



PATIENT

Vida Lyle

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

10.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rachel Runnells

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

13898

DATE
8/30/22

PRESENTING CLINICAL SIGNS

History: Inappetence and fever of unknown origin. Did eat some canned food last night around midnight, and maybe a tablespoon today. Started antibiotics last night, and has had 2 doses of pred as pet had seemed painful.

Abnormal PE/Chem/CBC/UA Results: Rads appeared unremarkable. Chem: ALT 25 (27-58), ALP 11 (12-59), rest WNL. TT4, FPL, ProBNP WNL. CBC: RBC 6.58 (7.12-11.46), Hemoglobin 10.2 (10.3-16.2), MONO 0.534 (0.04-0.53), rest WNL. UA: Sp Grav 1.050, dark yellow, Protein 2+, sediment had 0-2 WBC and RBC, rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

The left kidney is normal size (3.43 cm in length) with a slightly rounded shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm cranial; 0.42 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm; 0.41 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.77 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.

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: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is minimally distended. The wall is of appropriate for the level of repletion. A scant amount of echogenic debris is observed within the lumen. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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The gastric lumen is moderately distended with ingesta and a small amount of soft shadowing material. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

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

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The shadowing material within the gastric lumen is consistent with food +/- foreign substance (i.e., hair).
- Suspected trace ascites.

Secondary Findings:

- Bilateral, age-related degenerative renal changes.
- Age-related pancreatic remodeling +/- fibrosis. Chronic pancreatitis is also possible, particularly if the patient exhibits pain on cranial abdominal palpation.

*An obvious cause for the patient's clinical signs is not identified in this study. Given the fever, infectious, inflammatory, autoimmune and neoplastic causes should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the presence of a fever, consider infectious disease testing (i.e., feline leukemia, FIV, FIP, Toxoplasmosis).
- Consider a urine culture and sensitivity to assess for an occult urinary tract infection.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- A more advanced fever of unknown origin workup could include the following:
 1. Echocardiogram to assess for valvular endocarditis.
 2. Comprehensive tick panel, particularly if the patient has exposure to the outdoors.
 3. A creatinine kinase level to indirectly assess for myositis.



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4. Arthrocentesis to evaluate for immune mediated polyarthritis.

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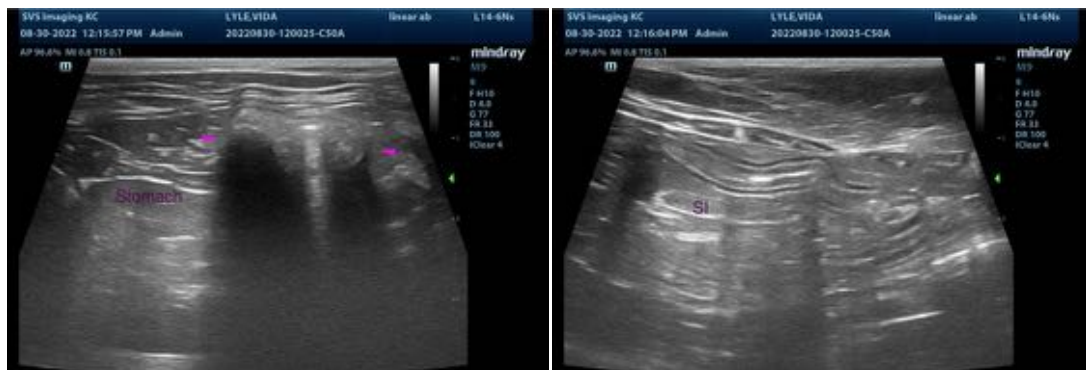
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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