



PATIENT

Skitter Dought

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

17 Yrs.

WEIGHT

5.78 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

12220

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: decreased appetite for 30 days, vomiting every 7 days, inappropriate urination, stiffness. Just started cerenia, vit b 12, and baytril.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT 245, elevated Tbil 3.0, elevated ALP 1598.

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. A small amount of aggregated echogenic debris is observed within the lumen. 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 small in size (2.95 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.68 cm in length) with a normal shape and smooth peripheral contours. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.94 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are mildly dilated (up to 0.29 cm in diameter) with thickened walls. There is no obvious evidence of a luminal obstruction.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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



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intestinal wall thickness is normal 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 left limb of the pancreas is prominent in size with slightly irregular peripheral contours. A 1.04 x 0.85 cm irregular hypoechoic nodule is observed at the tip of the left limb. The lesion appears to cause capsular expansion. The remaining parenchyma is mildly hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- The pancreatic changes could be consistent with mild acute or chronic, low-grade pancreatitis. The pancreatic nodule may represent an early neoplastic lesion or benign nodular hyperplasia.
- The common bile duct changes could be consistent with cholangitis and/or benign age-related hyperplasia.
- Bowel changes consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The trace ascites may be secondary to bowel and/or pancreatic pathology.

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Secondary Findings:

- Bilateral age-related renal changes with right dystrophic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider fine needle aspirates of the liver and pancreatic nodule in the left limb (if clotting status is appropriate). 25-gauge needles should be used.
- While awaiting test results, consider empirical treatment for cholangiohepatitis/cholangitis/pancreatitis with serial monitoring of the patient's liver values, particularly the total bilirubin. If the total bilirubin level increases, a repeat abdominal ultrasound +/- an abdominal exploratory with assessment of bile duct patency and liver +/- pancreatic and gastrointestinal biopsies may be warranted.
- Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Also consider a malabsorption panel including serum cobalamin folate, TLI and PLI.

