

PATIENT

Pookiss Akroush

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

8.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sheldon

INVOICE

13920

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: Indoor/Outdoor. Vomits 2-3 times a week. Weight loss noted. Not sure if she is eating more or less.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA normal. Felv/fiv test negative. Rads of chest/abdomen: 1. Equivocal cardiomegaly – This may be artifactual due to the large field-of-view (beam parallax), however cardiomyopathy is also considered. – There is no evidence of left heart failure. 2. Interstitial to alveolar pattern, right middle and caudal subsegment of the left cranial lung lobes – Differentials include bronchial plugging from chronic lower airway disease (feline asthma, heartworm disease) and less likely pneumonia or neoplasia. 3. Mild, diffuse small intestinal distention – Differentials to consider include infectious or inflammatory enteritis, pancreatitis and round cell neoplasia. 4. The soft tissue convexity ventral to L7 in the sacrum may represent superimposition of normal structures, however medial iliac lymphadenomegaly is also considered.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal size (3.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.95 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

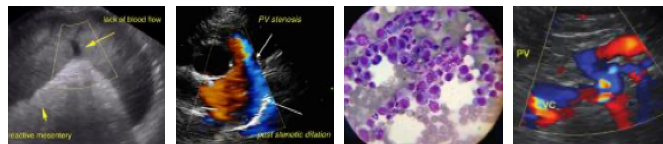
The right adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.68 cm hyperechoic nodule is observed deep on the right side, adjacent to the diaphragm. Vascular and 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 small



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amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

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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 thickness is normal to mildly thickened (up to 0.31 cm) with retention of normal layering. There is disruption in the normal 1:3 muscularis-to-mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.27 cm in diameter).

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The mesenteric lymph nodes are slightly prominent.

Other

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A few ring down lesions are visualized in the thorax.

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ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Mild bilateral degenerative renal changes.
- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) with a lower possibility of emerging neoplasia (i.e., lymphoma).
- The hyperechoic hepatic nodule could be consistent with a focus of lymphoid hyperplasia, granuloma, inflammatory focus, emerging tumor, other.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The ring down lesions are consistent with the patient's clinical history of pulmonary parenchymal disease.

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*It is unclear whether the patient's clinical signs are secondary to chronic pancreatitis or if another microscopic disease process is present.

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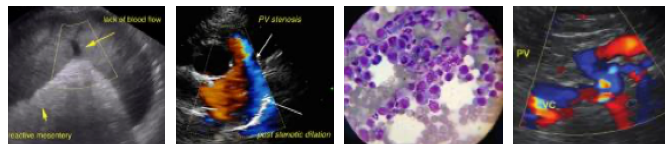
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI

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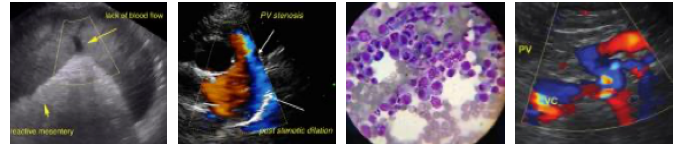
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- A fecal evaluation for ova/Giardia
- A 6-week hydrolyzed protein or limited antigen diet trial to assess for food allergies
- Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
- If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.





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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 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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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