



PATIENT PRESENTING CLINICAL SIGNS

Udder Tort Robertson History: Acute onset of paraparesis.
Bloodwork: revealed elevated globulins. Pro BNP abnormal.
Full-body radiographs reveal the suspected cardiomegaly.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female Spayed

The left kidney is normal in size (3.78 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild-to-moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

13 years

The right kidney is small in size (2.07 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild-to-moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal to slightly reduced.

WEIGHT

NP

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Blue Pearl MP ER

Spleen

The spleen is normal in size (0.68 cm 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.

REFERRING VET

Dr Shannon Graham

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. The portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

14005

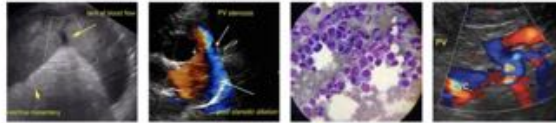
The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.28 cm in width).

DATE

8.10.23

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 0.44 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments, with a 1: 1 ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



PATIENT

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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.

SPECIES

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Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. Correlation with the patient's clinical history is recommended.

Female Spayed

- Bilateral chronic renal changes with dystrophic mineralization and a suspected right cortical infarct.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

- If the patient has a clinical history of gastrointestinal symptoms, consider further work-up (i.e., fecal evaluation for ova and Giardia, Texas GI panel, hypoallergenic diet, +/- GI biopsies.

NP

- Further recommendations regarding whether to proceed with a MRI should be based on the echocardiogram report and neurology consultation.

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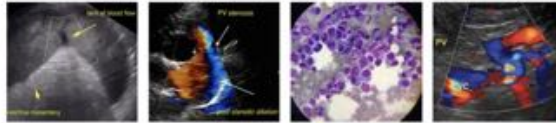
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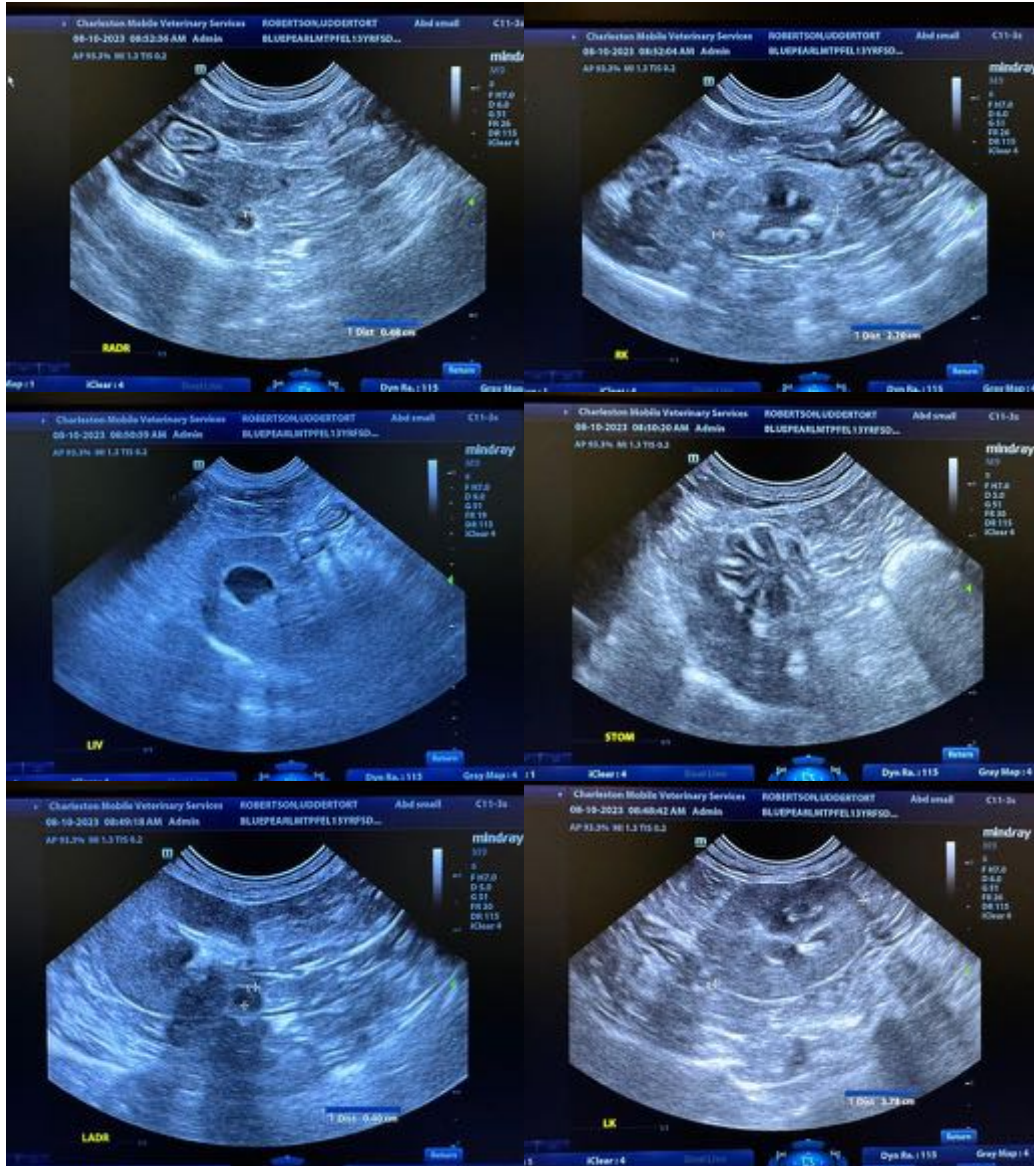
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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