



PATIENT

Stormy Houston

SPECIES

Feline

BREED

Russian Blue

SEX

Female, spayed

AGE

17 Yrs.

WEIGHT

11.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

12261

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History: Has been having hair loss and poor coat. Spec. cPL and azotemia on labs. Looking to check kidneys, health screen, and check pancreas.

Abnormal PE/Chem/CBC/UA Results: PE: Palpable thyroid, dull coat with some dander, 2/6 systolic murmur, sclerosis normal for age, under weight, teeth ok. Urinalysis: SG- 1.024 pH-6.0 Sediment- had some sediment UPC:None ran CBC: RBC 7.08M/uL Chem: IDEXX SDMA 32ug/dL Creatinine 3.0mg/dL BUN 54mg/dL Chloride 113mmol/L Spec fPL: 50.0 ug/L Cardiopet proBNP: Normal TT4: FT4: Normal

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 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 normal size (3.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The right kidney is normal size (3.60 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.65 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. A 0.41 cm focus of mineralized debris is observed within the gastric lumen. 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 gas



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and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is 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 diffusely mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes could be consistent with severe acute or chronic, active pancreatitis. However, pancreatic neoplasia cannot be completely excluded. Regional peritonitis is present.

Secondary Findings:

- Bilateral age-related renal pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- If accessible, a fine needle aspirate of the pancreas is recommended to help determine if neoplasia is present. If cytologic evaluation is inconclusive and an aggressive approach is desired, a surgical biopsy of the pancreas can be considered.
- Given the azotemia, consider the following:
 1. A urine culture is recommended to further evaluate for a urinary tract infection.
 2. UPC (if proteinuria is present).
 3. Baseline blood pressure measurement.
 4. Prescription renal diet if the patient will eat it.

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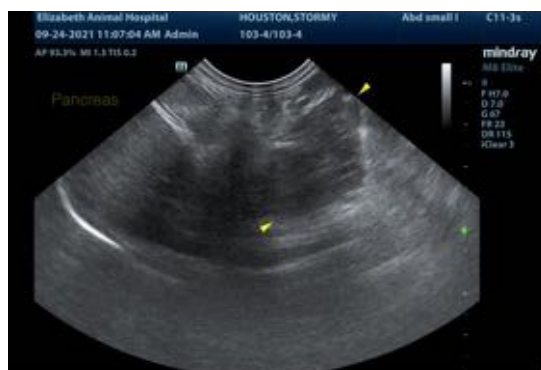
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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