

PATIENT

Dutchess Stygar

PRESENTING CLINICAL SIGNS

History: Weight loss (4lbs in 2mos), vomiting. Current meds: Cerenia tablets.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: SDMA 18, Creat 2.4(2.3H), Bun 37, Alb 2.5 (2.6L), USG 1.015, 3+ bld, rbc 20-30.

BREED

Domestic Shorthair

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.

SEX

Domestic Shorthair

The left kidney is normal size (3.00 cm in length) with a slightly irregular shape. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

6 years

The right kidney is normal size (3.34 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of hydronephrosis. Renal vasculature is normal. Surrounding mesentery is hyperechoic.

WEIGHT

8 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 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)

Spleen

The spleen is normal in size (1.11 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

Shari Reffi CVT

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.

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

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 pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is mildly thickened (up to 0.33 cm) with a normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosal ratio and mild thickening of the submucosal layer in some segments. Additionally, there is evidence of increased mucosal echogenicity +/- a line of fibrosis in some regions. There is evidence of hyperperistalsis in some small intestinal segments. Discrete masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

11759kk

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Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.28 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Chronic, non-specific nephropathy with right dystrophic mineralization. Right retroperitonitis is present, likely secondary to renal pathology.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the renal disease, consider the following:
 - a. UPC, if proteinuria is present on a non-hematuric sample.
 - b. Urine culture and sensitivity.
 - c. Baseline blood pressure measurement.
2. Regarding the weight loss, consider the following:
 - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - b. A fecal evaluation for ova/Giardia
 - c. Transition to a hypoallergenic diet that is appropriate for patients with renal disease (consider obtaining a nutritional consultation from the University of Tennessee; <https://vetmed.tennessee.edu/vmc/smallanimalhospital/small-animal-nutrition/nutrition-services/>).
 - d. +/- endoscopic or surgical gastrointestinal biopsies
 - e. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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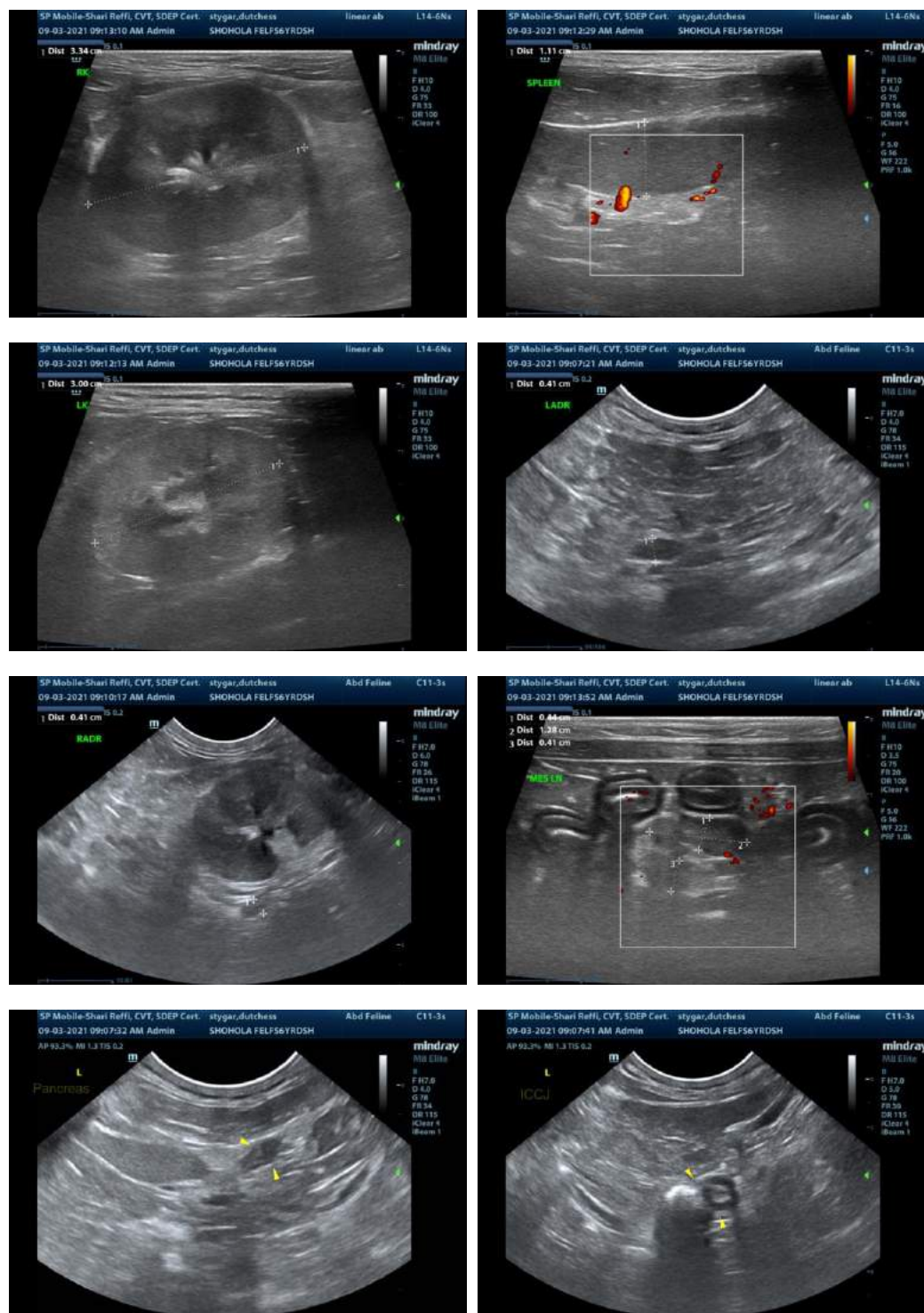
Dr. DeMeo

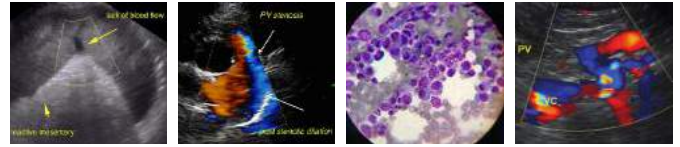
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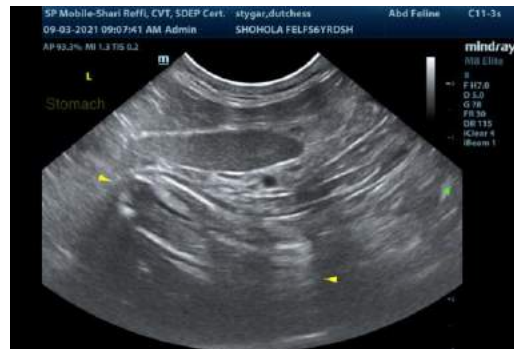
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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