

PATIENT PRESENTING CLINICAL SIGNS

Oreo Goempel
History: Chronic vomiting, weight loss, not responding to diet change or cerenia. Hx of kidney insufficiency. On Cerenia 16mg 1/4t SID.

SPECIES
Abnormal PE/Chem/CBC/UA Results: ALT 122, BUN/CREAT 37, Urea Nitrogen 56

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSh

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal in size (3.87 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.12 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

AGE

14 years

WEIGHT

2.88 kg

The right kidney is normal in size (3.40 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.37 at the cranial pole; 0.37 cm at the caudal pole). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

IMAGING PERFORMED BY

The right adrenal gland is normal size (0.39 cm at the cranial pole; 0.41 cm at the caudal pole). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

Pamela Harrigan, RDCS

Spleen

The spleen is normal in size (0.69 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.

HOSPITAL NAME

Wignall AH

Liver

The liver is subjectively normal to prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. There is subtle increase in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

REFERRING VET

Kate Thomas, DVM

INVOICE

13691

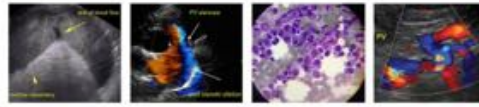
The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.42 cm in width).

DATE

7.14.23

Gastrointestinal

The gastric lumen is not distended. 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 not dilated. The small intestinal wall is diffusely thickened (up to 0.42 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in many segments. There is also evidence of mucosal fogging. Discreet masses are not identified with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction is normal. The colonic wall at the



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level of the urinary bladder is borderline thickened (up to 0.31 cm) with retention of the normal layering pattern. There is no obvious evidence of an obstructive pattern.

SPECIES

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Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is diffusely dilated (up to 0.69 cm). Surrounding mesentery is slightly hyperechoic.

BREED

DSh

Free Abdomen

A small amount of free fluid is present. A few prominent mesenteric lymph nodes are visualized. One of the larger nodes measures 1.38 x 0.58 cm.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

14 years

Primary Findings

- The pancreatic changes are most consistent with chronic +/- active pancreatitis. Pancreatic neoplasia is also possible, but considered less likely.
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The hepatic changes could be consistent with an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging hepatic lipidosis, infiltrative neoplasia (i.e., lymphoma) other.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Mild ascites

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Animal Internal Medicine)

Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization and trace pyelectasia

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider submission of the abdominal fluid for cytologic evaluation, if accessible and if clotting status is appropriate.
- Also consider a Texas GI panel including serum cobalamin and folate, TLI and PLI, along with a fecal evaluation for internal parasites.
- Ultimately, GI +/- hepatic and pancreatic biopsies may be necessary to get a definitive diagnosis.

