



**PATIENT**

Cookie Stough

**PRESENTING CLINICAL SIGNS**

History: FUO, bradycardia  
Abnormal PE/Chem/CBC/UA Results: PCV 26 T bili 1.7 Lymph 0.37

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is 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 cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Domestic shorthair

The left kidney is borderline enlarged (4.53 cm in length) with a slightly irregular shape. 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 or hydroureter.

**SEX**

Female, spayed

The right kidney is normal size (5.01 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

10 Yrs.

**Adrenal Glands**

**WEIGHT**

5.8 kg.

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is borderline enlarged with smooth curvilinear peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (0.83 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.

**IMAGING  
PERFORMED BY**

Hayley Heindel

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gallbladder is mildly to moderately distended and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Kiebler

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately 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 colonic wall is normal. No obstructive disease is noted.

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**Pancreas**

**DATE**

6/20/23



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The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

**SPECIES**

Feline

*Free Abdomen*

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

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female, spayed

**Primary Findings:**

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Gallbladder debris- incidental.

**AGE**

10 Yrs.

**Secondary Findings:**

- Bilateral chronic renal changes. The mild bilateral renomegaly may be a normal variant for this patient or may be secondary to interstitial nephritis or less likely, an emerging neoplasia.
- 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.

**WEIGHT**

5.8 kg.

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(*Small Animal Internal  
Medicine*)

\*It is unclear whether the patient's anemia is secondary to hemolysis (immune mediated hemolytic anemia, vector borne disease) or chronic disease (i.e., due to liver disease, other).

**IMAGING PERFORMED BY**

Hayley Heindel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the anemia, a CBC with a reticulocyte count is recommended along with a slide agglutination test to assess for autoagglutination.
- Also consider further testing for *Mycoplasma haemofelis* +/- vector borne disease.
- A fine needle aspirate of the liver should also be considered, if clotting status is appropriate. A 25 gauge needle should be used.
- Other diagnostic/therapeutic considerations include the following:
  1. Three-view thoracic radiographs to assess cardiopulmonary status
  2. Feline leukemia and FIV testing, if not already performed
  3. Nutritional support as needed to help prevent/treat hepatic lipidosis
  4. Given the mild renomegaly, consider a urine culture and sensitivity to assess for occult infection.

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**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

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**AGE**

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**IMAGING  
PERFORMED BY**

Hayley Heindel

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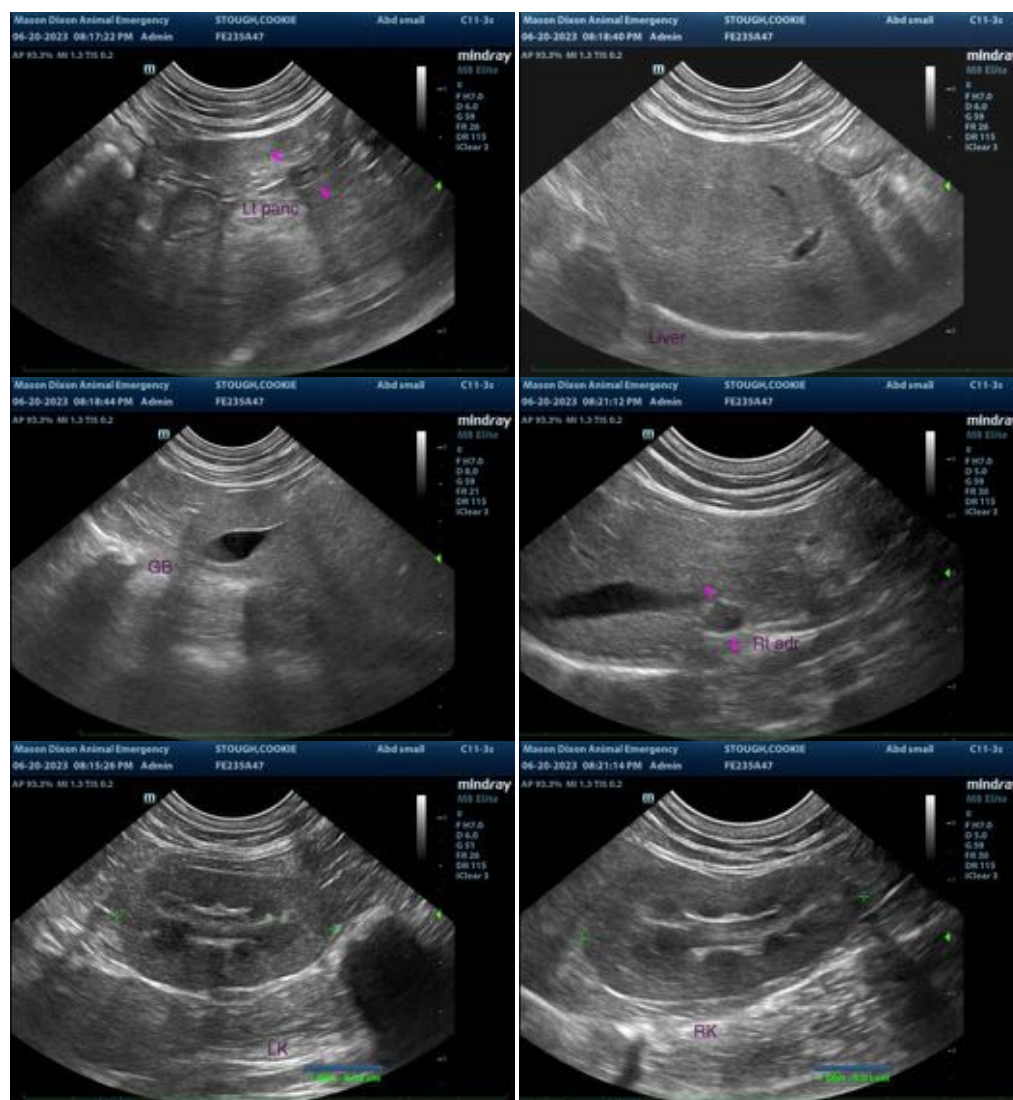
Dr. Kiebler

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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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
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