


PATIENT PRESENTING CLINICAL SIGNS

Arianna Weiss
SPECIES History: Pet has had vomiting every other day and liquid diarrhea and a 1-lb weight loss. Pet currently is on renal support S dry and OTC canned. Last bloodwork was 6 months ago, and was normal owner declined GI panel and repeat bloodwork today. Pet has had mildly elevated creatinine in the past. owner will bring in a fecal. Normal appetite and energy level.
Feline Abnormal PE/Chem/CBC/UA Results:

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX 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 visible portion of the proximal urethra are normal.
Female Spayed

AGE

10 years

The left kidney is normal in size (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. At least one, small focus of mineralization is visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature appears normal.

WEIGHT

6.85 lbs

The right kidney is normal in size (3.03 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small foci of mineralization are visualized. There is a questionable infarct at the caudal pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sheldon

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME Spleen

Advanced PC of
 Oakland

The spleen is normal in size (0.60 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.

REFERRING VET Liver

Dr. Sheldon

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

13773

The gall bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

7.20.23

Gastrointestinal

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 distended with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



PATIENT *Pancreas*

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A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, no obvious abnormalities are seen. The left limb is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

SPECIES

Feline

Free Abdomen

BREED

There is no obvious evidence of free fluid. Several prominent mesenteric lymph nodes are visualized (one of the larger measures 3.90 x 0.49 cm).

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Findings

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- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenitis or emerging neoplasia (i.e., lymphoma). A benign process is favored.
- 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.
- The hepatic changes may be a normal variant for this aged patient or may be secondary to emerging hepatic lipidosis, inflammatory hepatopathy, or infiltrative neoplasia (i.e., lymphoma).
- Bilateral chronic renal changes with nonobstructive nephrocalcinosis, left pyelectasia, and a questionable right cortical infarct.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, emerging lymphoma) underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Repeat baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- A Texas GI panel (i.e., serum cobalamin and folate, TLI and PLI) should be reconsidered. If not pursued, consider empirical cobalamin supplementation.
- A 4-week limited antigen or hydrolyzed protein diet trial would be useful in evaluating for food allergies.
- Also consider initiation of a probiotic and fiber supplement (i.e., psyllium).
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If pursued, thoracic radiographs should be performed prior to anesthesia.



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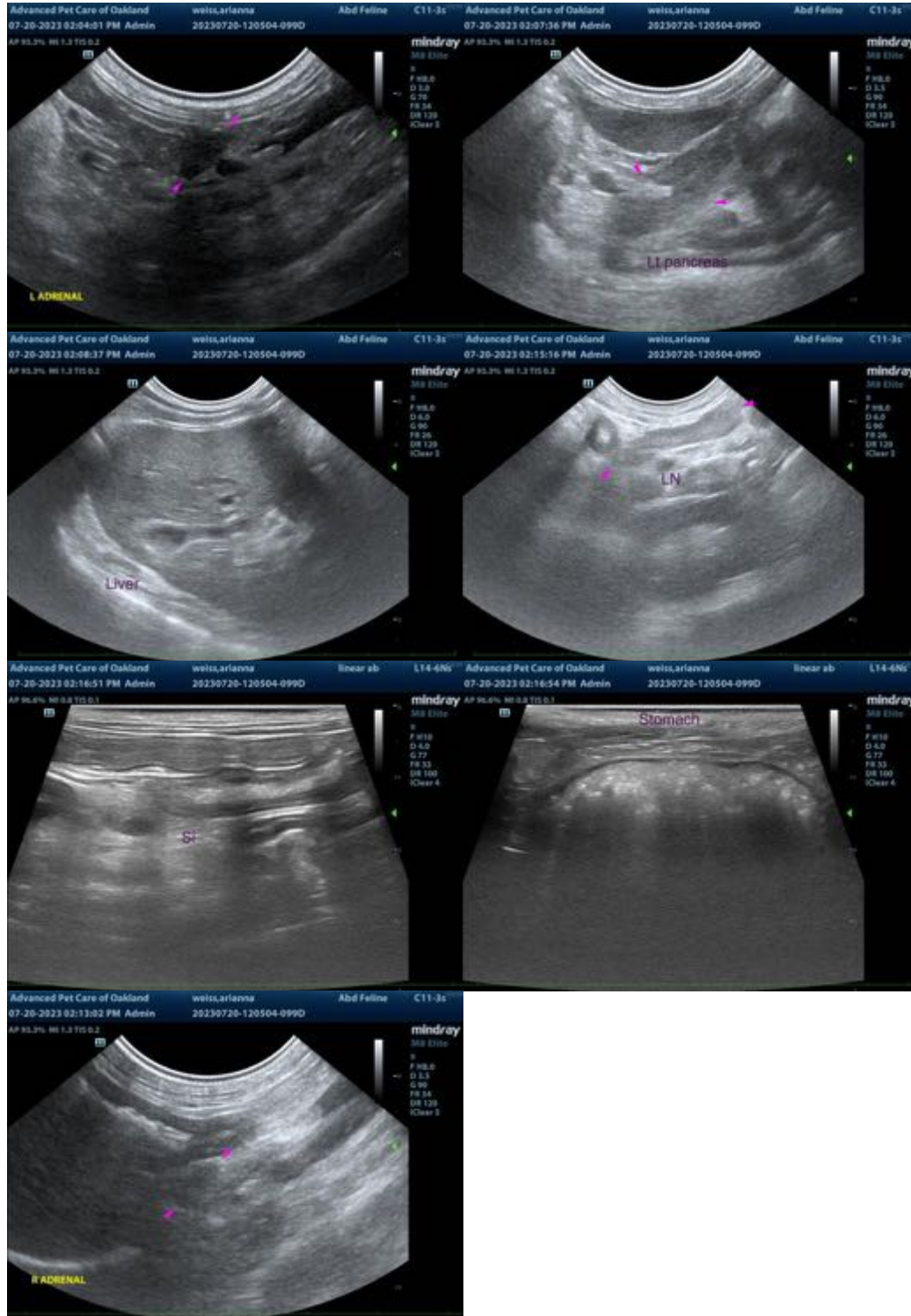
Dr. Sheldon

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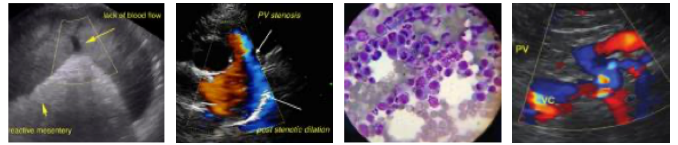
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Feline

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

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