



PATIENT PRESENTING CLINICAL SIGNS

Charlotte Haughney Clinical Exam Findings: Hx of azotemia, poor appetite, weight loss and T4 3.1. Current exam found tachycardia, left thyroid slip, intermittent gallop rhythm. Concerns for poor appetite, weight loss, and possible hyperthyroid (euthyroid sick), GI disease, CV disease?

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Feline Abnormal lab-work values: Previous veterinarian in July 2022: TP 7.9, Glob 4.4, BUN 53, creat 2.8, T4 3.1 (0.8-3.5), HCT 37

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We will be getting blood today for thyroid panel.
Current Medications: gabapentin before ultrasound

SEX

Spayed

AGE

4.20.03

WEIGHT

5.15 lbs

*Due to ingesta within the gastrointestinal tract, some pathology may be obscured.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** 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 borderline small in size (3.01cm in length); with a slightly irregular shape. 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, or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.79 cm in length); with a slightly irregular shape. 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, or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The **spleen** is normal in size (0.67 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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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 to caudal vena cava ratio is approximately 1: 1.

REFERRING VET

Dr. Kim Wilson

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.

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Gastrointestinal

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The **gastric lumen** is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal



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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. There is no evidence of an obstructive pattern.

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Pancreas

A portion of the **pancreas** is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

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Free Abdomen

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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Other

A brief **echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary Findings

- Bilateral, nonspecific, chronic, age-related renal changes

WEIGHT

5.15 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the high normal total T4, consider performing a T4/free T4 by equilibrium dialysis to further assess for hyperthyroidism.

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Given the recent increase in renal values, also consider a urine culture and sensitivity to evaluate for occult pyelonephritis.

Other diagnostics considerations include three-view thoracic radiographs to assess for occult neoplasia in the chest and an echocardiogram (given the heart murmur and gallop rhythm).

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A malabsorption panel, including serum cobalamin and folate, TLI and PLI, can also be considered to assess for maldigestion/malabsorption and underlying pancreatic disease.

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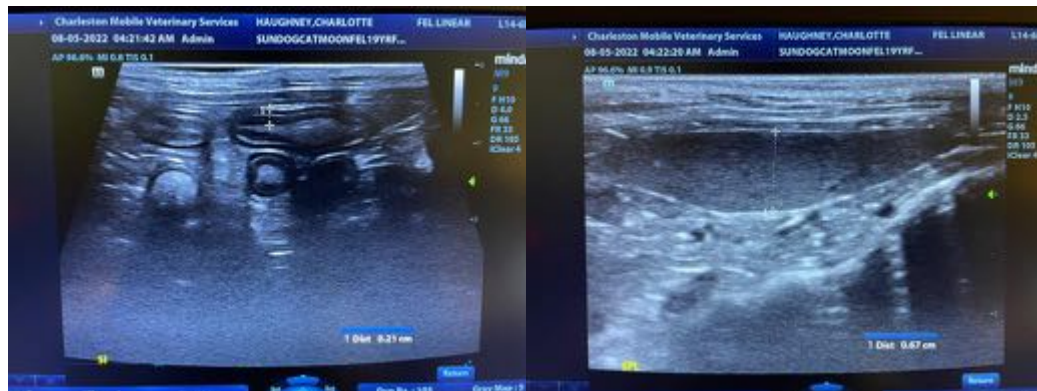
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SPECIES

