



PATIENT

Teo Nowell

PRESENTING CLINICAL SIGNS

History: Acute on chronic GI issues - worsening in the last few days, 24 hours of acute vomiting. Distended abdomen on PE.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: See attached - Low WBC ECG screening ran with no abnormalities seen in morphology or rhythm. Severe neutropenia. Chemistry panel unremarkable. Abdominal radiographs showed a mass-effect in the mid to caudal abdomen.

BREED

Maine Coon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A small amount of suspended echogenic debris was observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Male Neutered

The left kidney is normal size (4.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 Years, 8 Months

The right kidney is normal size (4.79 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

15.38 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.94 cm length; 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.05 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (1.00 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.

IMAGING PERFORMED BY

Amanda Crook, SDEP
Certified Clinical
Sonographer

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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with fluid. In addition, echogenic material is observed in the region of the pyloric antral lumen. 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

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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

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Feline

The right limb of the pancreas is prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. A few, irregular, cystic lesions are observed within the parenchyma. See also "Free Abdomen" below.

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Free Abdomen

SEX

Male Neutered

Starting from just caudal to the stomach and extending to the cranial aspect of the bladder, a multi-septated cystic mass-effect is observed. Many of the cystic areas contain echogenic debris. The cystic mass-effect causes displacement of the small intestinal segments. The cystic lesions also appear to surround +/- extend into or arise from the right limb of the pancreas. There is no obvious evidence of free fluid.

AGE

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Lymph nodes

See "Free Abdomen" above.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- The origin of the cystic mass-effect is unclear. It may be arising from the omentum, pancreas, lymph node, or other. Benign cysts or abscesses are suspected with a lower possibility of a neoplastic process.
- The pancreatic changes are suggestive of low-grade pancreatitis.

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Secondary Findings:

- Age-related renal pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Submission of the fluid obtained from the cystic structures for cytology as well as aerobic and anaerobic cultures is recommended.
3. Prophylactic, broad spectrum antibiotic therapy is recommended while awaiting test results, particularly given the severity of the neutropenia.
4. Ultimately, an abdominal exploratory with surgical debridement of the cystic lesions may be warranted. If surgery is pursued, referral to a board-certified veterinary surgeon is recommended. An abdominal CT scan may be useful in pre-surgical planning.

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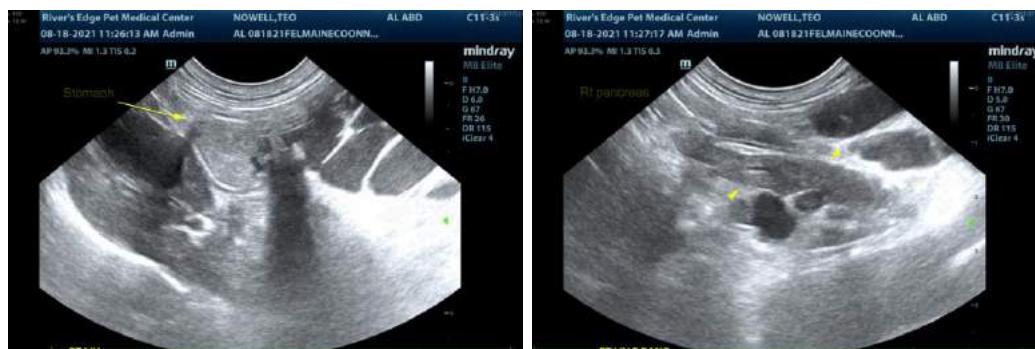
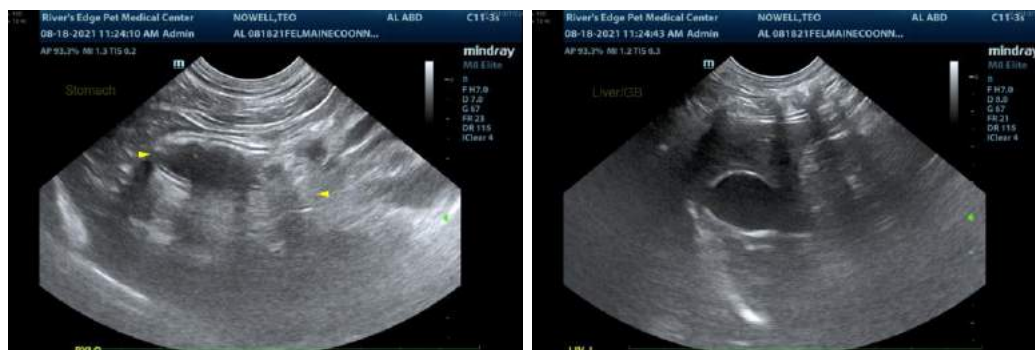
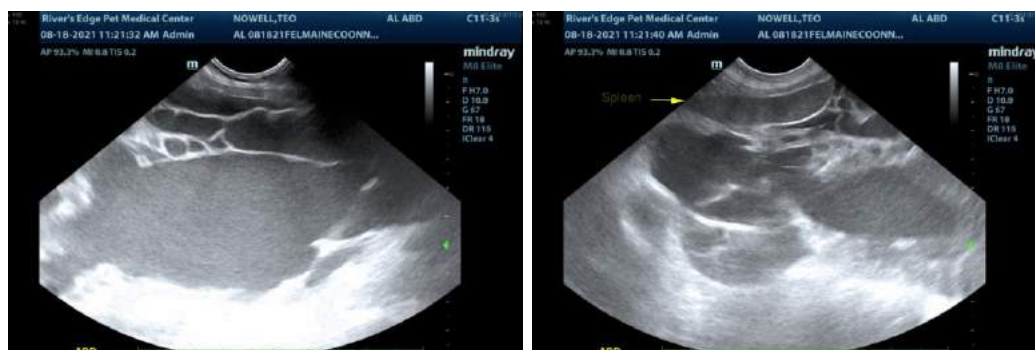
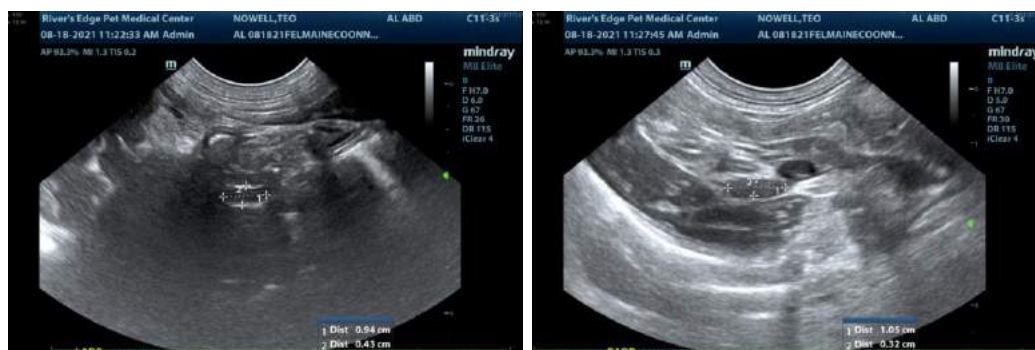
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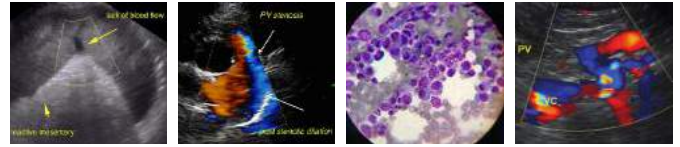
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com