



**PATIENT**

Mindy Picco

**PRESENTING CLINICAL SIGNS**

History: Hx: Possible kidney failure, vomiting, wt loss, previous constipation but now soft PE: M2 pallor, dull dry skin, generalized muscle wasting, doughy GI with some gas and some fluid filled loops, Stool in very soft and light color Dx; CKF, GI dz, GI lymphoma

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: High Values - ALT, AST, Creat, Lymphocytes, basophils, Urea, potassium Low - Na/K ratio

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Spayed Female

The **left kidney** is normal size (3.68 cm in length); with a normal shape and smooth peripheral contours. The cortex is mildly thickened. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A few, tiny, nonobstructive nephroliths are seen. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

**AGE**

14 years

The **right kidney** is normal size (4.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. A few pinpoint foci of mineralization are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

3 kg

**Adrenal Glands**

The **left adrenal gland** is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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ACVIM (Small Animal  
Internal Medicine)

The **right adrenal gland** is normal size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is normal in size (0.91 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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. Numerous, varying-sized, irregular, hyperechoic nodules are observed throughout the organ, the largest measuring approximately 2.00 cm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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Dr. Wittenrich

The **gall bladder** is moderately distended. The wall is borderline thickened (up to 0.17 cm). A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The common bile duct measures 0.32 cm in diameter.

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**Gastrointestinal**

The **gastric lumen** is distended with liquid-appearing ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely dilated with chyme. One to two small, hyperechoic shadowing structures are observed within the small intestinal lumen. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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**Pancreas**

A portion of the **pancreas** is obscured by the gastrointestinal distention. In the visualized portions, no obvious pathology is seen.

**SPECIES**

Feline

**Free Abdomen**

A small amount of free fluid is present. The abdominal **lymph nodes** are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SEX**

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- The diffuse hepatic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell tumor, other). However, a benign process (i.e., lipogranulomas, inflammatory disease) cannot be completely excluded.
- Bilateral, chronic degenerative renal changes with nonobstructive nephrocalcinosis.
- Ascites

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

3 kg

Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

Consider hepatic tissue sampling (i.e., fine-needle aspirate) or surgical biopsy) if clotting status is appropriate. If surgical biopsies are pursued, aerobic and anaerobic bile cultures are also recommended, along with gastrointestinal biopsies.

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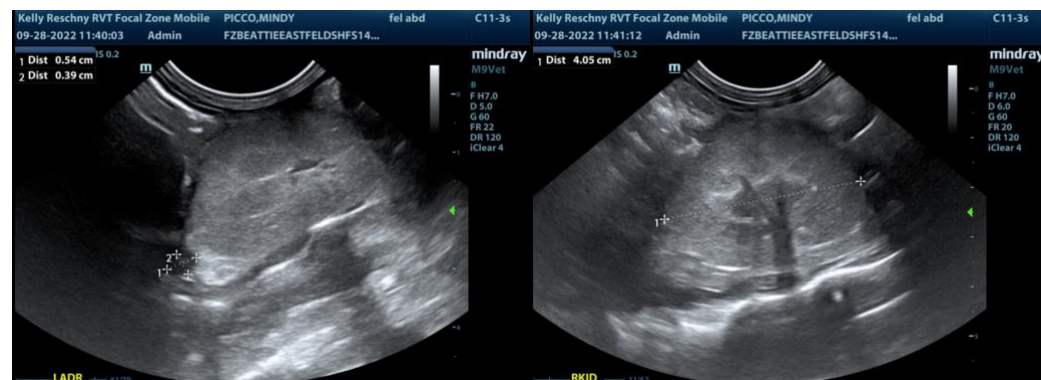
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A malabsorption panel including serum cobalamin and folate, TLI and PLI is also recommended.

Regarding the patient's azotemia, a urine culture and sensitivity, UPC (if proteinuria is present in the absence of infection), and baseline blood pressure measurement are recommended, along with IV fluid therapy and symptomatic care.

