



**PATIENT**

Bella Pell

**SPECIES**

Feline

**BREED**

Domestic long hair

**SEX**

Female spayed

**AGE**

15 Years

**WEIGHT**

3.1 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Messner

**HOSPITAL NAME**

TotalBond Veterinary  
Hospital Bethel

**REFERRING VET**

Dr. Messner

**INVOICE**

11717kk

**DATE**

8/27/21

**PRESENTING CLINICAL SIGNS**

History: Presented recently for annual exam. Patient has had chronic weight loss and is now a bcs of 1/9. Owner reports that she is constantly asking for food but does not gain weight. Lab work showed normal T4 and adequate kidney function. Patient was 4.5lb in August of 2019.

Abnormal PE/Chem/CBC/UA Results: Fecal centrifugation was negative. Chemistry panel is unremarkable. Stress leukogram and eosinophilia on CBC, normal T4, specific gravity of 1.056 with 1+ proteinuria. Normal SDMA. UPC is normal.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is subjectively normal size with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.32 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 hydroureter.

*Adrenal Glands*

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

*Spleen*

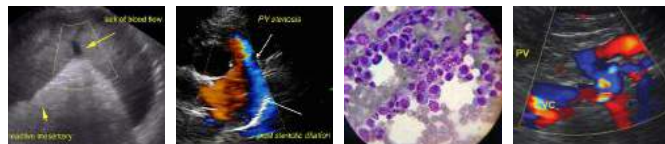
The spleen is not visualized in its entirety. In the visualized portion, it is normal in size with normal curvilinear peripheral contours and homogeneous parenchyma. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

*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.

*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. No obstructive disease is noted.



## PATIENT

**Pancreas**

Bella Pell

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

## SPECIES

Feline

**Free Abdomen**

Trace free fluid is observed. One to two prominent mesenteric lymph nodes are suspected.

## BREED

Domestic long hair

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

## SEX

Female spayed

\*\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, primary neurologic disease, and other.

## AGE

15 Years

### Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The trace ascites may be secondary to increased vascular permeability or increased hydrostatic pressure. Correlation with clinical findings is recommended.

