



PATIENT

Davey Stanio

PRESENTING CLINICAL SIGNS

History: R/O hepatopathy. Had suspected lipidosis.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results:

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 with mostly 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.

BREED

Domestic Shorthair

SEX

Male Neutered

The left kidney is normal size (3.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

14 Years

The right kidney is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

8.6 lbs.

Adrenal Glands

The left adrenal gland is normal size (1.03 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.84 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

The spleen is normal in size (0.89 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 enlarged with swollen, irregular, peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder is moderately distended. The wall is normal in thickness. A small amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are mildly dilated (up to 0.30 cm in diameter). The walls are mildly thickened. A small amount of echogenic debris is observed within the lumen. The common bile duct can be followed to the level of the duodenal papilla which measures 0.24 cm in diameter. The common bile duct lumen does not appear to be overtly obstructed.

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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

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pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small 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 pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and heterogeneous in appearance with numerous, varying-sized cystic lesions throughout the organ. The pancreatic duct is borderline dilated (0.23 cm in diameter). Surrounding mesentery is hyperechoic.

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Free Abdomen

Trace free fluid is observed. A 1.11 x 0.58 cm gastric lymph node is visualized. A few prominent, heterogeneous, mesenteric lymph nodes are also visualized, the largest measuring 1.65 cm in length.

SEX

Male Neutered

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

Primary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes could be consistent with moderate to severe pancreatitis with parenchymal cysts. Pancreatic neoplasia is also a differential. Regional peritonitis is present.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

WEIGHT

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Secondary Findings:

- The trace left pyelectasia is likely secondary to fluid therapy and/or age-related remodeling. Pyelonephritis is also a differential. Correlation with clinical findings is recommended.
- Pancreatic/liver lesion/inflammation plugging up the portal hilus vs. other? Hep. lip.? Cat was not painful during imaging.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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Diplomate ACVIM
(*Small Animal Internal
Medicine*)

**Given the sonographic changes, "Triaditis" is a consideration in this patient.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspirate of the liver and pancreas are recommended (if clotting status is appropriate). A 25-gauge needle should be used.
3. Supportive care for hepatic lipidosis/cholangiohepatitis/cholangitis/pancreatitis is recommended including IV fluid therapy, gastroprotectants, antiemetics, pain medication, and broad-spectrum antibiotics +/- fresh frozen plasma. Nutritional support (i.e., via a temporary feeding tube) is strongly recommended to prevent/treat hepatic lipidosis.

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4. A malabsorption panel including serum cobalamin, folate, PLI and TLI is also recommended.

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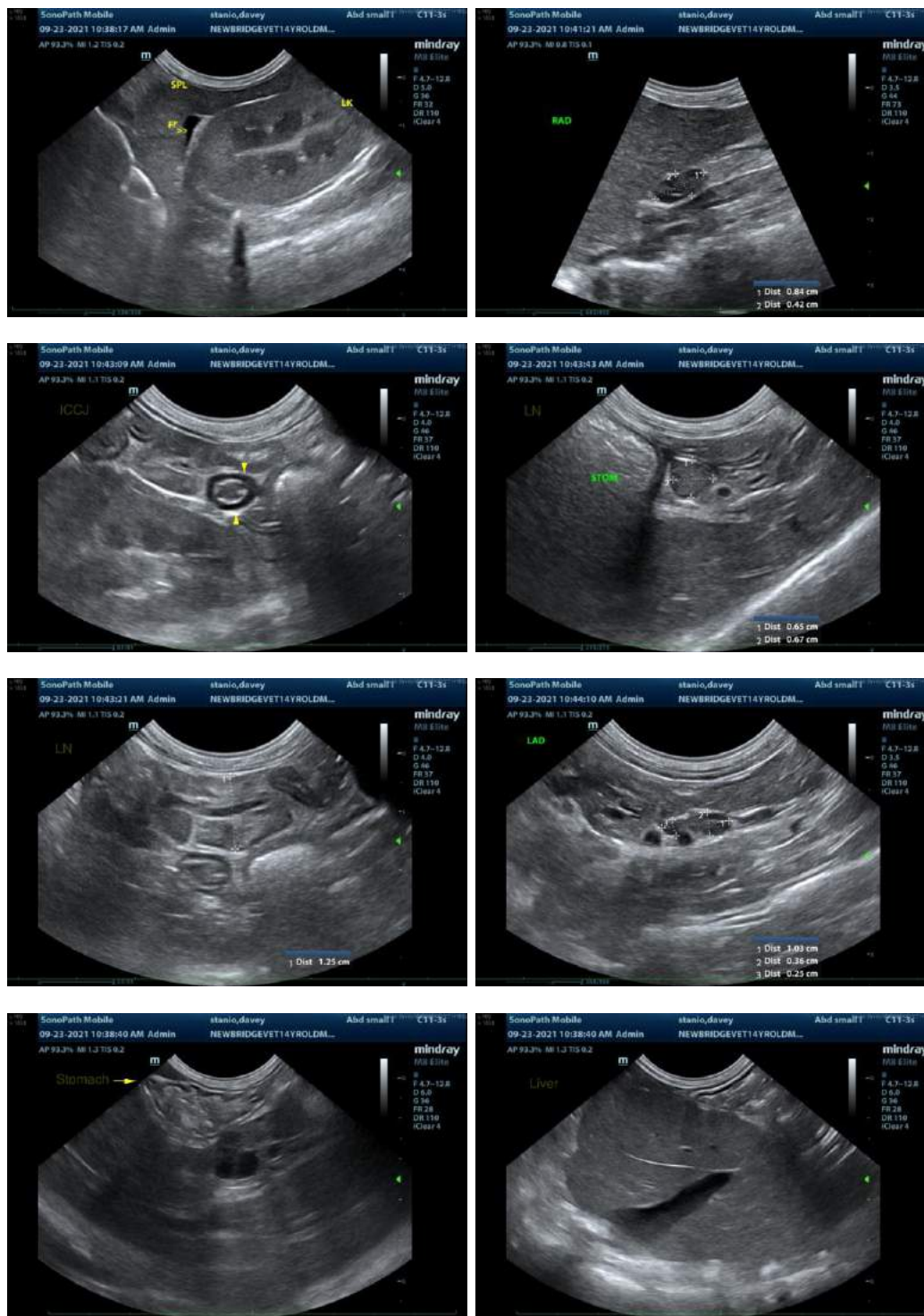
Dr. Glennon

