



PATIENT

Cecil Hill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8.20.2010

WEIGHT

2.52 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Vet Spec Mt
Pleasant

REFERRING VET

Caroline Andrews, DVM

INVOICE

11466

DATE

8.22.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Cecil presents for ADR. Cecil is TNR cat that Mrs. Hill has been feeding since 2012. Within the past few months, Mrs. Hill has noticed wt loss and Cecil acting poorly with a hunch. This morning, Cecil was retching. He produced some foam. Cecil is not vaccinated or on any monthly prevention.

Attitude: QAR

Hydration: 7-10% dehydrated - severe skin tent

BCS: 2-3/9

Pain: 0/4

EENT: severe dental calculus and gingivitis, no nasal or ocular discharge

PLNS: all peripheral LNs normal in size, soft, symmetric, and non-painful

CV: no murmurs ausculted, regular rhythm, femoral pulses strong and synchronous

RESP: eupneic, bronchovesicular sounds normal in all lung fields

ABD: soft, non-painful, no palpable organomegaly or masses

UG: bladder soft and small in size, normal external genitalia

M/S: ambulatory x 4, no evidence of lameness, severe diffuse muscle wasting/cachexia

INTEG: generally unkempt hair coat, no alopecia, scale, erythema, or evidence of ectoparasites

NEURO: normal mentation, normal CNs, no ataxia, normal CPs and withdrawals x 4

Abnormal lab-work values: CBC: HCT 34.1% (N), RDW 27.7 (H), WBC 18.35k (H), NEU 15.77k (H), EOS 0.1k (L), PLT 121k (L), MPV 22.1 (H), rest WNL

- Chem17: GGT 15 (H), rest WNL

- FIV/FelV/HWT: Negative x 3

- T4: 1.1 (N)

- U/A (cysto): USG >1.050, pH 8.0, 7 RBC/hpf, <1 WBC/hpf, no bacteria or crystals

- While collecting urine for UA via U/S guidance, small intestines were noted to be generally fluid filled with subjectively thickened intestinal walls and poor motility. No peritoneal effusion. Complete AUS required for further assessment.

- AXR (3-view) + CXR (3-view) with STAT Keystone:

Findings: Six radiographs of the thorax and abdomen are submitted for evaluation. A soft tissue density is identified within the area of the sternal lymph node on both lateral projections. The thorax is otherwise normal without evidence of cardiac or pulmonary pathology identified. The stomach, small bowel, and colon are all flaccid appearing and gas dilated. There is little or no intra-abdominal fat, which compromises the evaluation of abdominal organs. The liver and left kidney are visible and appear normal. The spleen and bladder are not well seen. Degenerative spinal changes are evident, likely indicating advanced age. An air rifle pellet is identified lodged near the left ilium.

Assessment: The appearance of the G.I. tract is abnormal. An ultrasound examination may be indicated to rule out infiltrative disease of the bowel. There is also evidence of sternal lymph node enlargement, which could indicate an inflammatory or neoplastic process within the abdomen.

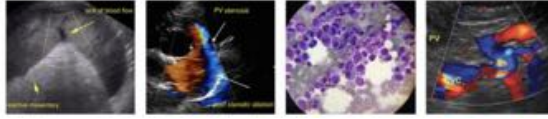
Current Medications: Plyte IV at 7 ml/hr, Cerenia 2.5 mg IV q24h, Protonix 2.5 mg IV q12h, Mirtazapine 1.88 mg PO q24h PRN

Radiographic Findings: Emailed AXR 3-view images.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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.



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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.

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The **left kidney** is normal size (4.10 cm in length); with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic to slightly heterogenous in appearance. There is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.29 cm in the transverse plane). An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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The **right kidney** is normal size (4.46 cm in length); with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic to slightly heterogenous in appearance. There is moderate loss of corticomedullary distinction. An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SEX

Neutered Male

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Adrenal Glands

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (0.51 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.

WEIGHT

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Liver

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

INTERPRETED BY

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

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 (0.46 cm in width).

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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 to borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

The **pancreas** is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm in diameter).

REFERRING VET

Caroline Andrews, DVM

Free Abdomen

A small amount of anechoic free fluid is present. The mesentery in the midabdominal region is mildly hyperechoic. Two enlarged, irregular, hypoechoic to heterogenous cystic **lymph nodes** are visualized, one measuring 2.91 cm, the other measuring 1.98 cm in length.

INVOICE

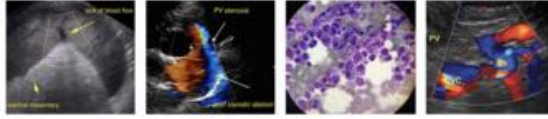
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Other

A small amount of pleural effusion is seen. There is no obvious evidence pericardial effusion.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy could be consistent with lymphoma, lymphadenitis (i.e., reactive, pyogranulomatous), or lymphoid hyperplasia.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The midabdominal peritonitis is likely secondary to bowel and/or lymph nodes pathology.

Secondary Findings

- The hepatic changes are most consistent with age-related parenchymal remodeling.
- The bilateral renal changes are consistent with chronic interstitial nephrosis/nephritis.
- The pleural effusion may be secondary to overhydration, increased vascular permeability (i.e., due to systemic inflammation), low oncotic pressure (if applicable), other.

*Ultrasound-guided fine-needle aspirates of the enlarged abdominal lymph nodes were obtained at the end of this study without incident with 25-gauge needles.

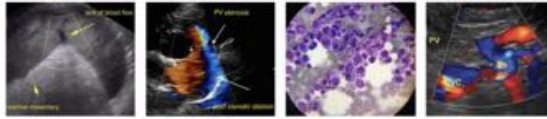
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a malabsorption panel including serum cobalamin and folate, TLI and PLI.