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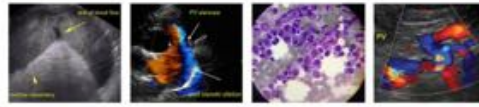
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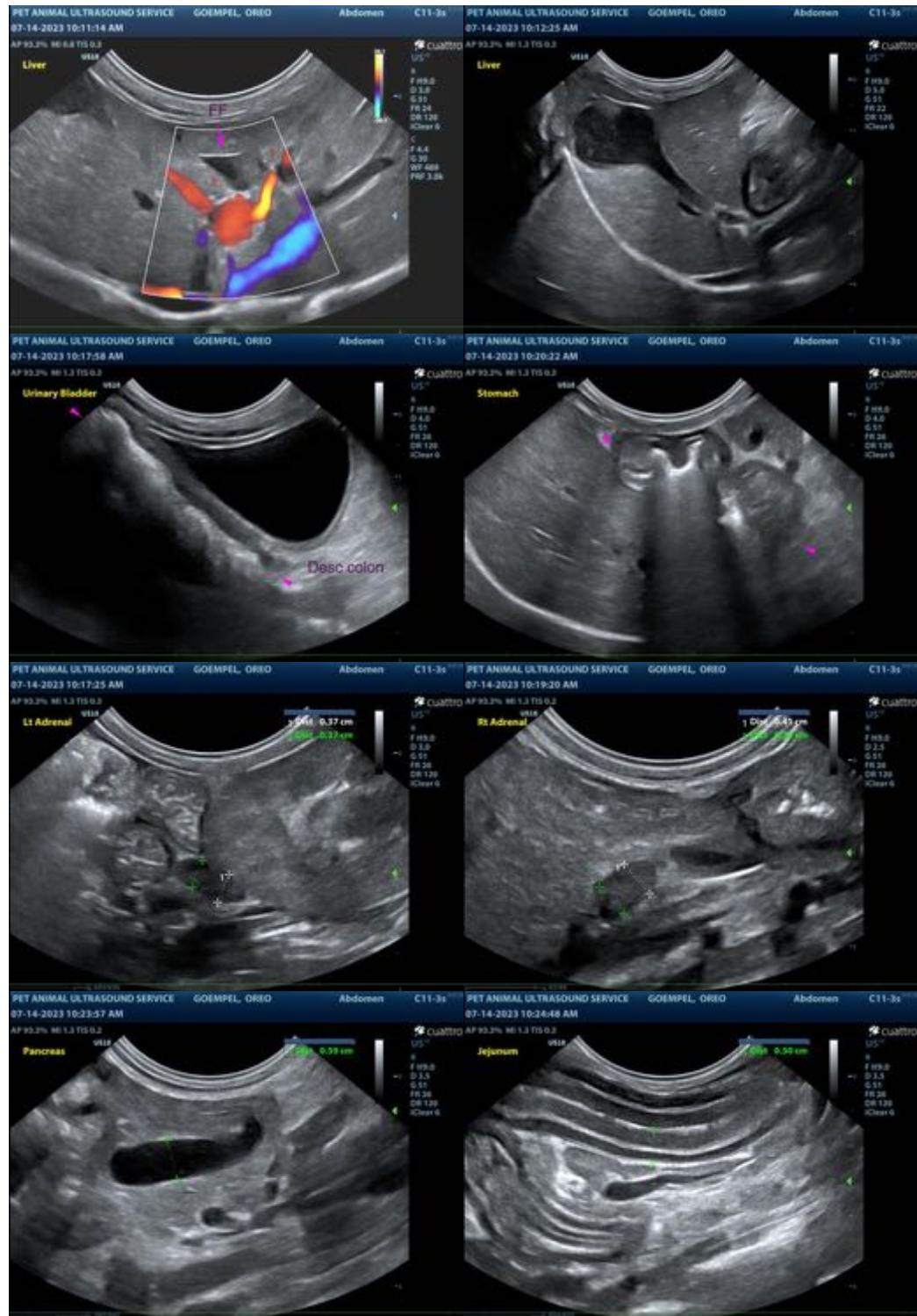
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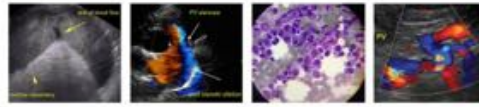
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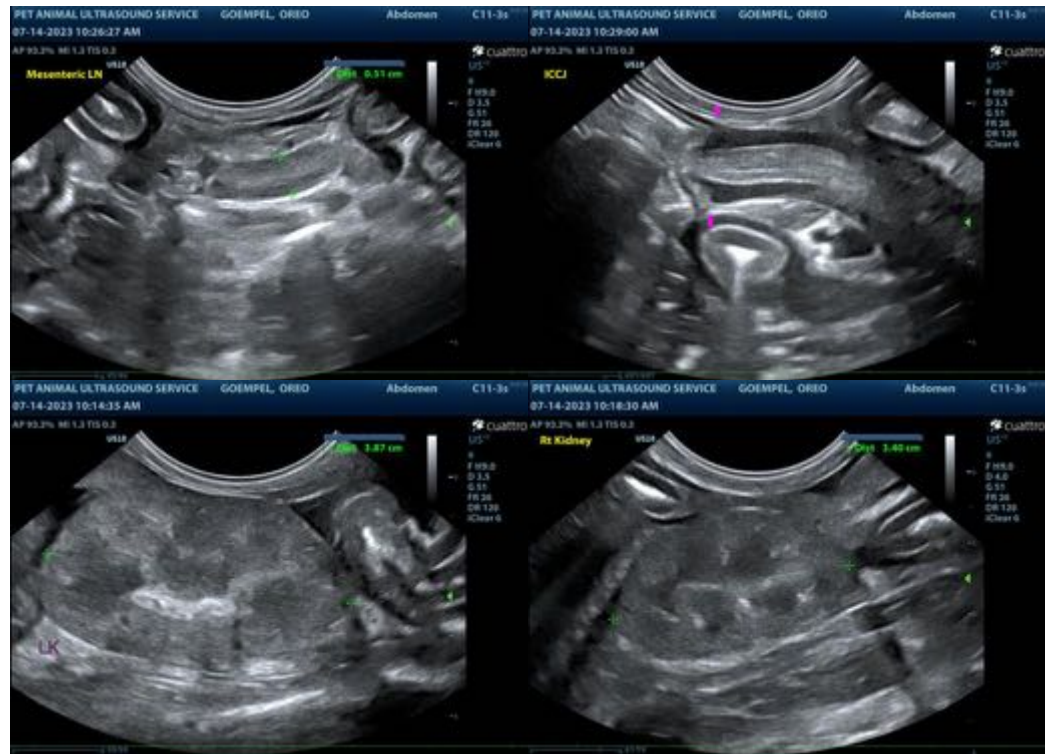
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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