



PATIENT

Cosmo Ronca

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

13 Years

WEIGHT

Unknown

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Linden Heights Animal
Hospital

REFERRING VET

Dr. Jarrett

INVOICE

11917kk

DATE

9/28/21

PRESENTING CLINICAL SIGNS

History: Has had elevated liver values since 2015. However, they are getting worse. TBili was 1.3 in March, now it's 2.5. Vomits occasionally, maybe once a week. Good appetite. A bit bony, loss of musculature. Lost 1 lb in the last 4 months. Only getting Denamarin.

Abnormal PE/Chem/CBC/UA Results: ALT 319, AST 108, ALP 286, Tbili 2.5 No recent CBC.

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 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.

The left kidney is normal size (3.56 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.

The right kidney is normal size (4.33 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.70 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.87 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

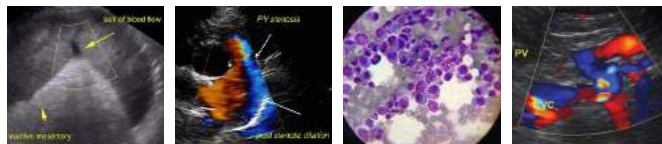
The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen to slightly undulating peripheral contours. The parenchyma is subjectively hypoechoic with a coarse echotexture with 1-2 ill-defined, hyperechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, gravity-dependent sludge is observed within the lumen. The cystic and common bile ducts are visualized. The common bile duct measures 0.35 cm in diameter and can be followed to the level of the duodenal papilla. There was no obvious evidence of an intraluminal obstruction.

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 most 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 with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and nodular in appearance. The pancreatic duct is visible but not overtly dilated (0.15 cm in diameter). There is no evidence of peripancreatic effusion.

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Free Abdomen

There is no evidence of free fluid. Several prominent jejunal lymph nodes are visualized. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are non-specific and may be secondary to inflammatory/immune-mediated disease (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), or other hepatopathy.
- The pancreatic changes are most consistent with chronic pancreatitis with benign nodular hyperplasia. Pancreatic neoplasia is possible but considered less likely.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**Given the sonographic changes, "triaditis" is a consideration.

Secondary Findings:

- Gall bladder sludge, non-mucocele.
- Age-related renal pathology.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. Regarding the bowel changes, a malabsorption panel, fecal evaluation for ova and Giardia, +/- endoscopic or surgical gastrointestinal biopsies may be warranted.
3. Further recommendations should be based on the cytology results from the liver. If cytologic evaluation is inconclusive, a surgical liver biopsy may be necessary to get a definitive diagnosis.