## WEIGHT

3.1 lbs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider the following diagnostics:
  - A fecal evaluation for ova/Giardia
  - A malabsorption panel including serum cobalamin, folate, PLI and TLI.
  - Complete neurologic evaluation to assess for deficits as primary neurologic disease (i.e., brain tumors) can sometimes present with weight loss as the sole clinical sign.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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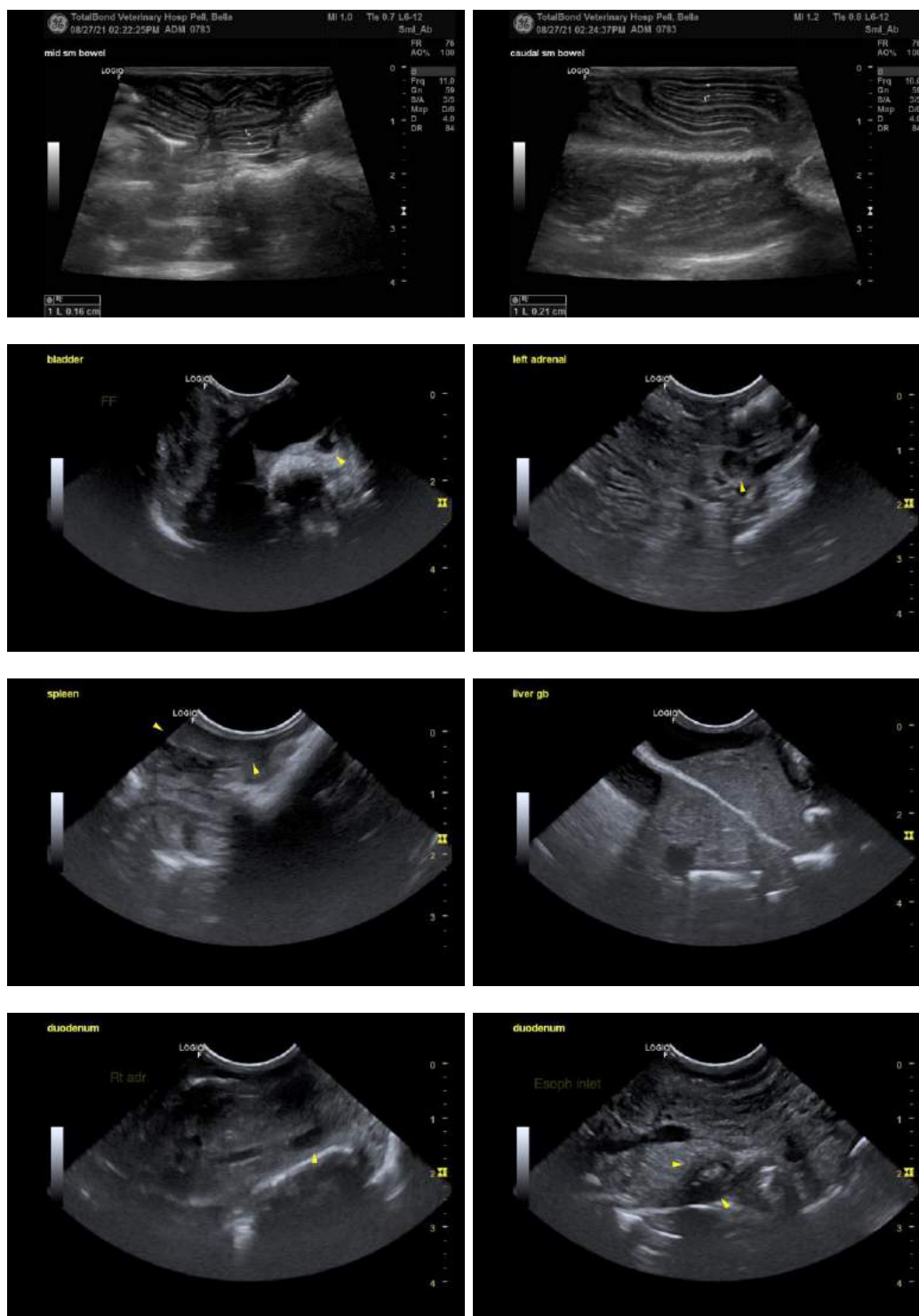
Dr. Messner

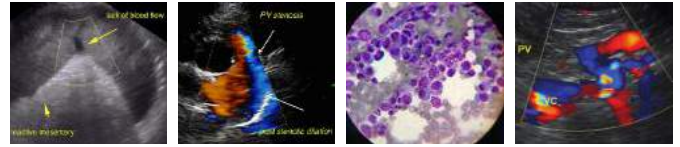
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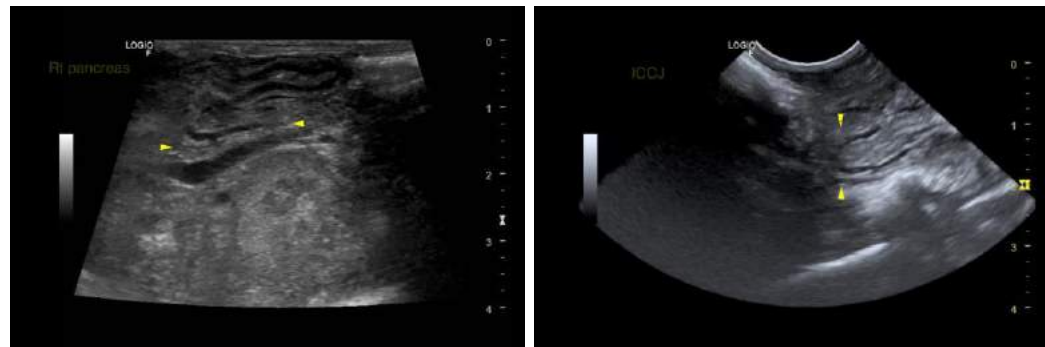
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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