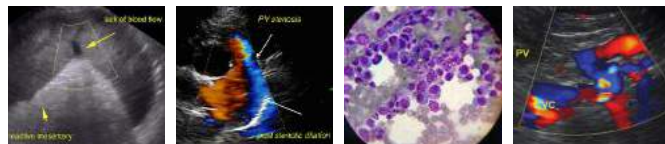
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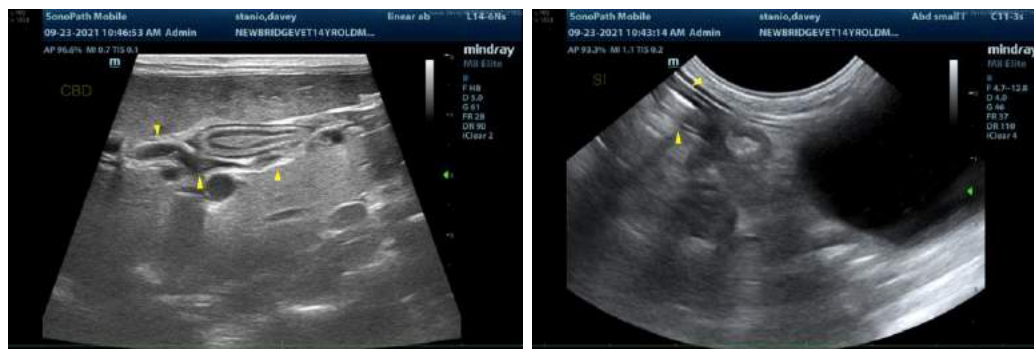
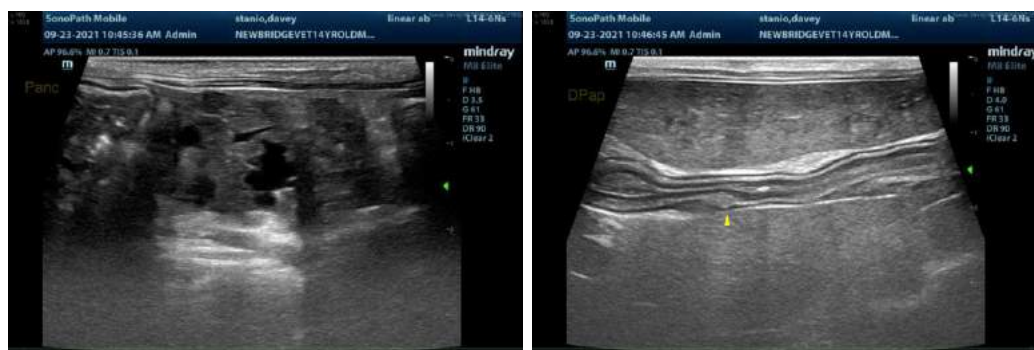
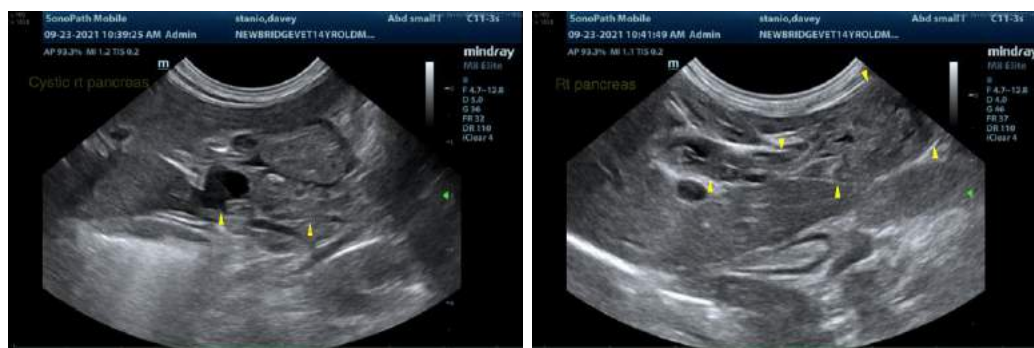
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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