

PATIENT

Rusty Simmons

SPECIES

Feline

BREED

Siamese

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

12.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pleasant Hill

REFERRING VET

Dr. Larsen

DATE

3/22/23

INVOICE

14781

PRESENTING CLINICAL SIGNS

History: **ABNORMALITIES** Eyes mucus and slightly sunken Ears clean Respiratory clear Vital Signs dehydration (5%) Musculoskeletal under weight, mm atrophy Teeth/Gums tacky gums, light pink GI Tract mild gas, empty Urogenital Tract small bladder Normal Systems: Glandular (lymph/thyroid), Heart, Skin, Neuro **ASSESSMENT SECTION NOTES** Ddx: renal dz, infectious, triaditis, dietary indiscretion, prolonged anorexia/hepatic lipidosis, open **PLAN SECTION NOTES** REcommend lab work and IV Fluids; Cerenia and Mirataz 03-20-23 HL F300 SQ Fluid Administration 200 ml given SQ with 20 g needle via interscapular injection. jsg MMIRT Mirtazapine Transdermal Ointment 5g Abnormal PE/Chem/CBC/UA Results: **ABNORMAL** Laboratory Findings High Liver Values Current Medications mirtazapine Radiographic Findings no rads done FIV/FELV Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of 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 (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.71 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 mildly to moderately distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic



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debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous and borderline dilated (up to 0.36 cm in diameter).

Gastrointestinal

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The gastric lumen is severely fluid distended. The fluid contains echogenic gravity-dependent and suspended material. 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 with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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- Severe gastric distention. Functional ileus is suspected. However, a proximal GI obstruction cannot be completely excluded although not appreciated on today's sonogram.
- The mild cystic and common bile duct dilation may be secondary to cholangitis or a distal (current or prior) obstruction. The level of suspicion for a bile duct obstruction should be based on the patient's liver enzyme pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- If an aggressive approach is desired, consider hepatic tissue sampling (i.e., fine needle aspirate or biopsies (i.e., laparoscopic or surgical)). If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants) with close monitoring of the patient's liver values to assess progression. If the patient's total bilirubin progressively increases, a bile duct obstruction may be of concern and surgical correction may be warranted.
- Regarding the gastric ileus, consider initiation of a pro-motility agent (i.e., Metoclopramide) with serial sonographic monitoring of the stomach to assess for improvement.
- Other diagnostic considerations include the following:
 1. GI panel including serum cobalamin, folate, TLI and PLI to assess for concurrent maldigestion/malabsorption and underlying pancreatic disease.
 2. Toxoplasmosis testing, particularly if the clinical suspicion for disease is high

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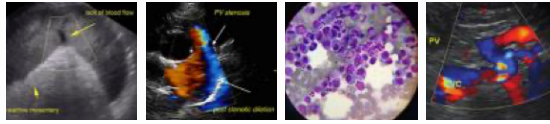
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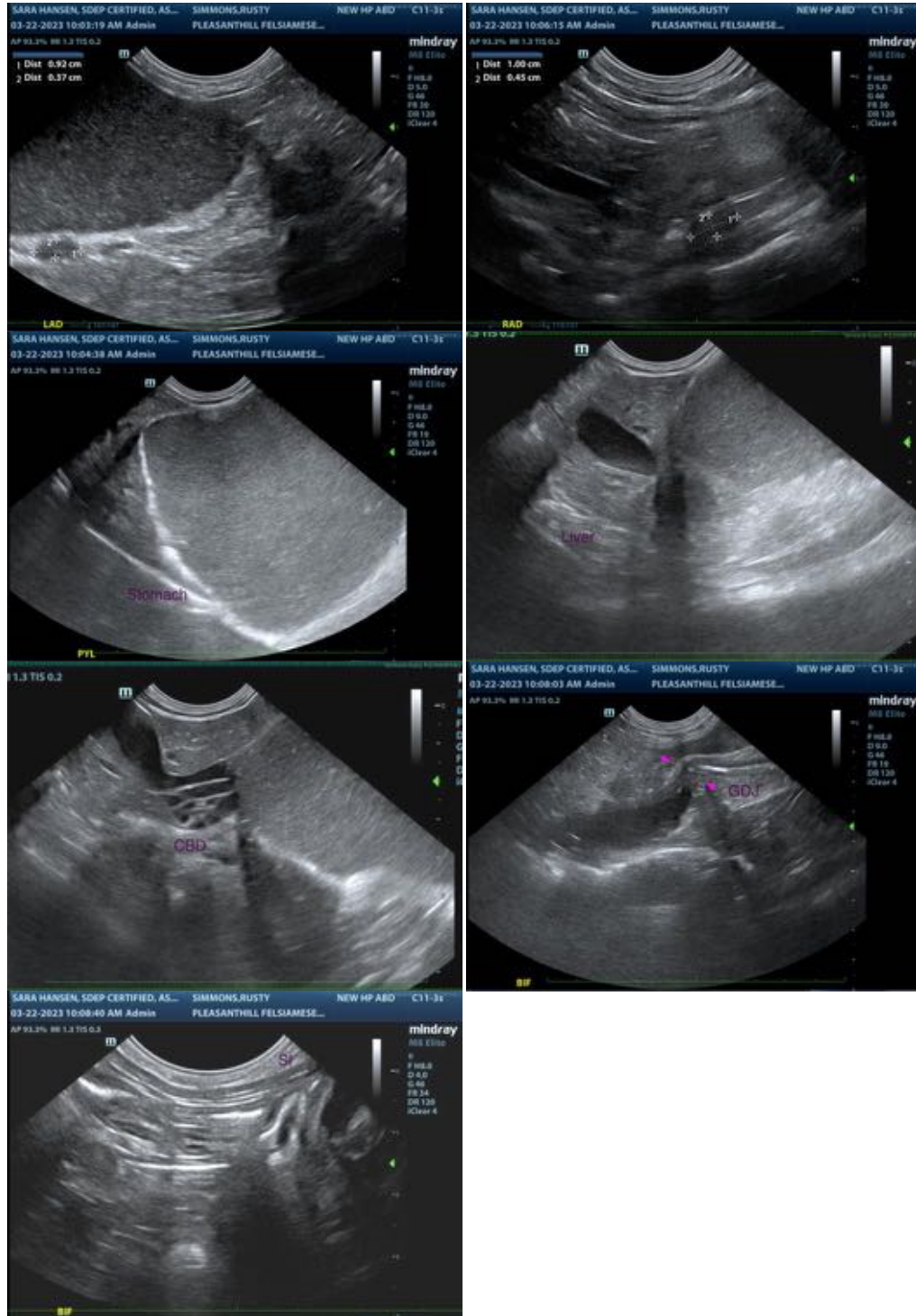
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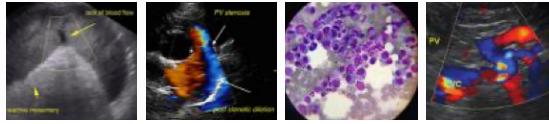
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The information and recommendations provided are based on the images presented by the referring



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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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info@SonoPath.com

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