

PATIENT

Miss Cleo Kane

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

8.12 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

5/3/22

INVOICE

13316

PRESENTING CLINICAL SIGNS

History: P presented for monitoring of CKD and hypertension. P had lost approx. 2 lbs. in 4 mos. BAR and no obvious behavior changes Current Medications 1.25 mg Amlodipine PO q 24 hours, 8 mg Cerenia PO q 24 hours and 0.2 mg Mirtazapine PO q 24 - 72 hours Primary Question/Differential to Be Answered in This Exam assessment due to hypercalcemia, recheck of renal condition (compare to Sonopath 01/07/21)

Abnormal PE/Chem/CBC/UA Results: Ca 14.9, TP 9.0, Albumin 3.4, SDMA 32, Creat 3.1, BUN 46, normotensive at time of exam

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 with mostly anechoic urine. 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 (2.79 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 (3.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There are questionable cortical infarcts. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.88 cm length; 0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.22 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 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 portal vein: caudal vena cava ratio is approximately 1:1. The gallbladder is of normal contours and contains some dependent



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echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The duodenal papilla is visualized and is normal (0.47 cm in width).

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Gastrointestinal

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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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The left limb and base of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A few colic lymph nodes are visualized, the largest measuring 0.81 cm in length).

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- Bilateral, chronic age-related renal changes with questionable right cortical infarcts. Sonographic changes are similar to the previous scan except that pyelectasia is not evident on today's study. Cortical infarcts were not previously noted.
- 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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Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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*An obvious cause for the patient's hypercalcemia is not identified in this study. Considerations include occult neoplasia, primary hyperparathyroidism, idiopathic hypercalcemia, systemic fungal disease, renal disease, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

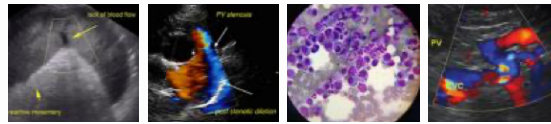
DATE

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- Thoracic radiographs (three-view) are recommended to assess for neoplasia in the chest.
- Also consider an ionized calcium/PTH/PTHrP.

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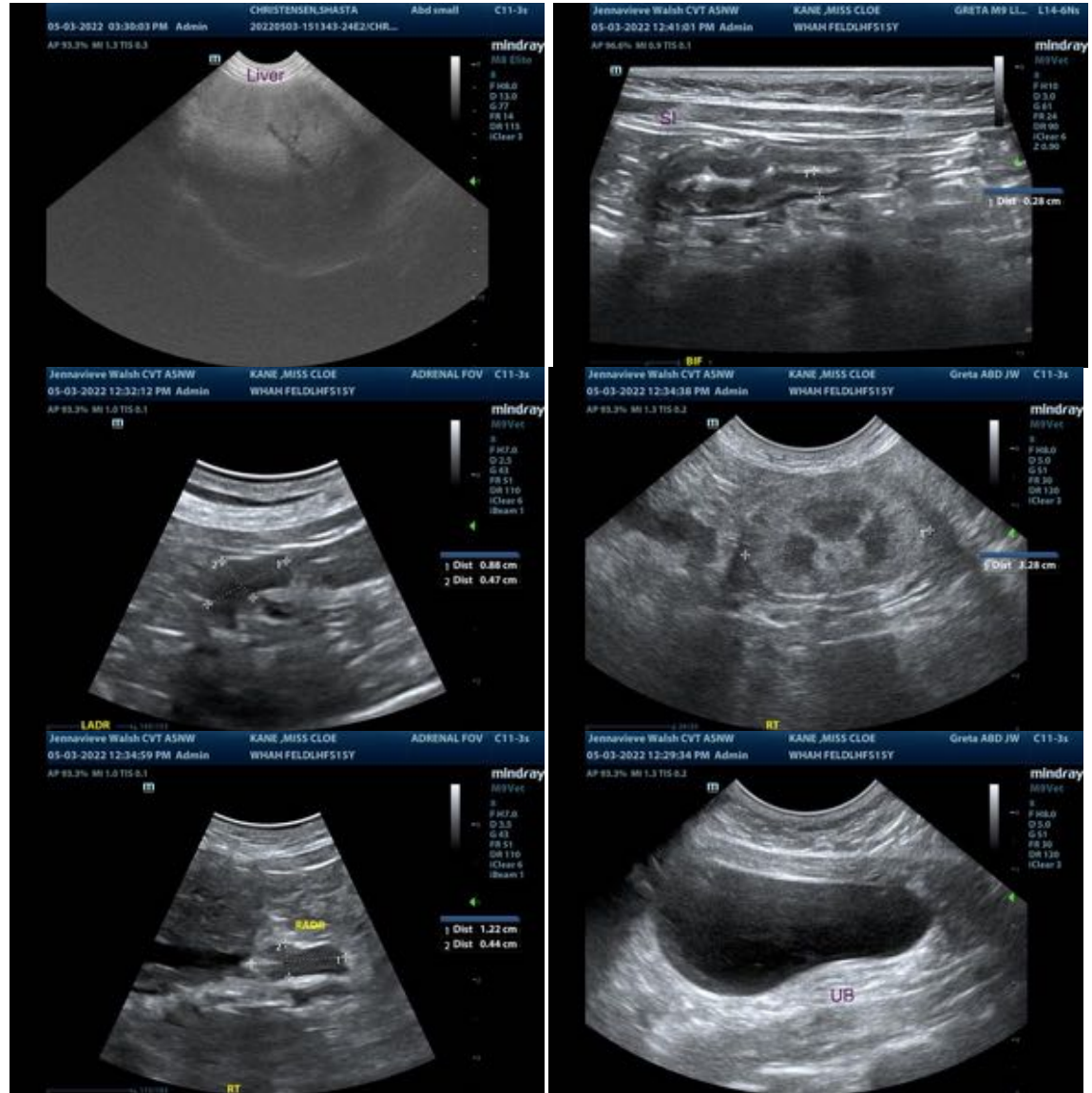
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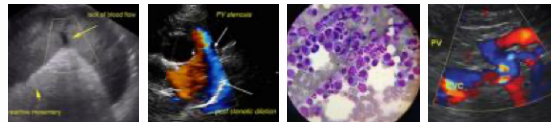
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- Given the weight loss, consider a GI panel (send to Texas A&M) to further evaluate for maldigestion/malabsorption.





