



PATIENT

Willie Cestare

PRESENTING CLINICAL SIGNS

History: Elevated AST, lipase, renal values. Convenia inj. given 9/3/21

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: SDMA 47, BUN 122, Creatinine 5.5, AST 114, Lipase 165, CK 10797, Hgb 13.8, Bands 918. Urine C & S pending

BREED

Domestic Shorthair

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 mildly 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.

SEX

Male Neutered

The left kidney is normal size (4.69 cm in length) with a slightly irregular shape. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. A 1.59 x 0.72 cm septated cortical cyst is observed at the caudal aspect. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

AGE

15 years

The right kidney is normal size (3.36 cm in length) with a slightly irregular shape. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized along with a few small nephroliths. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is slightly hyperechoic.

WEIGHT

18.2 lbs.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Shari Reffi CVT

Spleen

The spleen is normal in size (0.58 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.

HOSPITAL NAME

Shohola VH

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.

REFERRING VET

Dr. DeMeo

INVOICE

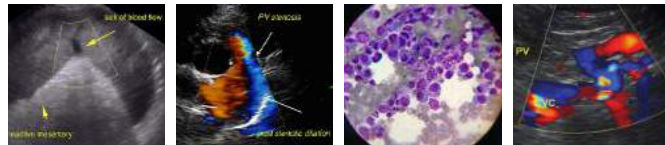
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Gastrointestinal

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

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thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio and mild thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of obstruction.

SPECIES

Feline

Pancreas

The right limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. A few small, hypoechoic nodules are observed within the parenchyma. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

BREED

Domestic Shorthair

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

SEX

Male Neutered

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes are consistent with chronic interstitial nephritis with right non-obstructive nephroliths. Retroperitonitis is present, secondary to renal pathology.

WEIGHT

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Secondary Findings:

- The pancreatic changes are most consistent with age-related remodeling/fibrosis with benign nodular hyperplasia. A concurrent inflammatory process may also be present, particularly if the patient is painful in the right cranial quadrant. Infiltrative neoplasia is possible but considered less likely.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

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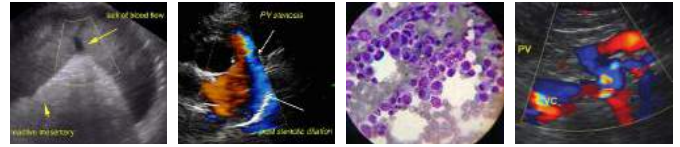
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal changes, consider the following diagnostics:
 - Urine culture and sensitivity
 - UPC (if proteinuria is present)
 - Baseline blood pressure measurement
 - IV fluid diuresis and supportive care
 - Three-view thoracic radiographs should be performed to assess cardiopulmonary status, particularly if IV fluids are to be administered
 - Serial monitoring of the patient's renal values is recommended to assess for progression
- If gastrointestinal signs are present, consider a malabsorption panel and a fecal evaluation for ova/Giardia.



