



PATIENT

Jake Whaley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. Karafilov

INVOICE

11056

DATE

6.9.22

PRESENTING CLINICAL SIGNS

History: decreased appetite noted at beginning of May (used to get into trouble for breaking into food cupboard, now wasn't even finishing his offered portion) -on PE mid-May: grumbling/tense on palpation of abdomen, impression of "fullness" in cranial abdomen. also pale mm's and suspected DJD in L-S region/hips -seemed to have initial positive response to SQ fluids + Cerenia - but since then will eat a certain food for a short while, then refuses -gabapentin trial (50mg + 100mg) not very successful - made too sedate -progressive loss of appetite & weight since beginning of May; on exam June 8/2022 was dehydrated & very quiet, weak on ambulation meds: prednisolone 2.5mg every 24 hours - started June 8/2022

Abnormal PE/Chem/CBC/UA Results: spec fPL 6.6 (0-3.5) - being repeated on June 8/2022 RBC 6.4 x 10¹²/L (7.1-11.5) Lymphocyte 0.4 x 10⁹/L (0.9-5.9) urea 21.9 mmol/L (5.7-13.2) SDMA 21 ug/dL (0-14) phosphorus 2.2 mmol/L (0.9-2) potassium 2.9 mmol/L (3.7-5.2) chloride 113 mmol/L (114-126)

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 is distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.85 cm in length); with a slightly irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.66 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature uptake appears reduced.

The right kidney is normal size (4.37 cm in length); with a slightly irregular shape. The cortex is variably thickened and hyperechoic. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. One to two, small nonobstructive nephroliths are visualized. Moderate pyelectasia is present (0.66 cm in the longitudinal plane). There is no evidence of hydroureter. Renal vasculature uptake appears reduced.

Adrenal Glands

The left adrenal gland is normal size (0.63 cm length; 0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.45 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.59 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.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or 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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- Bilateral, chronic, age-related renal changes with nonobstructive nephrocalcinosis and pyelectasia

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's lab-work and sonographic renal changes, consider the following:

1. Urinalysis
2. Urine culture and sensitivity
3. UPC (if proteinuria is present)
4. Baseline blood pressure measurement

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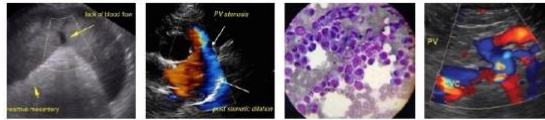
Regarding the weight loss and reduced appetite, consider a malabsorption panel (send to Texas A&M), fecal evaluation for ova and Giardia, thoracic radiographs (to assess for occult neoplasia), +/- GI biopsies (i.e., endoscopic or surgical).

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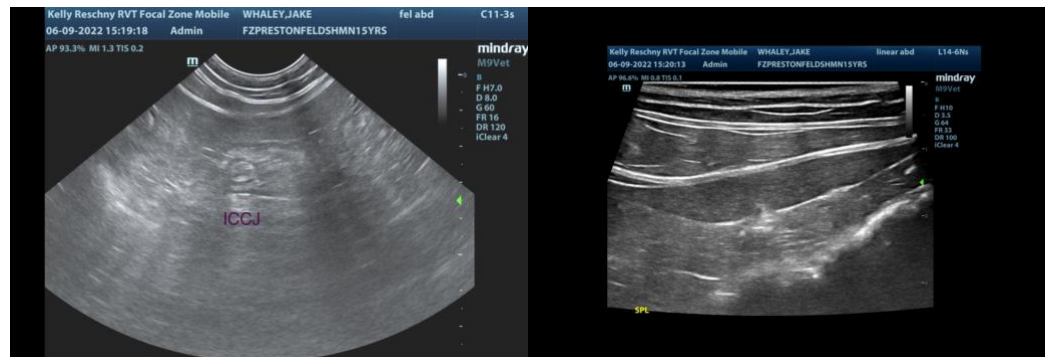
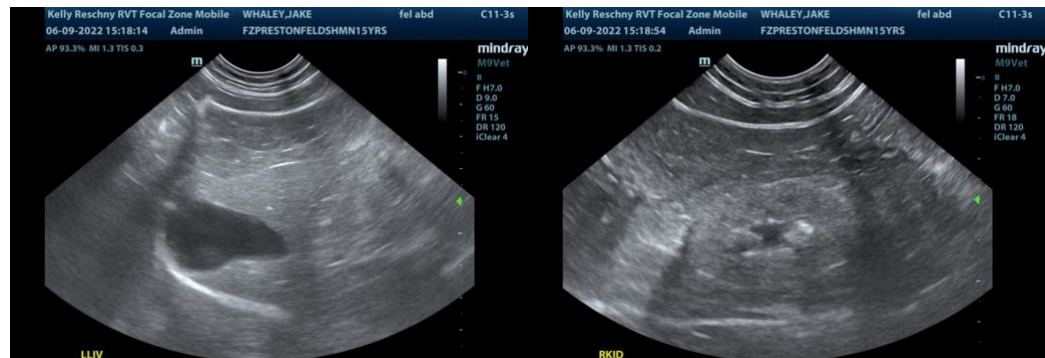
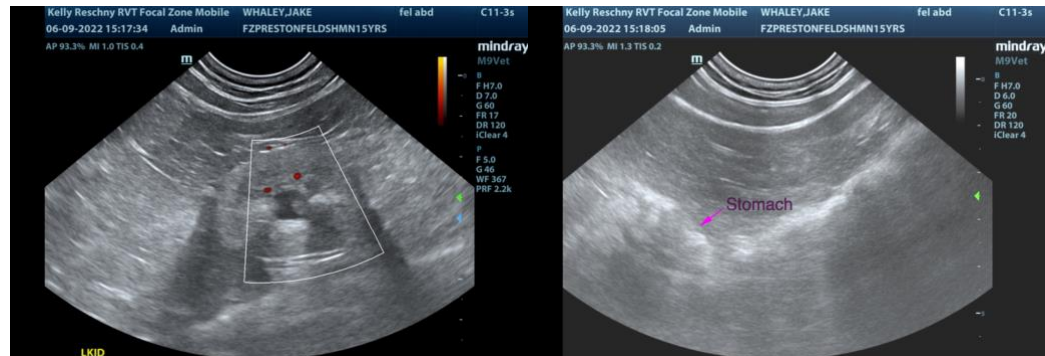
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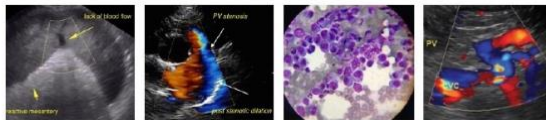
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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