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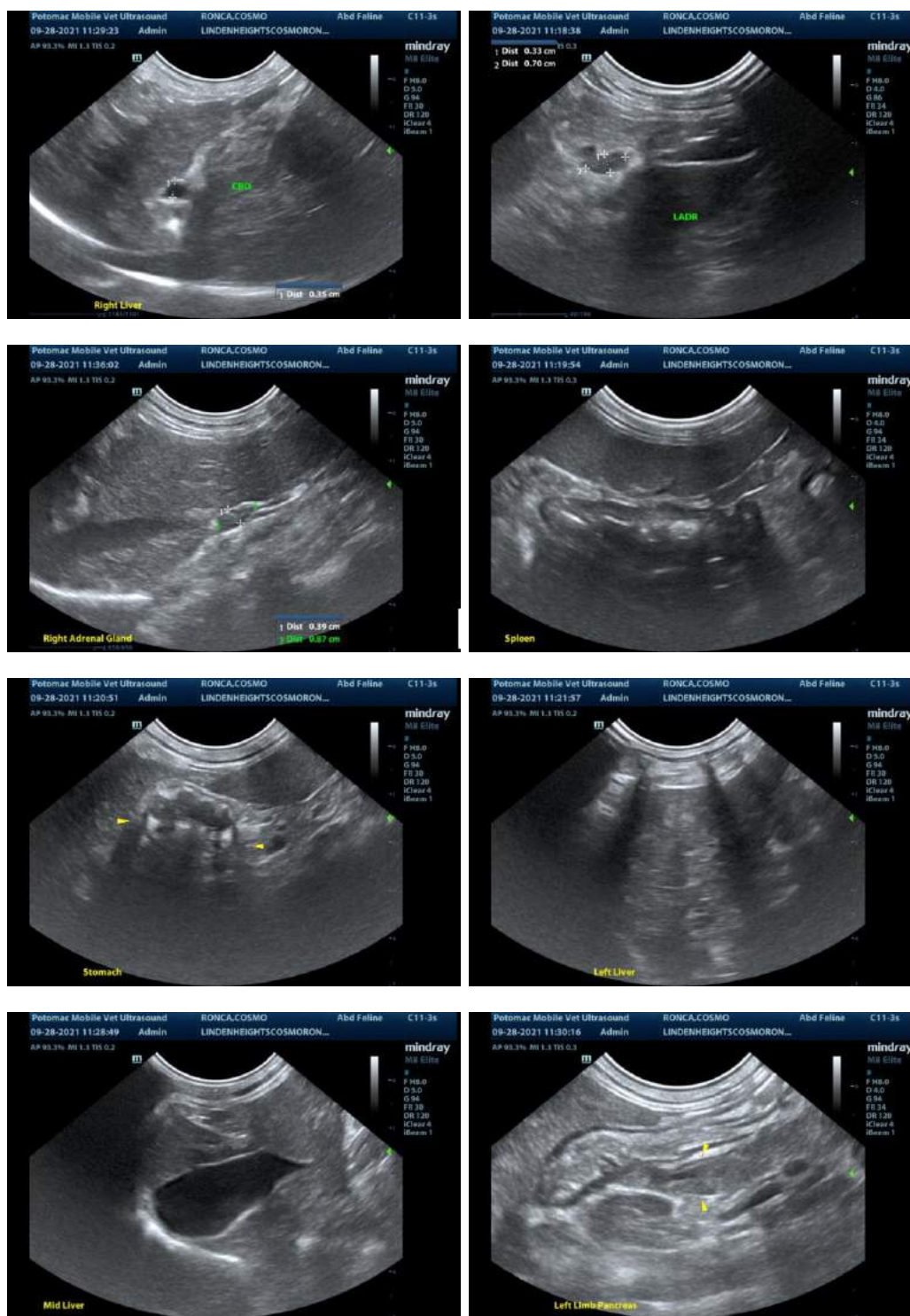
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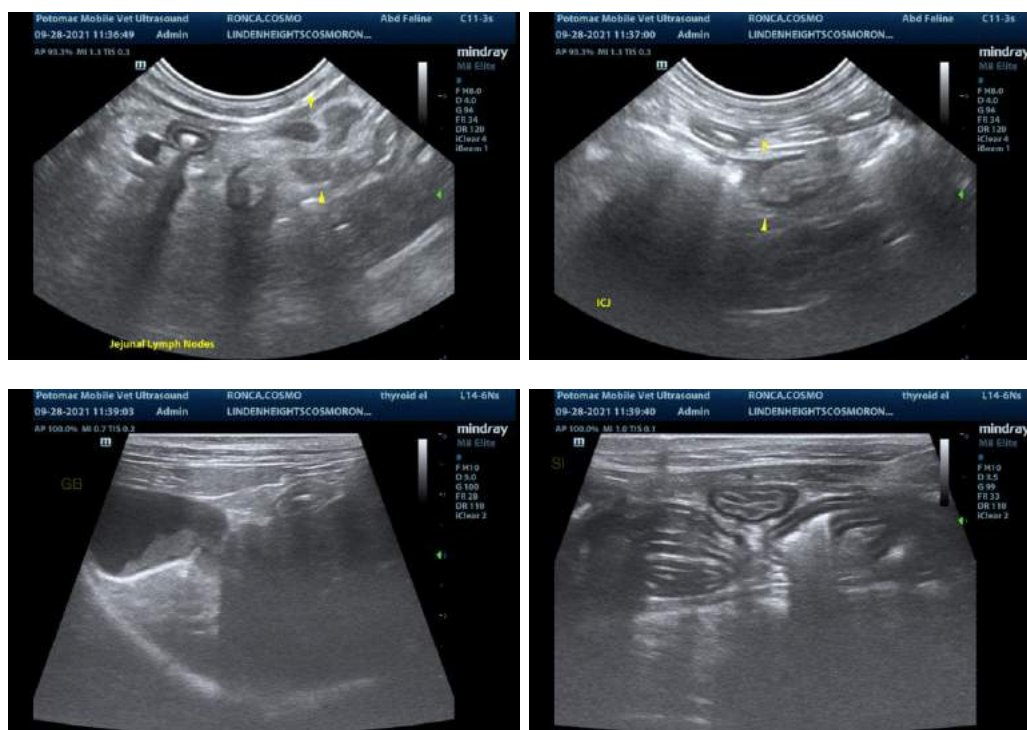
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com