



PATIENT

Alexander Hamilton
Lewin

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

16 Yrs.

WEIGHT

8 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Union Lake VH

INVOICE

13765

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: Diabetic, Wt loss. partial anorexia. HX AUS in Oct 2021 and DX thick intestines and enlarged LNs. R/O IBD vs Neoplasia. No steroids tried due to DM. He comes out of DM a lot ***FED AT 7:30AM SCANNED AT 10:30AM

Abnormal PE/Chem/CBC/UA Results: GLU 127 mg/dL 71 - 159 34 mg/dL CREA 2.1 mg/dL 0.8 - 2.4 BUN 53 mg/dL 16 - 36 HIGH BUN/CREA 25 PHOS 4.0 mg/dL 3.1 - 7.5 CA 10.0 mg/dL 7.8 - 11.3 TP 8.4 g/dL 5.7 - 8.9 ALB 2.8 g/dL 2.3 - 3.9 GLOB 5.6 g/dL 2.8 - 5.1 HIGH ALB/GLOB 0.5 ALT 49 U/L 12 - 130 ALKP 42 U/L 14 - 111 GGT 0 U/L 0 - 4 TBIL < 0.1 mg/dL 0.0 - 0.9 CHOL 89 mg/dL 65 - 225 AMYL 1081 U/L 500 - 1500 LIPA 940 U/L 100 - 1400 Na 162 mmol/L 150 - 165 K 4.0 mmol/L 3.5 - 5.8 Na/K 40 Cl 121 mmol/L 112 - 129 Osm Calc 336 mmol/kg Catalyst One (July 22, 2022 12:08 PM) 3/3/22 2:56 PM Collection Cystocentesis Cystocentesis Color Straw Straw Clarity Clear Clear Specific Gravity 1.015 1.015 pH 5.0 6.0 PRO Negative Negative GLU Negative Negative KET Negative Negative UBG Normal Normal BIL Negative Negative BLD Negative Is emaciated. GI distended with Gas. Not eating or defecating well. Has arthritis. U.has enterococcus- untreated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Portions of the abdomen were obscured by ingesta and gas. Some pathology may have been missed as a result of this.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The cystourethral junction and visible portion of the proximal urethra are normal.

The left kidney is normal size (3.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.32 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.67 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

Adrenal Glands

Visualization of the adrenal glands is obscured by the gas/chyme distended bowel.

Spleen

In the visualized portion of the spleen, the organ appears normal in size (0.64 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with normal curvilinear 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is



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normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures approximately 0.26 cm in diameter.

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Gastrointestinal

The GI tract is difficult to fully evaluate due to ingesta within the lumen, which may be obscuring pathology. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely distended with chyme and gas. One bowel loop in particular measures 2.38 cm in diameter. There appears to be hypomotility. The small intestinal wall thickness is normal with apparent retention of the normal layering pattern. The colonic wall appears normal.

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Pancreas

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A portion of the pancreas is obscured by the ingesta within the stomach and bowel. In the visualized portion of the left limb, the pancreas is visible/prominent with normal curvilinear peripheral contours. It is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.22 cm in diameter).

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Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.31 cm in length.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Andrea Nicastro, DVM,
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Primary Findings:

- Gastrointestinal ileus versus normal post-meal ingesta. A partial intestinal obstruction can also not be completely excluded..
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The trace ascites may be secondary to increased hydrostatic pressure, low oncotic pressure (less likely), increased vascular permeability.

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Secondary Findings:

- Bilateral, chronic age-related renal changes with pyelectasia, more pronounced in the left kidney and right non-obstructive nephrolithiasis.
- The hepatic parenchymal changes are non-specific and may be secondary to vacuolar hepatopathy (i.e., due to diabetes), inflammatory disease, infiltrative neoplasia (i.e., lymphoma), other. Correlation with the patient's liver values is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A repeat ultrasound when the patient is fasted is recommended to better evaluate the gastrointestinal tract for pathology (i.e., obstruction, neoplasia).

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- Given the clinical history and sonographic changes, consider treatment for urinary tract infection/pyelonephritis.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia.
- Thoracic radiographs should also be considered to assess for neoplasia/occult disease in the chest.
- A T4/free T4 by equilibrium dialysis is also recommended, if not already performed.





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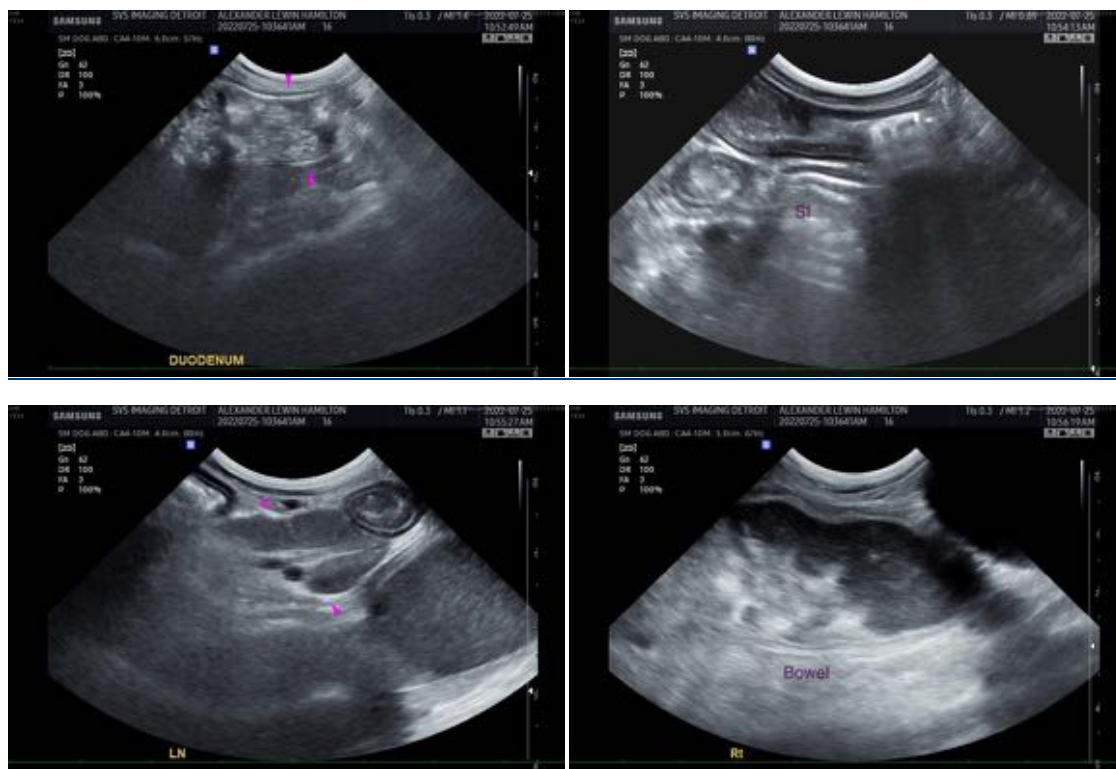
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com