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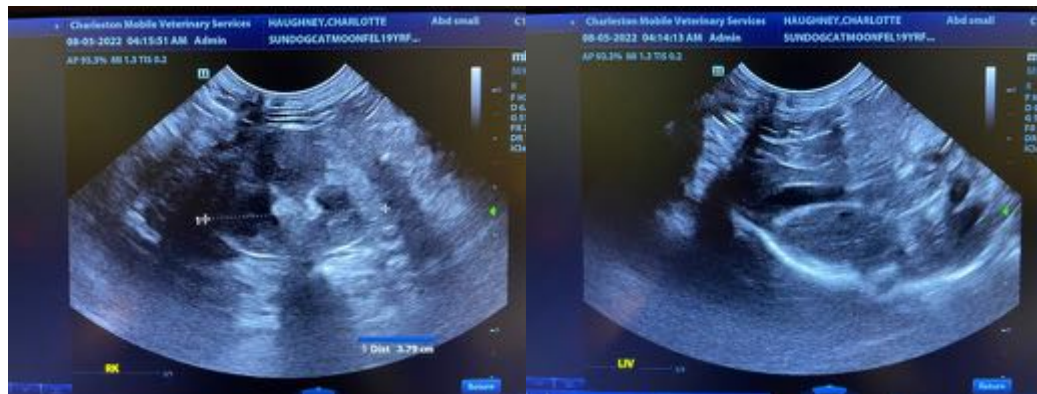
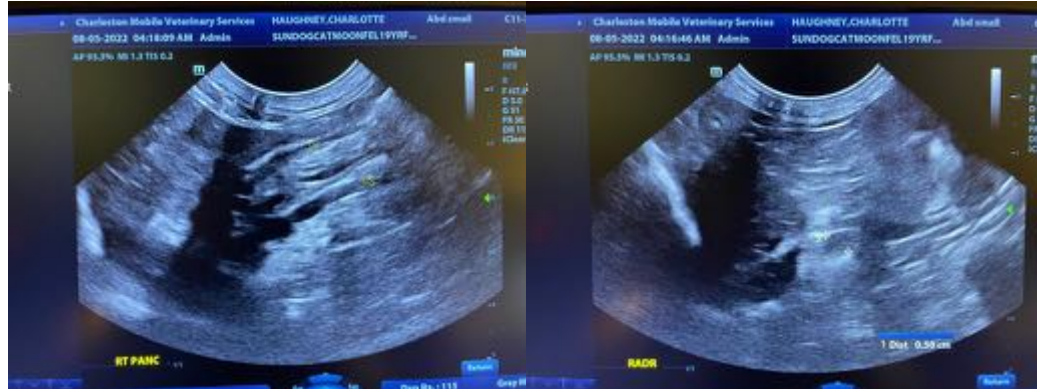
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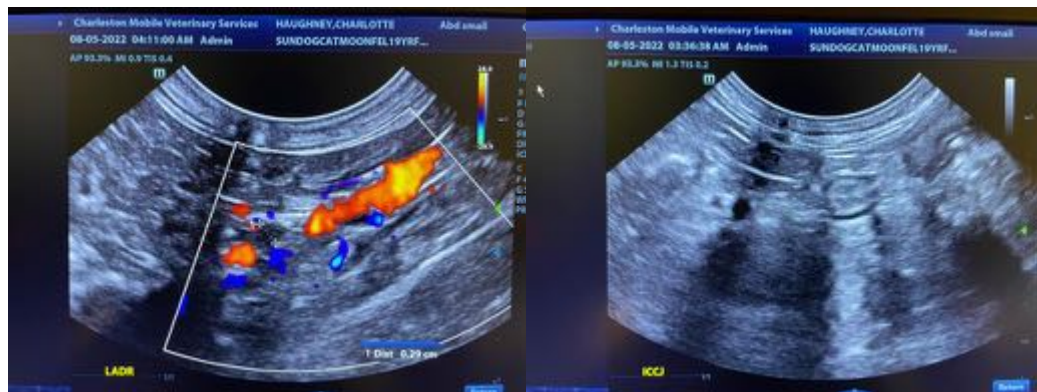
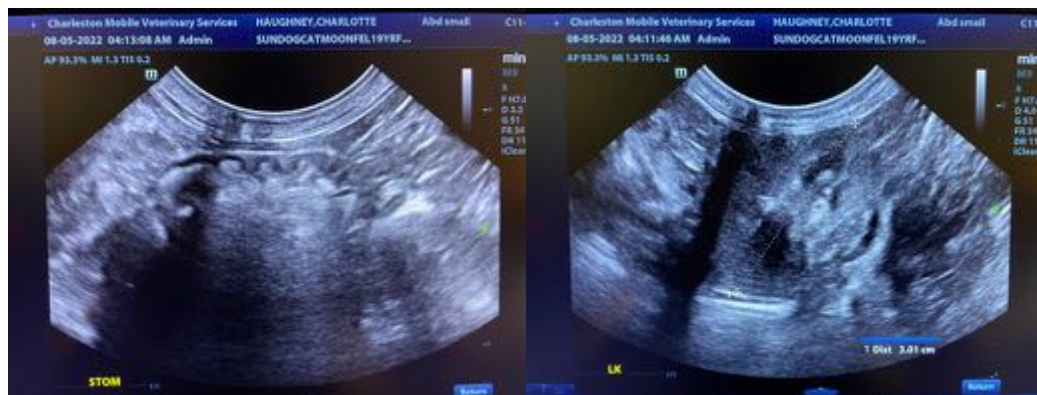
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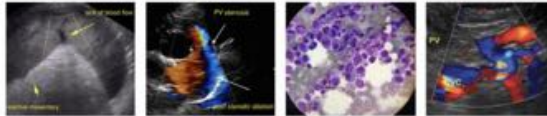
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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