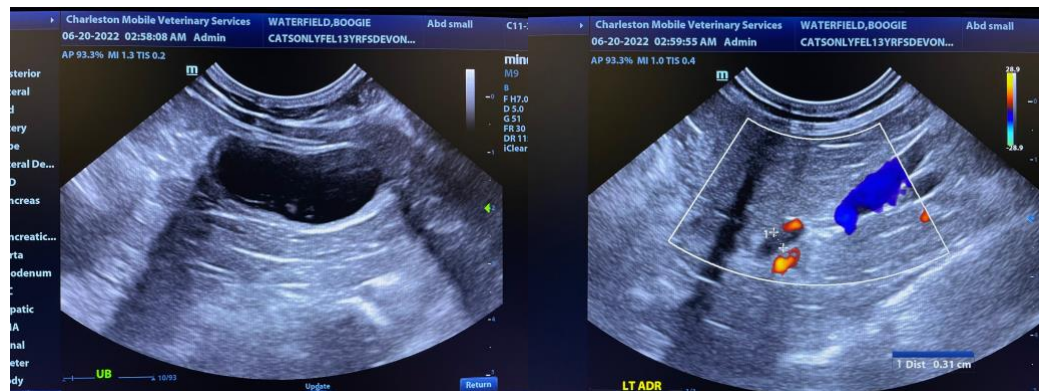
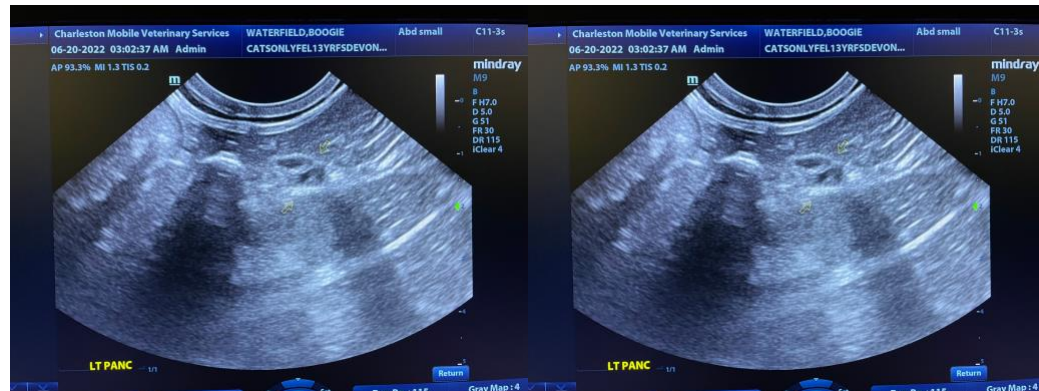
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity

Given the persistent hyperglycemia and glucosuria, a serum fructosamine level is recommended to evaluate for the presence of diabetes mellites.

Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to further assess for pancreatitis as well as concurrent gastrointestinal disease. While awaiting test results, supportive care, including IV fluids, gastric protectants, antiemetics, and broad-spectrum antibiotics are recommended with serial monitoring of the patient's glucose. If the patient's clinical status does not improve over the next 48-72 hours, consider a repeat ultrasound when the stomach is empty to better evaluate the pancreas.

Regarding the liver masses, consider a repeat ultrasound in 4-6 weeks to assess for growth.