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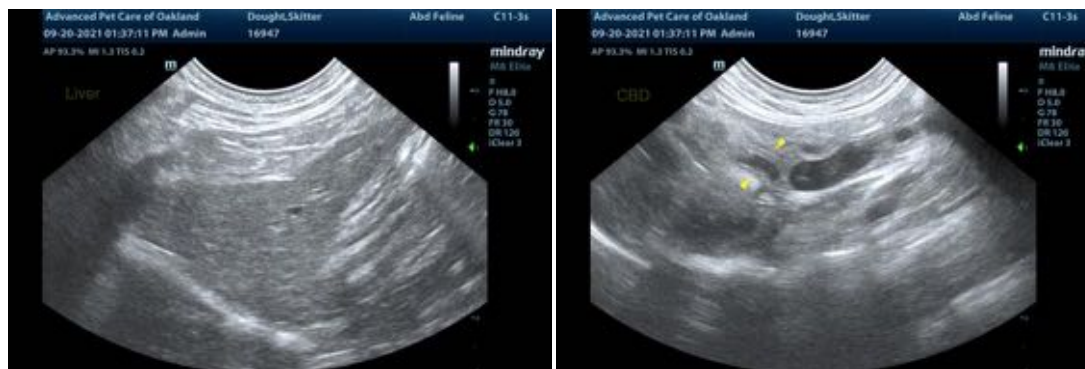
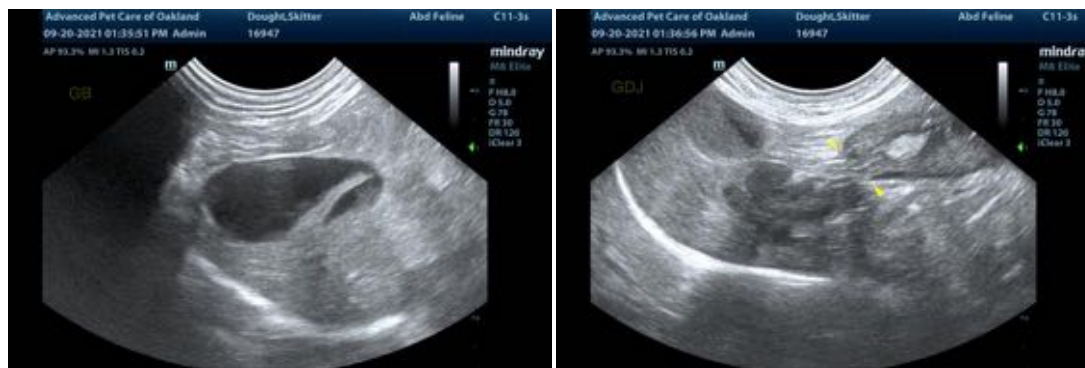
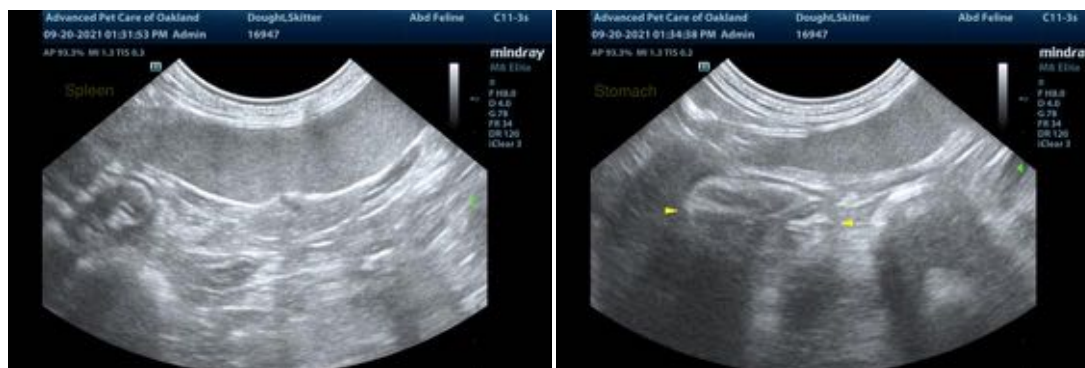
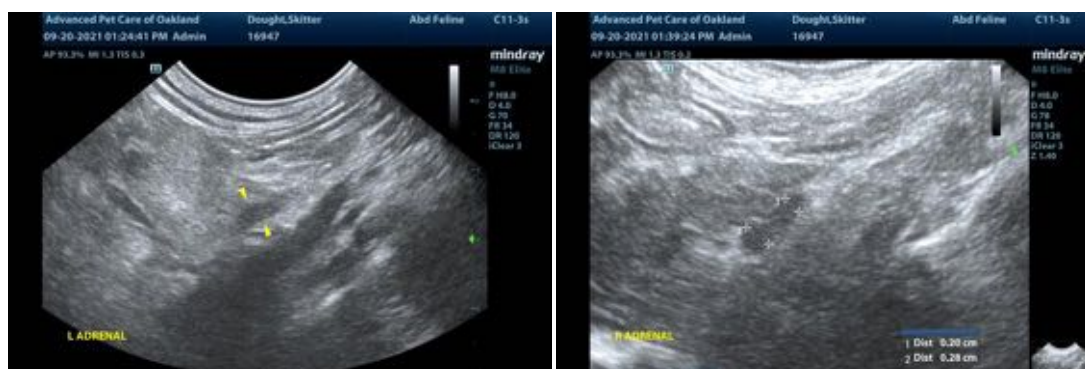
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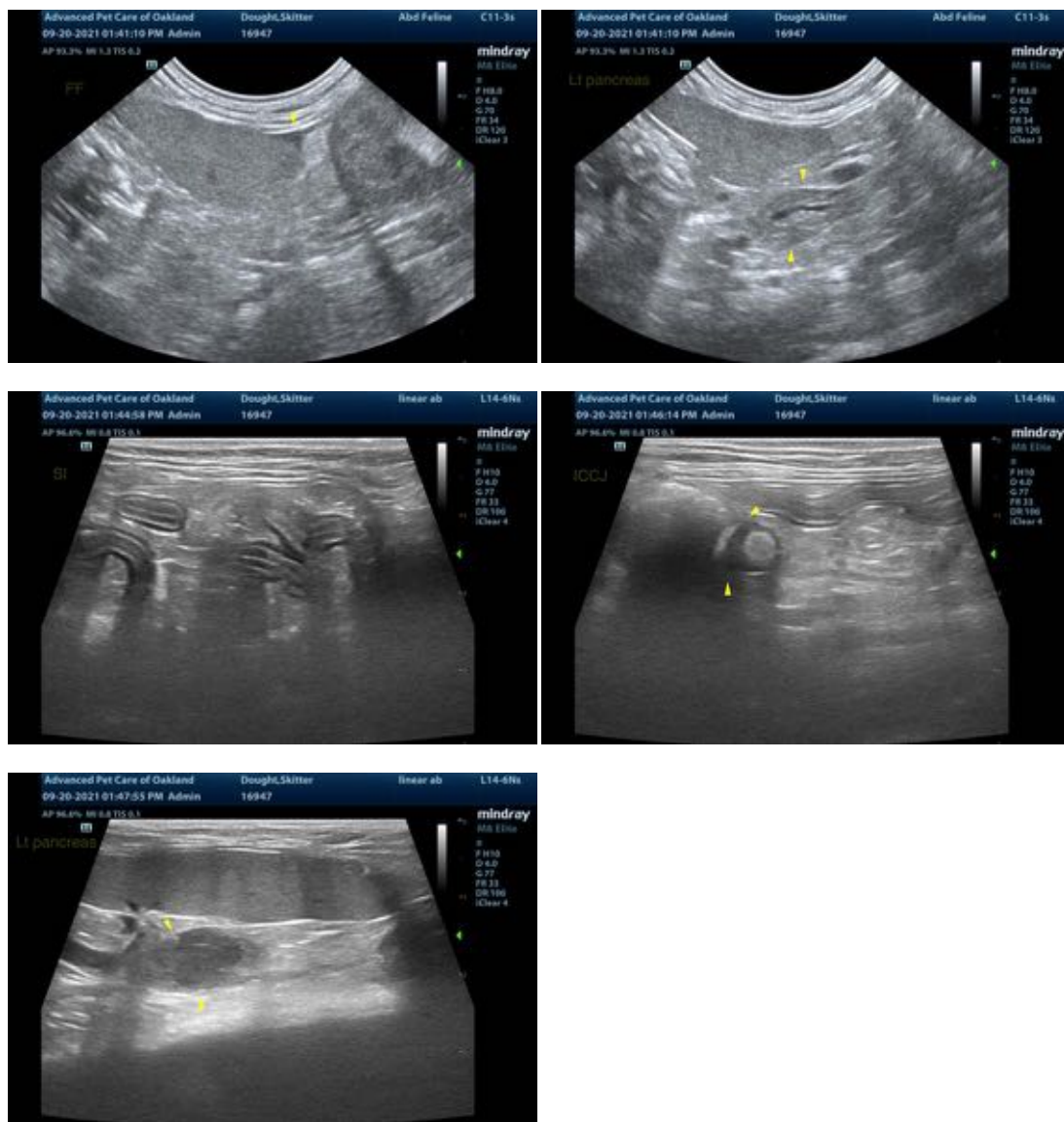
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Andrea.nicastro@sonopath.com