

PATIENT

Ginger Held

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

14 Yrs.

WEIGHT

2.74 kgs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Banfield of South
Eugene

REFERRING VET

Dr. Jackson

DATE

2/14/23

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PRESENTING CLINICAL SIGNS

History: O concerns are Pt has diarrhea for the last month, O believes Pt is eating. Pt was eating world best litter and O switched back to clay litter. O reports Pt acts like he is starving severe muscle wasting lumbar spine Current Medications 1 unit glargine/lantus Q 12hrs; U-100 syringes Primary Question/Differential to Be Answered in This Exam GI neoplasia or other explanation for extreme weight loss and chronic diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry: RBC- 4.70 (7.70-12.80)- anemia of chronic disease, HGB-8.6 (10.0-17.0), HCT-28.92 (33.70-55.40)-anemia of chronic disease, MCV- 61 (35-52), MCH-18.3 (10.0-16.9). ALT-179 (14-111)- hepatitis vs age related hyperplasia, BUN-39 (16-36)-dehydration vs renal, CA-8.0 (7.8-11.3), CHOL- 184 (65-225), CREA- 0.9 (0.8-24), GLOB- 6.0 (2.8-5.1)-immune stim, GLU- 437 (71-159)- diabetes mellitus, TP-9.0 (5.7-8.9)- dehydration T4 test: <0.05 (0.8-4.7)- Euthyroid sickness vs hypothyroidism (unlikely)

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 and the visible portion of the proximal urethra are normal.

The left kidney is borderline enlarged (4.44 cm in length) with a slightly rounded shape. The cortex is isoechoic and there is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Moderate pyelectasia is present (0.49 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is borderline enlarged (4.79 cm in length) with a slightly rounded shape. The cortex is isoechoic and there is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Moderate pyelectasia is present (0.74 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.55 cm width) with a slightly rounded shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.63 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The



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wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous. The common bile duct is borderline dilated (up to 0.39 cm) and can be visualized at its entry point into the duodenal papilla. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is normal in size (0.34 cm in width).

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. 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 diffusely dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. 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 base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.24 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renomegaly with pyelectasia may be secondary to interstitial nephritis/pyelonephritis or infiltrative neoplasia (i.e., lymphoma).
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Trace ascites.

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Secondary Findings:

- The borderline left adrenomegaly may be a normal variant for this patient or may be secondary to stress, hyperplasia or less likely and emerging tumor.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Given the renal changes, consider the following:

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1. Urine culture and sensitivity to further evaluate for pyelonephritis.
2. Renal aspirate, if clotting status is appropriate. A 25 gauge needle should be used.

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· Regarding the hepatic changes, consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25 gauge needle should be used.

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· Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to assess for concurrent small intestinal and pancreatic disease.

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· Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest.

· Depending on the results of the above diagnostics, a more comprehensive workup may be warranted.

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In the meantime, consider initiation of a probiotic as well as a fiber supplement for the diarrhea along with a bland diet.

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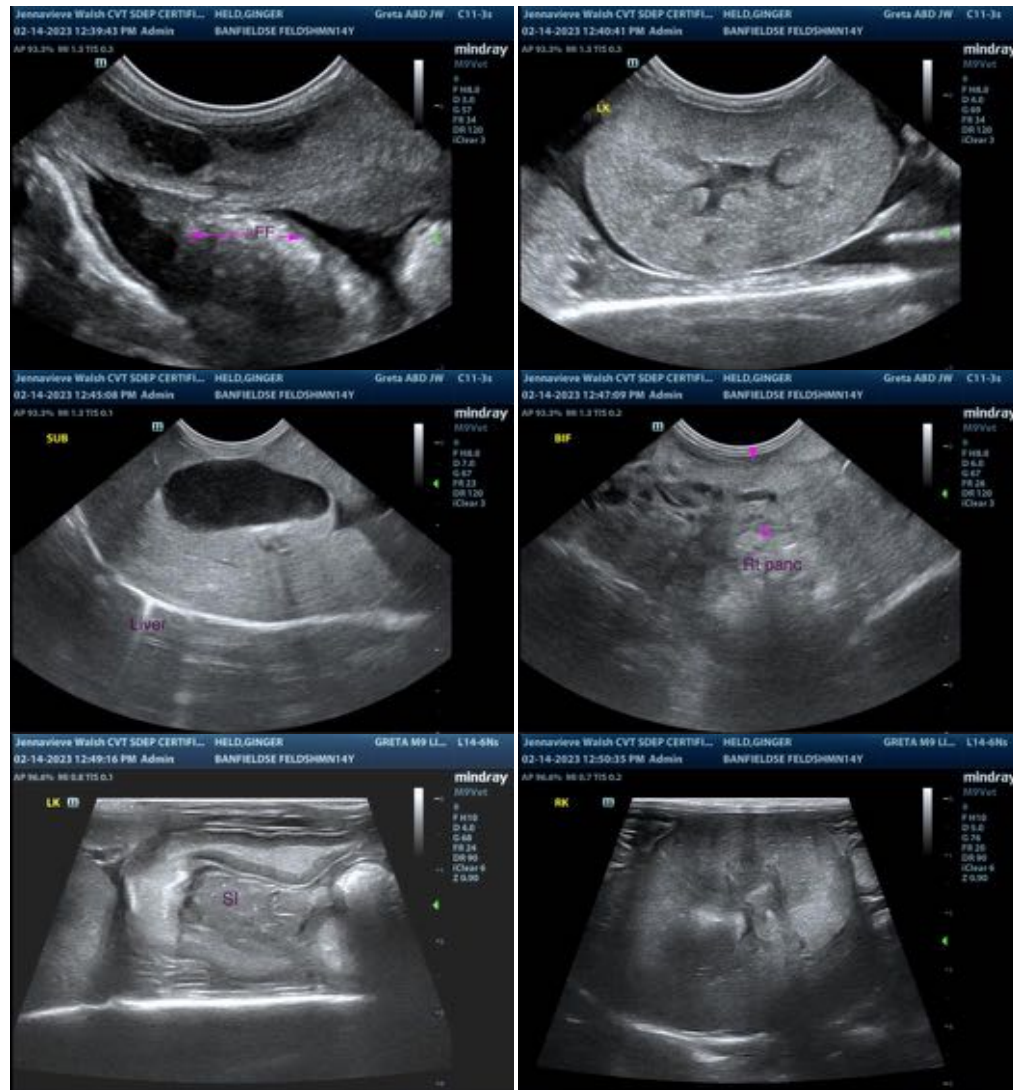
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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