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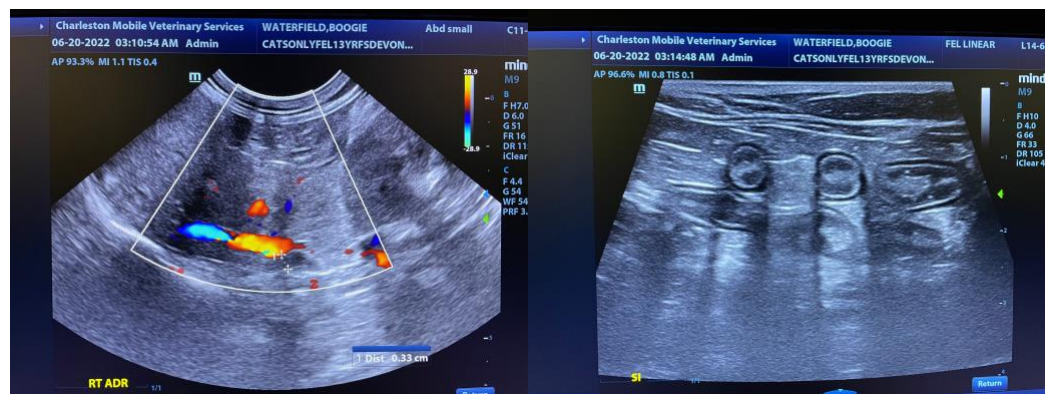
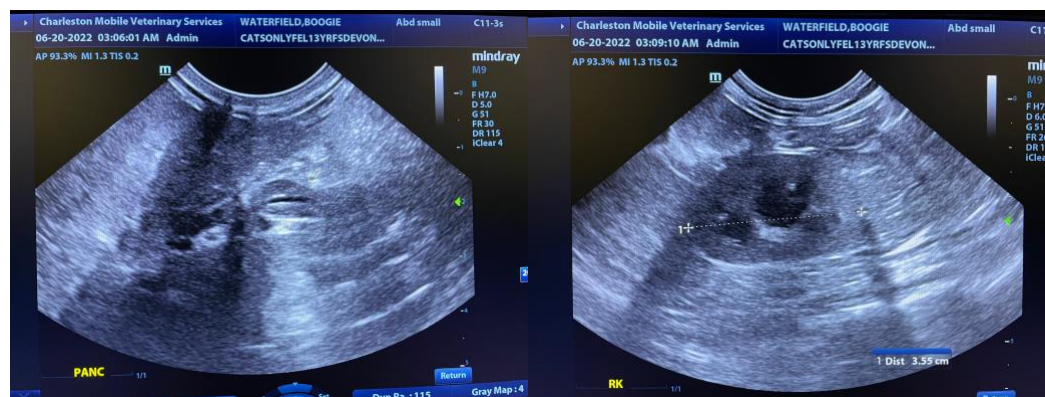
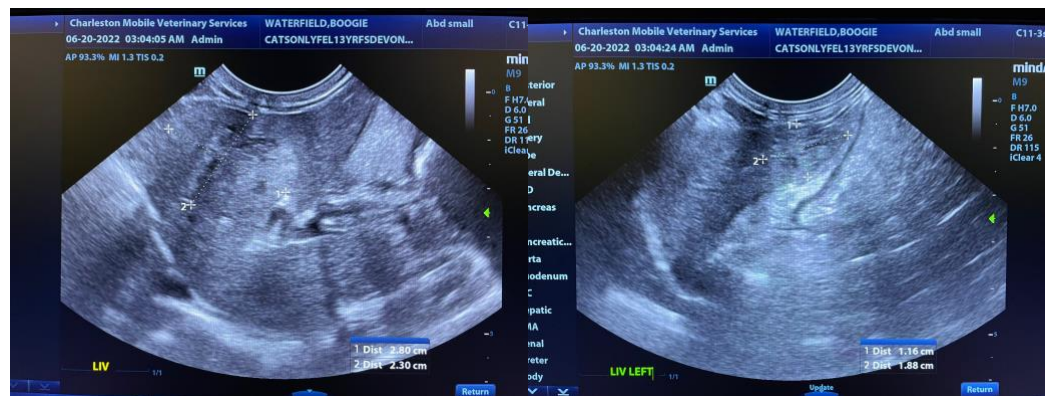
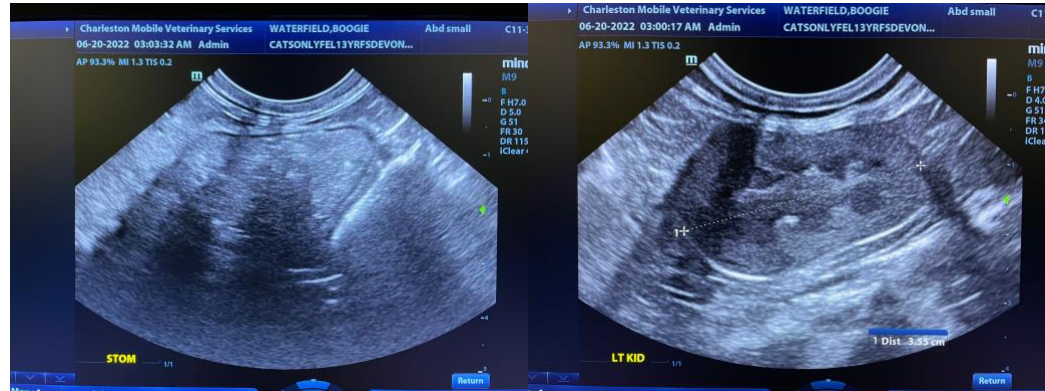
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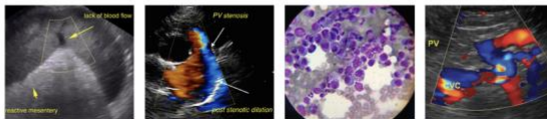
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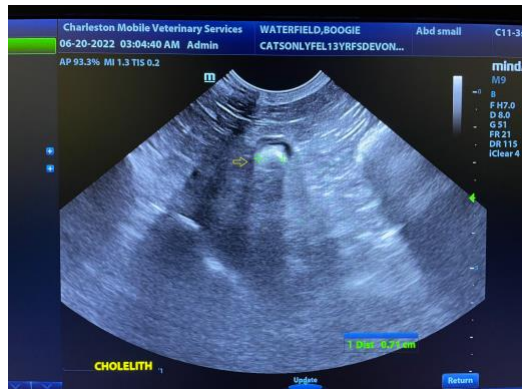
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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