



PATIENT PRESENTING CLINICAL SIGNS

Miss Kitty Smith
SPECIES History: For the past 5 months she has been excessively vocal at night. Pet then developed diarrhea after switching to some different canned food 8/11. Then 8/15 also started developing hind end lameness, will walk a few steps then fall to the side in her back end. She does have a history of hip dysplasia and coxofemoral arthritis. Pet is on Solensia. Pet also has hyperthyroidism, controlled on methimazole. Pet is normally on 5 mg of pred SID but just recently had them increase to BID after diarrhea and mobility worsened. Pet won't eat the hydrolyzed diet anymore is now just on an OTC canned diet.
Feline
BREED

DSH Abnormal PE/Chem/CBC/UA Results: bloodwork NSF Radiographs of abdomen
Conclusion

SEX 1. Diarrhea. Enteritis (dietary indiscretion, infectious, inflammatory, or toxin) or colitis is possible.
 2. Nonobstructive mineral opaque gastric and small intestinal material. Subsequent dietary indiscretion is possible though this material appears nonobstructive.

Spayed Female 3. The soft tissue opaque material within the stomach and small bowel likely represents atypical ingesta. Foreign material is unlikely.

AGE 4. Reduced size of the left kidney with irregular margination and the right kidney being at the lower limits of normal in size is most consistent with chronic degeneration.

14 years

WEIGHT 5. Normal thorax
 6. Bilateral coxofemoral joint and

10.7 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant 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.

IMAGING PERFORMED BY

Dr. Sheldon

The left kidney is normal in size (3.68 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

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 Oakland

The right kidney is normal in size (3.51 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

REFERRING VET

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Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

INVOICE

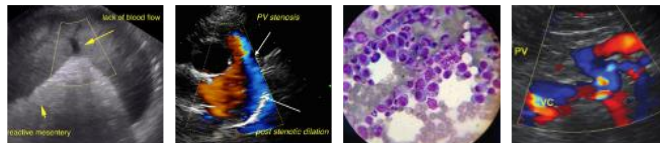
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Spleen

The spleen is normal in size (0.90 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.

DATE

8.17.23



PATIENT *Liver*

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The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic-to-hyperechoic relative to the spleen. A 0.62 cm nodule is observed on the right side at the caudal aspect. A 0.63 cm hypoechoic nodule is also seen on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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.

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 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.

Pancreas

The pancreas is diffusely visible 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.

Free Abdomen

There is no obvious evidence of free fluid. One-to-two prominent mesenteric lymph nodes are visualized (the largest measuring 1.03 cm in length). Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic nodules may represent a benign process (i.e., foci of lymphoid hyperplasia, inflammation, other). Alternatively, emerging neoplasia is possible.

Secondary Findings

- Bilateral chronic renal changes
- 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 prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical signs, consider the following:
 1. Baseline blood pressure measurement to assess for systemic hypertension
 2. Neurologic examination +/- consultation with a board-certified neurologist



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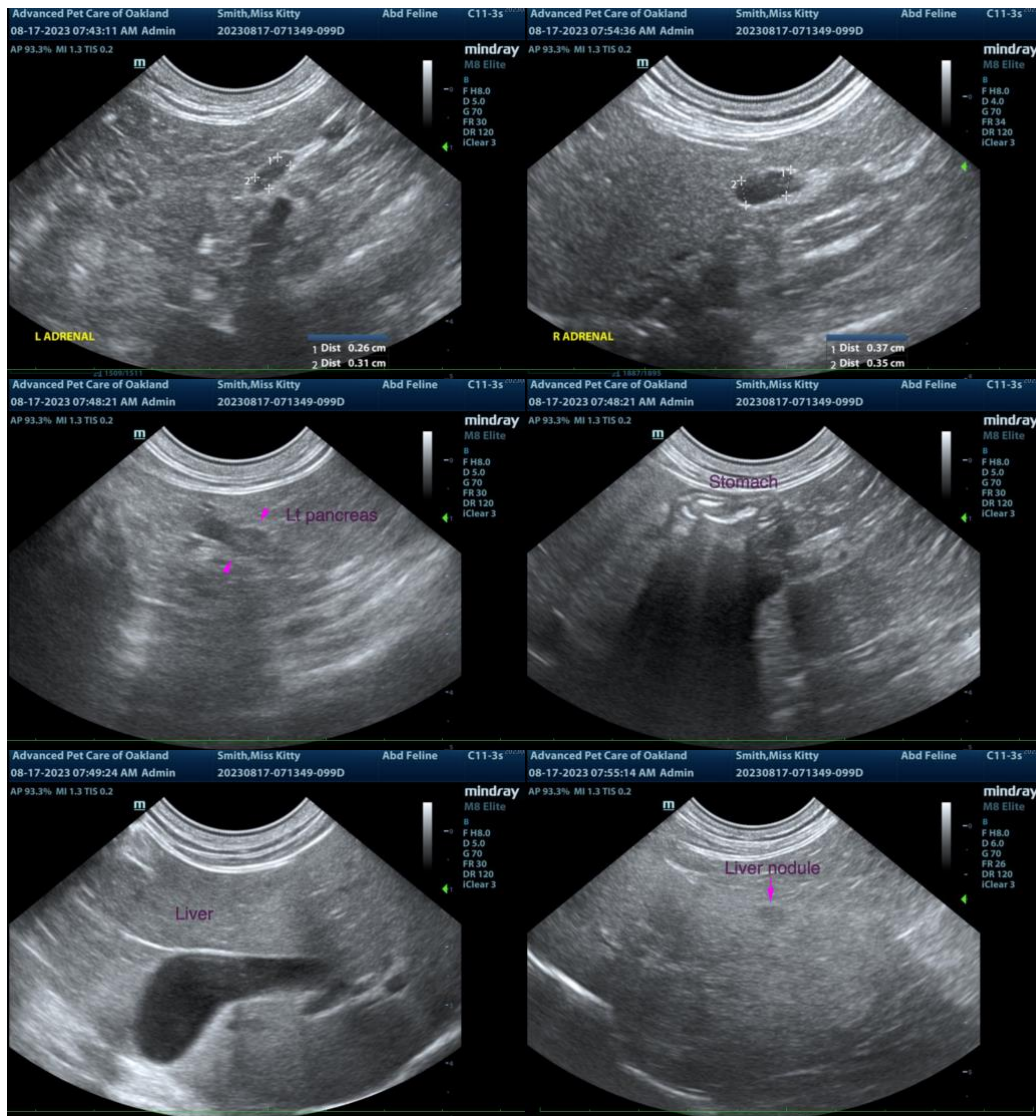
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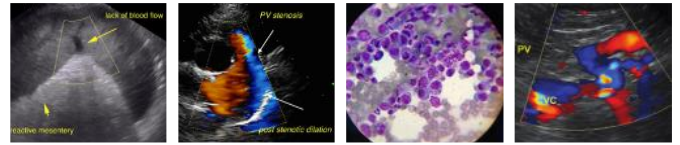
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3. Three-view thoracic radiographs to assess cardiopulmonary status

• Regarding the diarrhea, consider the following:

1. Initiation of a probiotic
2. Fecal evaluation for ova and Giardia
3. +/- prophylactic deworming with Fenbendazole
4. Consider a Texas GI panel including serum cobalamin and folate, TLI and PLI, particularly if the diarrhea becomes chronic in nature.
5. Consider switching to a different hypoallergenic diet, if the patient will eat it.
6. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.





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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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