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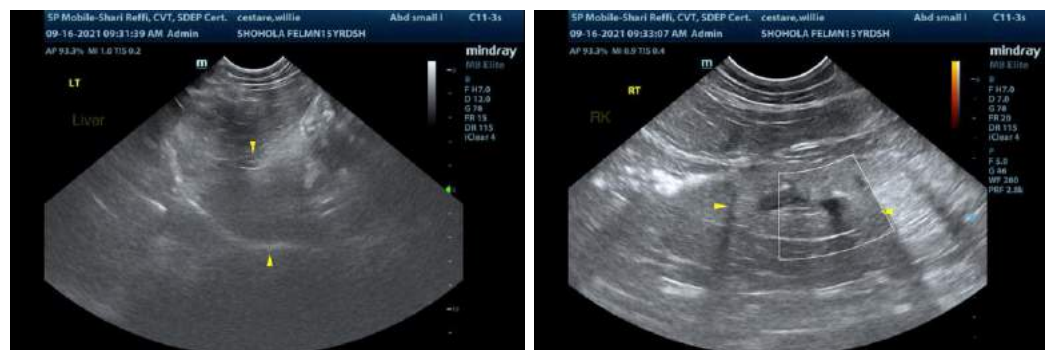
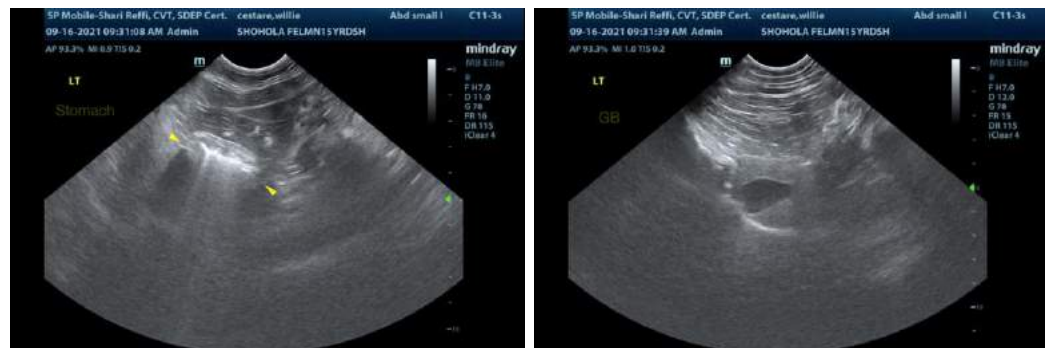
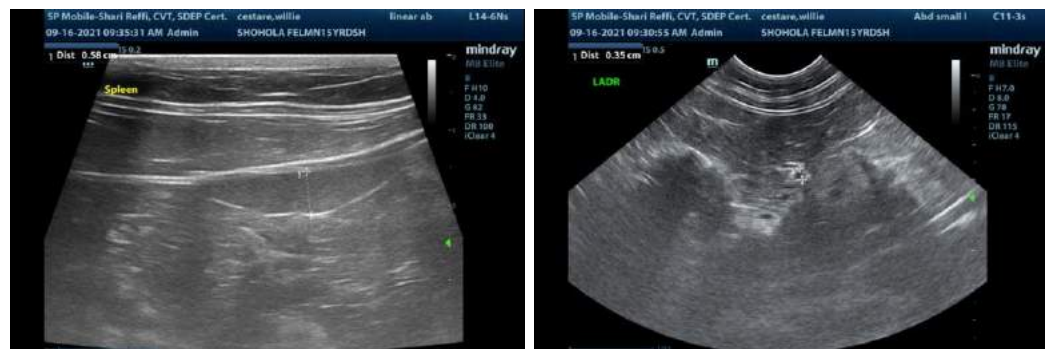
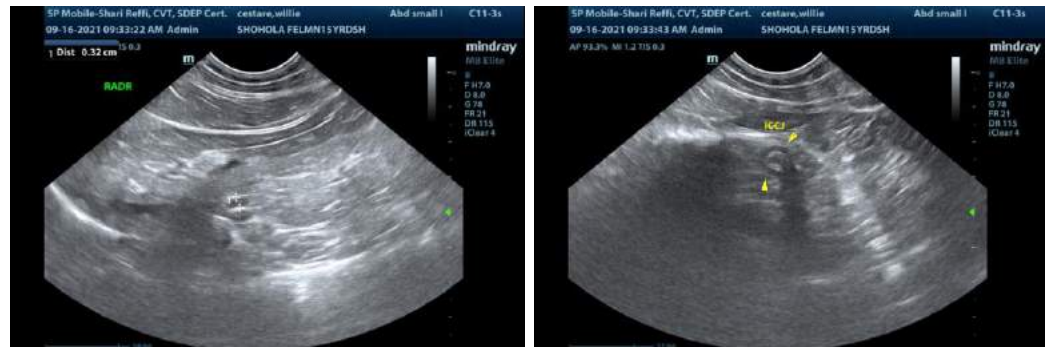
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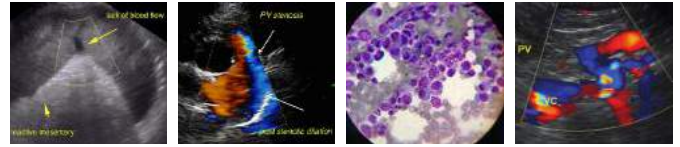
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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