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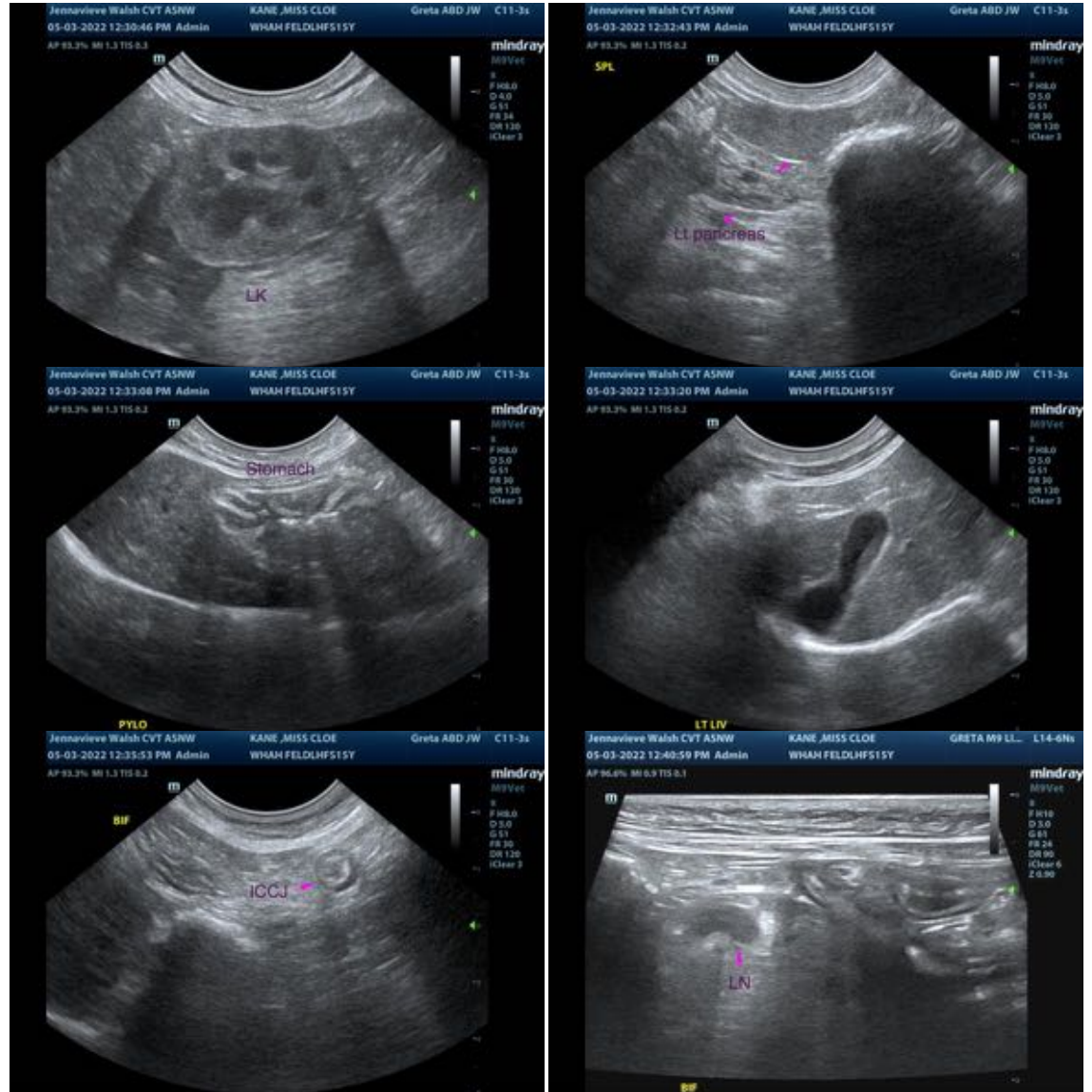
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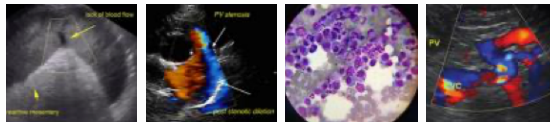


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

andrea.nicastro@sonopath.com



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