

PATIENT

Mizuna Saal

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

10.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

12/7/21

INVOICE

12675

PRESENTING CLINICAL SIGNS

History: HX of vomiting and weight loss. Also long hx of allergies. Also Grade 4/4 periodontal disease with increased salivation

Abnormal PE/Chem/CBC/UA Results: Complete panel wnl but T4=4.0 (note, T4 was 3.7 in 2017)

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 (4.66 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (5.30 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.66 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

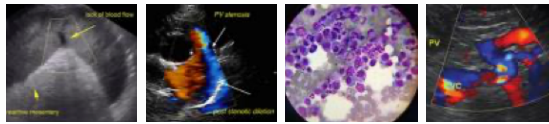
The right adrenal gland is normal in size (0.96 cm length; 0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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.



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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly gas 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 segmentally gas distended. 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 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 right limb is prominent to enlarged with irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and diffusely mottled in appearance. The pancreatic duct is not overtly dilated.

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Free Abdomen

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Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

Andrea Nicastro, DVM,
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(Small Animal Internal
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- Bowel pattern consistent with inflammatory bowel disease with lower potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling/fibrosis.
- The trace ascites may be secondary to pancreatic or bowel pathology.

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Secondary Findings:

- Bilateral non-specific age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Three-view thoracic radiographs are recommended to assess for occult disease in the chest.

The following diagnostic/treatment recommendations can be considered:

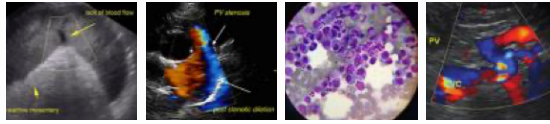
1. Serum cobalamin, folate, PLI and TLI

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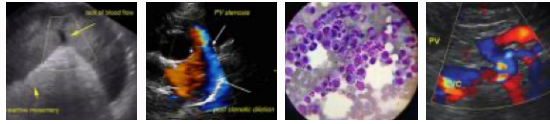
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2. A fecal evaluation for ova/Giardia
3. A 6-week limited antigen diet trial to assess for food allergies
4. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.
6. Also consider a free T4 by equilibrium dialysis to determine if the patient is hyperthyroid.





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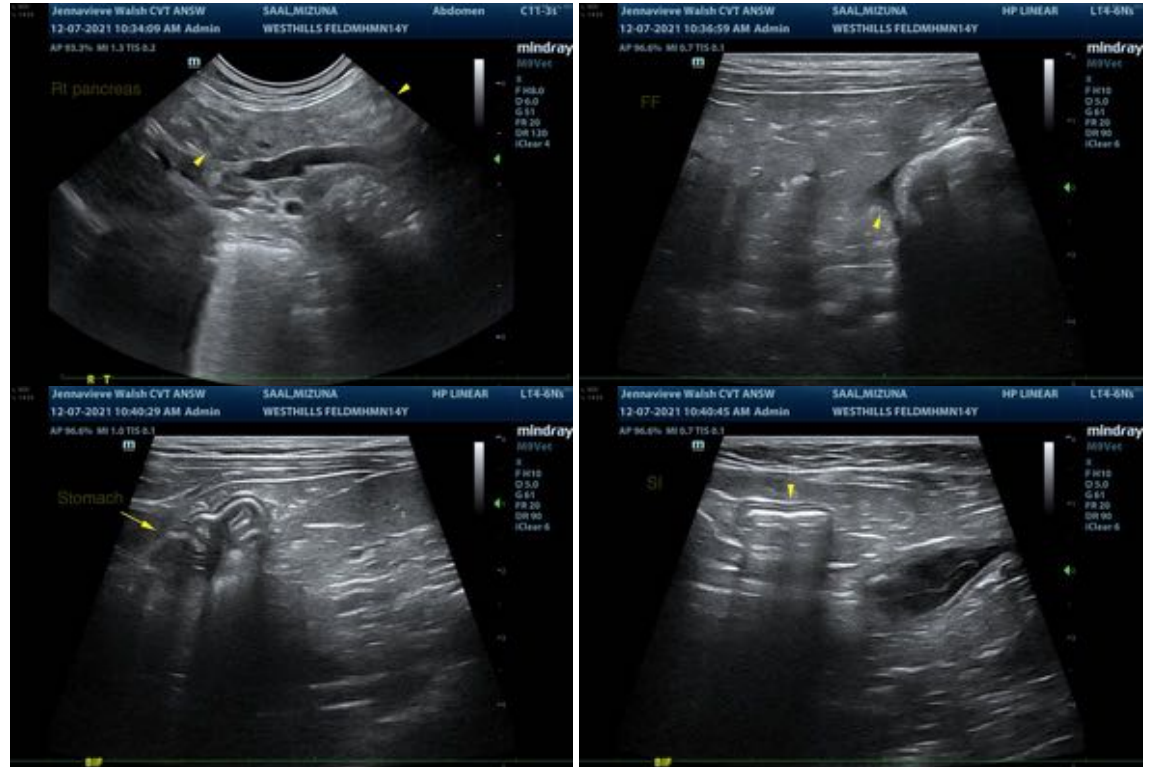
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Jenna Walsh

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

andrea.nicastro@sonopath.com

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