



PATIENT

Samuel Lacey

PRESENTING CLINICAL SIGNS

History: Chronic renal dz discovered last year by sonopath, hyperthyroidism is being managed but recently lost 1.2 lbs in 7 months. Intermittant vomiting and lethargy.
Abnormal PE/Chem/CBC/UA Results: BW pending

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Tabby

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A moderate amount of suspended 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.

SEX

Male, neutered

The left kidney is normal size (4.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 Yrs.

The right kidney is normal size (4.11 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.64 lbs.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is seen.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.94 cm in width at the level of the hilus) with an elongated contour. The parenchyma is diffusely homogeneous. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

IMAGING PERFORMED BY

Charlie Rodriquez

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 small amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Tiffany Pow

Gastrointestinal

The gastric lumen is 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 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 ileocecal colic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

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Pancreas

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A portion of the pancreas is obscured by the gastric distention. The left limb is visible and is normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

SPECIES

Feline

Free Abdomen

BREED

Tabby

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.5 cm in length.

SEX

Male, neutered

ULTRASONOGRAPHIC FINDINGS

AGE

10 Yrs.

- Minor bilateral age-related renal changes.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

WEIGHT

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*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 (i.e., brain tumor), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**IMAGING
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- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider a malabsorption panel and fecal evaluation for ova and giardia.
- A thorough neurologic examination is also recommended to assess for deficits as primary brain tumors can sometimes present with weight loss.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- The pending bloodwork may also be useful in assessing for underlying metabolic issues that may be contributing to the patient's clinical signs.

