

Ceviche Sampson

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

14 Yrs.

WEIGHT

17.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Lough

INVOICE

15115

DATE

7/18/23

History: p visited ER on 7/15 for acute presentation of anorexia, vomiting, lethargy; at ER disc. pancreatitis - o elected outpatient care - started oral buprenorphine, sqf administration and mirtazipine. p was seen yesterday 7/17/23 - no more vomiting, p eating very little (1/2 can i/d); seems uncomfortable.

Abnormal PE/Chem/CBC/UA Results: at ER: p febrile (103.6°F), AFAST showed pancreas inflammation, CBC/CHEM nsf aside from azotemia (BUN 47, CREA 2.2), GLU 207 - suspected stress. 7/17/23: p remains febrile 104°F, painful on abdominal palpation; fpl abnormal; otherwise exam showed perio dz; mild dehydration; bcs 8/9

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is borderline enlarged (4.63 cm in length) with a normal shape and smooth peripheral contours. There is moderate loss of corticomedullary distinction. A few small non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

The right kidney is borderline enlarged (4.44 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.70 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.

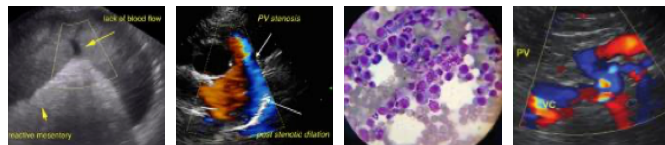
Liver

The liver is normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. 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. No obstructive disease is noted.

Pancreas



PATIENT
Ceviche Sampson

The pancreas is largely obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

SPECIES

Free Abdomen

Feline

A few areas of mesentery appear hyperechoic/reactive. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral chronic nephropathy with non-obstructive nephrolithiasis. The bilateral trace pyelectasia may be secondary to pyelonephritis, age-related remodeling, fluid therapy (if applicable) or some combination thereof.

Female, spayed

- Mild peritonitis, the origin of which is unclear, may be secondary to pancreatitis (which may be obscured by the gastric distention), gastroenteritis or other underlying pathology.

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14 Yrs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Consider a recheck abdominal ultrasound after a 12-hour fast to better assess the pancreas for evidence of inflammation.

17.1 lbs.

Other diagnostic/therapeutic considerations include the following:

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1. Urine culture and sensitivity
2. UPC (if proteinuria is present in the absence of infection)
3. Baseline blood pressure measurement
4. Three-view thoracic radiographs to evaluate for pathology in the chest that may be causing a fever
5. While awaiting test results, continued symptomatic care along with broad spectrum antibiotic therapy should be considered.

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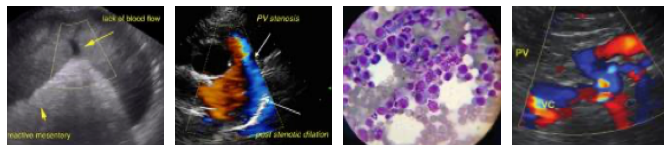
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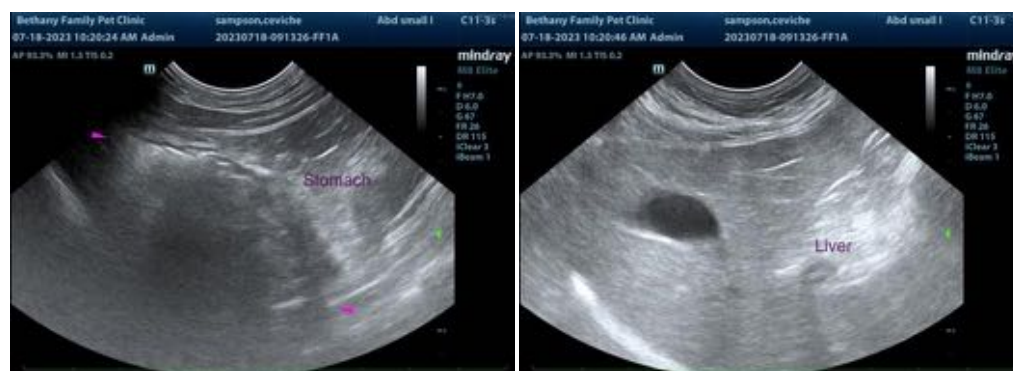
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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