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**SEX**

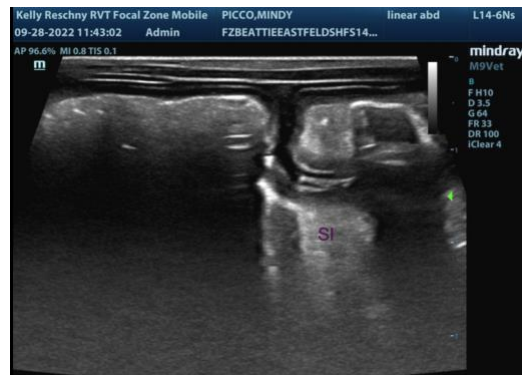
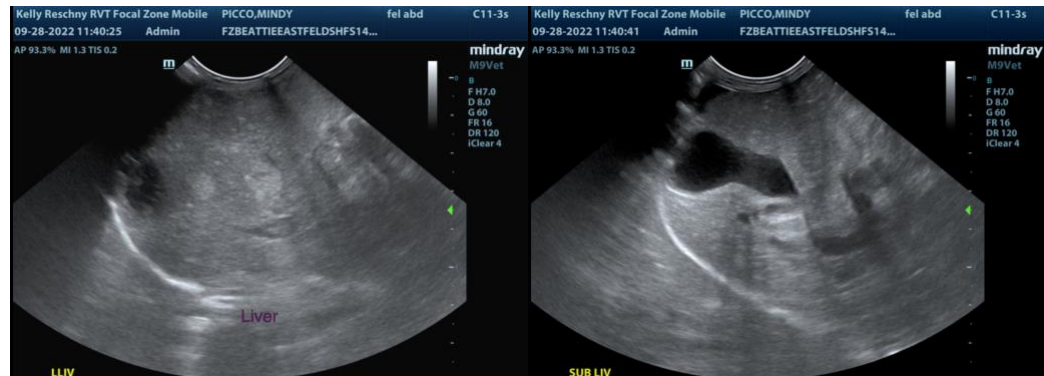
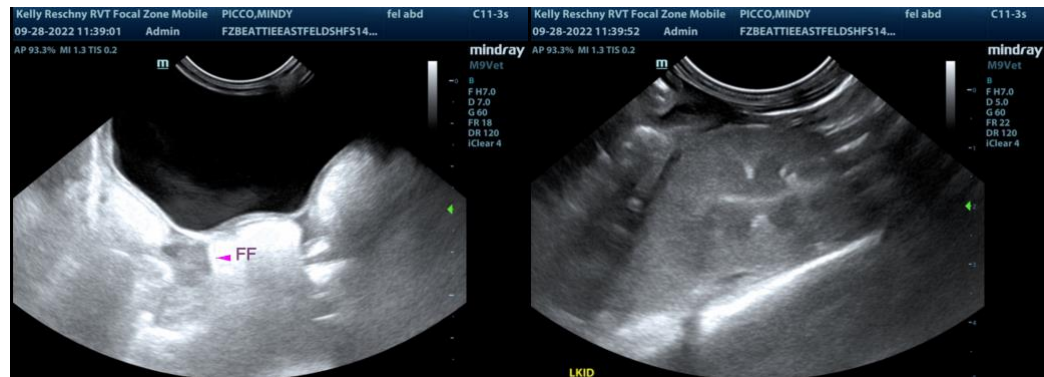
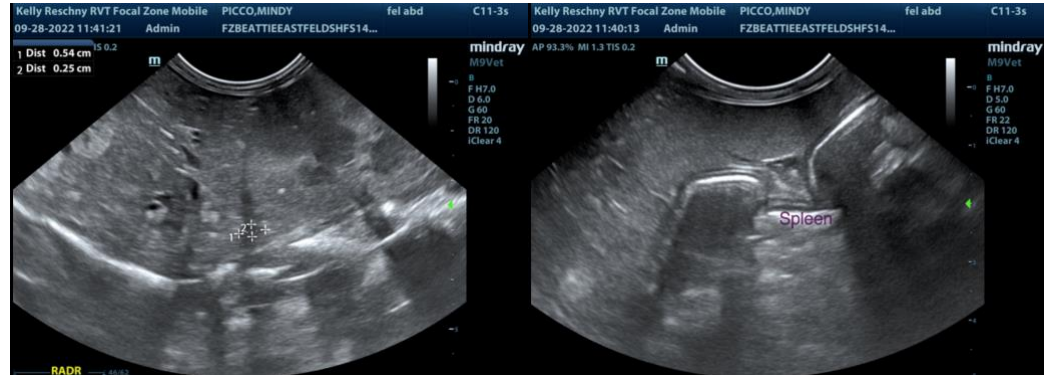
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**AGE**

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**WEIGHT**

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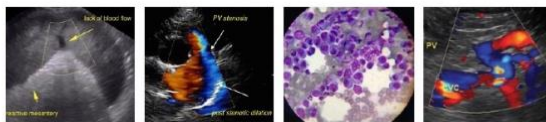
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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## SEX

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## AGE

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