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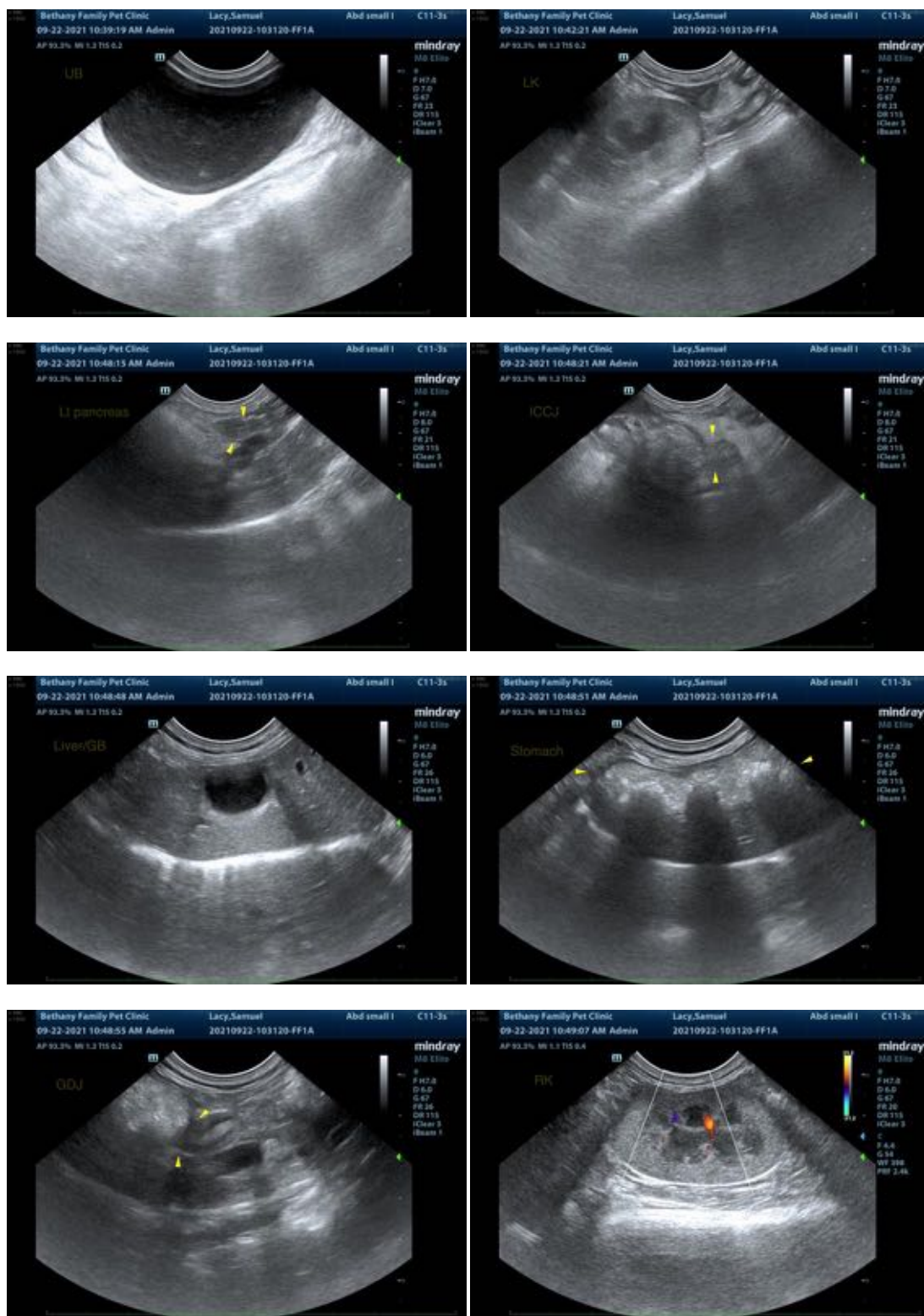
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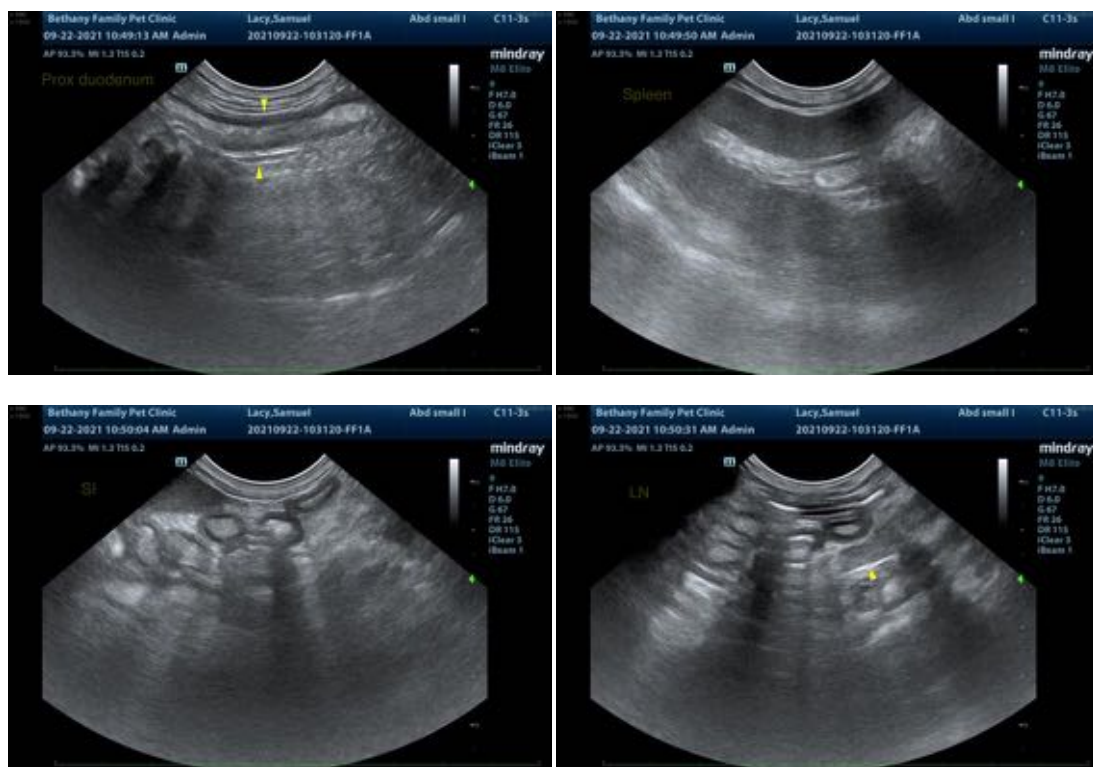
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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