



**PATIENT**

Eros Chaney

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

12 Yrs.

**WEIGHT**

11.81 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Reid VH

**REFERRING VET**

Dr. Reid

**DATE**

3/6/23

**INVOICE**

14693

**PRESENTING CLINICAL SIGNS**

History: R PARASTERNAL HEART MURMUR, NO GALLOP OR ARRHYTHMIA NOTED. MILDLY INCREASED BRONCHOVESICULAR SOUNDS - WEIGHT LOSS, NORMALLY AROUND 17 POUNDS PER O - MILD EPAXIAL M. ATROPHY - R-SIDED THYROID SLIP - VOMITS TWICE A WEEK, HAS BEEN VOMITING FOR YEARS BUT MORE OFTEN LATELY. CONSISTS OF BILE/FOOD.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Will send via email Current Medications N/A Radiographic Findings N/A. CBC chem WNL, spec fPL is elevated. USG 1.054, 2+ proteinuria, 2+ glucosuria, trace ketonuria, inactive sediment, normal T4.

**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 mildly distended. A small amount of suspended echogenic debris is observed within the lumen. 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 normal in size (4.02 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is hyperechoic relative to the spleen. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.58 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. The cortex is hyperechoic relative to the spleen. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

*Adrenal Glands*

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

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.79 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/not seen.



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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 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 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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***Pancreas***

The left limb and base of the pancreas are prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and heterogeneous in appearance. A 1.43 cm anechoic area is observed near the base. The pancreatic duct at the tip of the left limb is visible but not overtly dilated (0.14 cm in diameter). Surrounding mesentery is mildly hyperechoic.

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***Free Abdomen***

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings:**

- The pancreatic changes are most consistent with chronic active pancreatitis with possible benign nodular hyperplasia. The anechoic area near the base of the pancreas may represent dilation of the duct or a parenchymal cyst.
- Bowel changes suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, bowel neoplasia is considered unlikely at this time.

**Secondary Findings:**

- Bilateral chronic renal changes with dystrophic mineralization.

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Medicine)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical history and sonographic changes, further workup could include the following:

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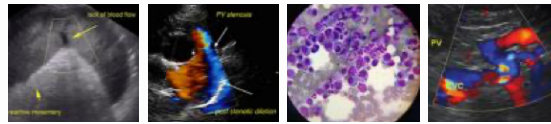
1. A fecal evaluation for ova/Giardia
2. Malabsorption panel including serum cobalamin, folate, TLI and PLI
3. Limited antigen or hydrolyzed protein diet trial
4. +/- GI biopsies (i.e., endoscopic or surgical)
5. Symptomatic care for chronic pancreatitis is recommended. A probiotic may also be beneficial.

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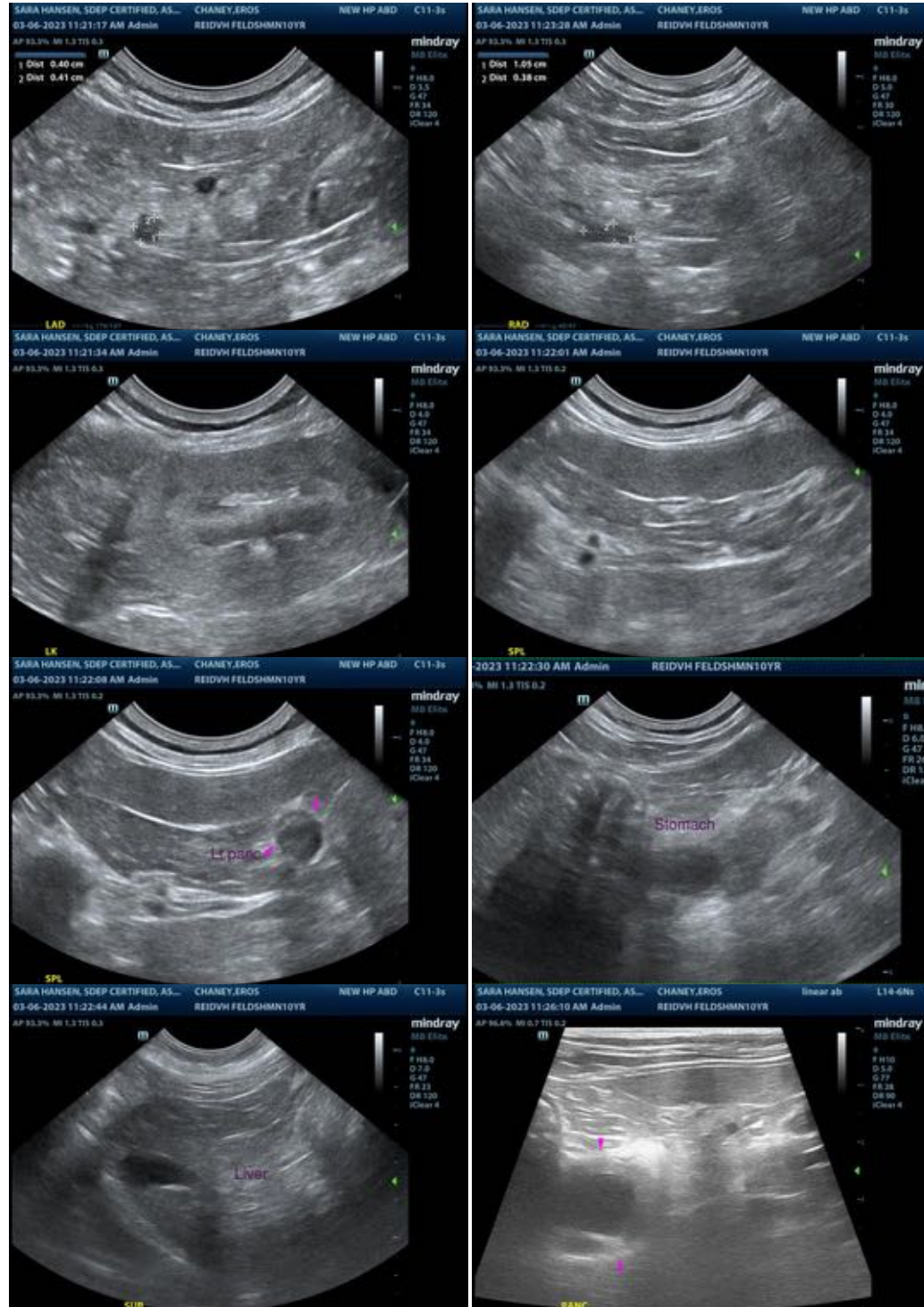
Dr. Reid

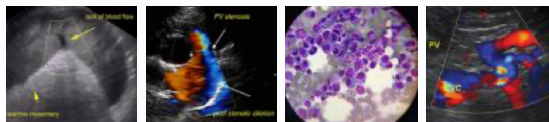
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@SonoPath.com](mailto:info@SonoPath.com)

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