Given the pleural effusion, consider repeating thoracic radiographs to assess cardiopulmonary status.

If the abdominal lymph nodes cytology results are inconclusive, consider an abdominal exploratory with GI and lymph nodes biopsies. If biopsies are not pursued, consider empirical treatment for inflammatory bowel disease with corticosteroids and a novel protein diet, as long as the client understands the risks of treatment without a definitive diagnosis.





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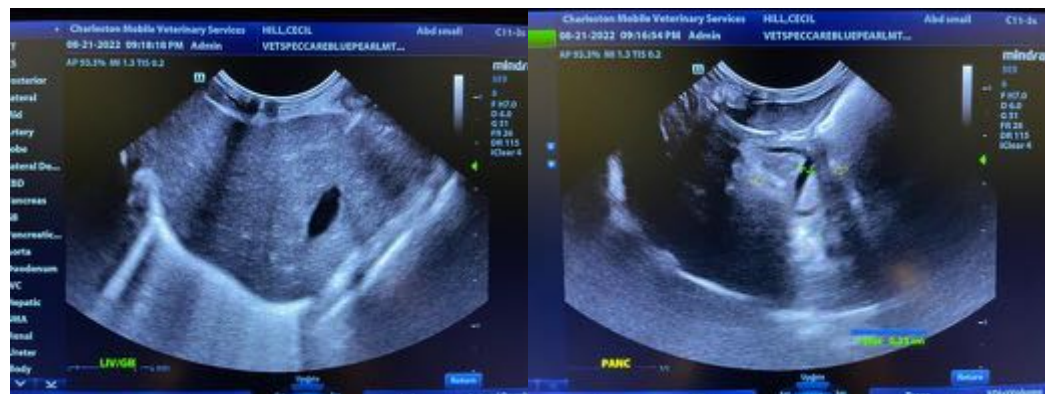
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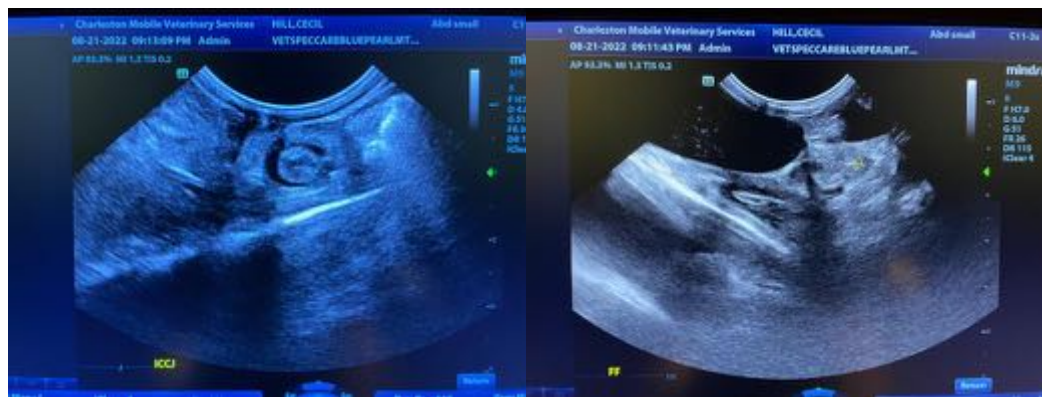
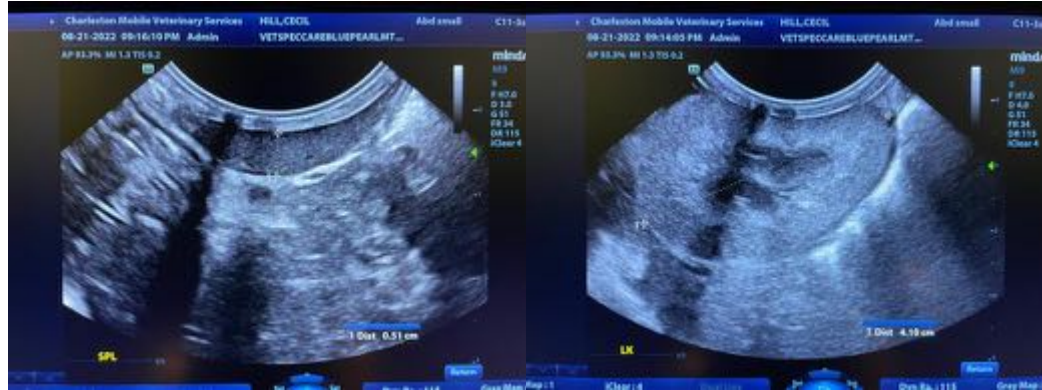
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

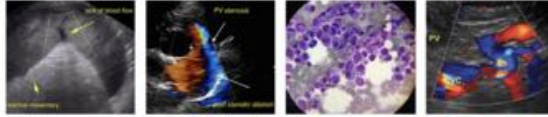
Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

PRESENTING CLINICAL SIGNS

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 lumen is moderately distended with anechoic urine. No masses, inflammatory



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changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

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

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DSH

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

SEX

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Adrenal Glands

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

WEIGHT

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Spleen

The spleen is normal in size (xxx 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.

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(Small Animal Internal
Medicine)

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.

IMAGING PERFORMED BY

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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.

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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 thickness is normal 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.

REFERRING VET

Caroline Andrews, DVM

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

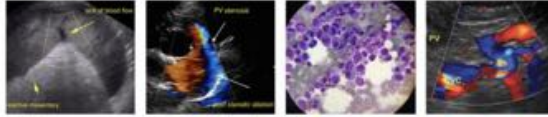
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Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The

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Secondary Findings

- The

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