

PATIENT PRESENTING CLINICAL SIGNS

Vampi Babik

Presented for ADR, Painful- possible Chronic upper respiratory "flare up", grumpier than normal T: 103.9, Wt: 15.1 (1lb weight loss since 12/02/21) - BCS 8.5/9 - Lethargic but stressed (always stressed in clinic) - Yellow-green Nasal discharge (chronic recurrent rhinitis for years) - Abdominal distention and pain/vocalization on abdomen - Exam otherwise unremarkable

SPECIES

Feline

CBC: - HGB 11.9 with normal HCT - MCV 50.5 - MCH 14.0 - MCHC 27.7 - RDW 24.0 - WBC 18.78 (Inflammatory leukogram) - Platelets 84k with clumping. Chem - GLU 362 - Glob 5.4 - Unable to obtain urine due to small bladder

BREED

Domestic Shorthair

Clavamox, Convenia- given 01/11

SEX

Gas-filled stomach, abdominal fat distention with mass effect suspected in cranial abdomen

Male, neutered

AGE

8/24/2009

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 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.

WEIGHT

15.1 lbs.

INTERPRETED BY

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

The left kidney is normal size (4.54 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 is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

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The right kidney is normal size (4.45 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Southside AH

Adrenal Glands

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

REFERRING VET

Dr. Kevin Moser

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

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Spleen

The spleen is normal in size (0.96 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Liver



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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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.

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 is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A >7 cm irregularly walled (up to 0.73 cm) fluid filled structure with suspended echogenic debris is arising from the pancreatic parenchyma. Surrounding mesentery is hyperechoic. The remainder of the pancreas is prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

A small to moderate amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

*Ultrasound-guided drainage of the pancreatic abscess was performed without incident. 60ml of cloudy yellow fluid was removed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The fluid filled structure arising from the pancreas is most consistent with a pancreatic abscess with a lower possibility of a benign cyst. Underlying pancreatic neoplasia cannot be completely excluded. Concurrent moderate to severe pancreatitis is also present. Regional peritonitis is present.

Secondary Findings:

- Bilateral, non-specific, age-related renal changes.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hepatic changes are consistent with age-related parenchymal remodeling and are not



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considered clinically significant at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the pancreatic lesion is recommended with aerobic and anaerobic cultures as well as broad spectrum antibiotic therapy and supportive care for pancreatitis +/- a temporary feeding tube if the cat is not consuming adequate calories based on his weight. A recheck ultrasound is recommended in 5-7 days to reassess the pancreas. If the abscess recurs, surgical debridement may be warranted.

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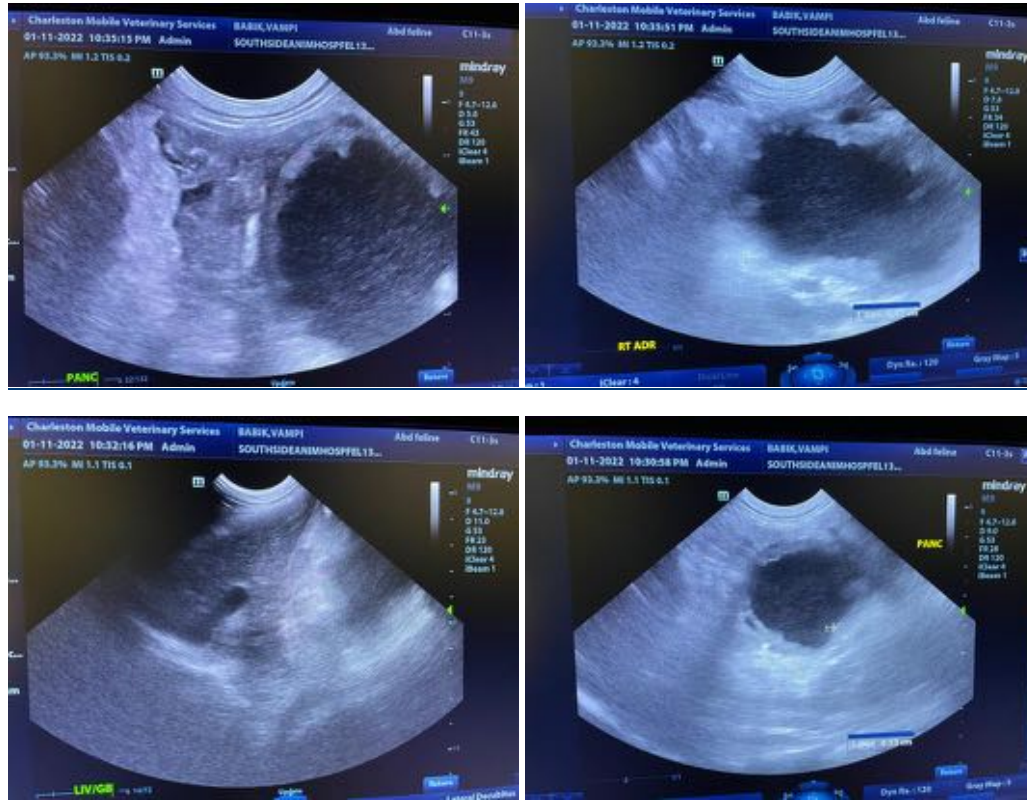
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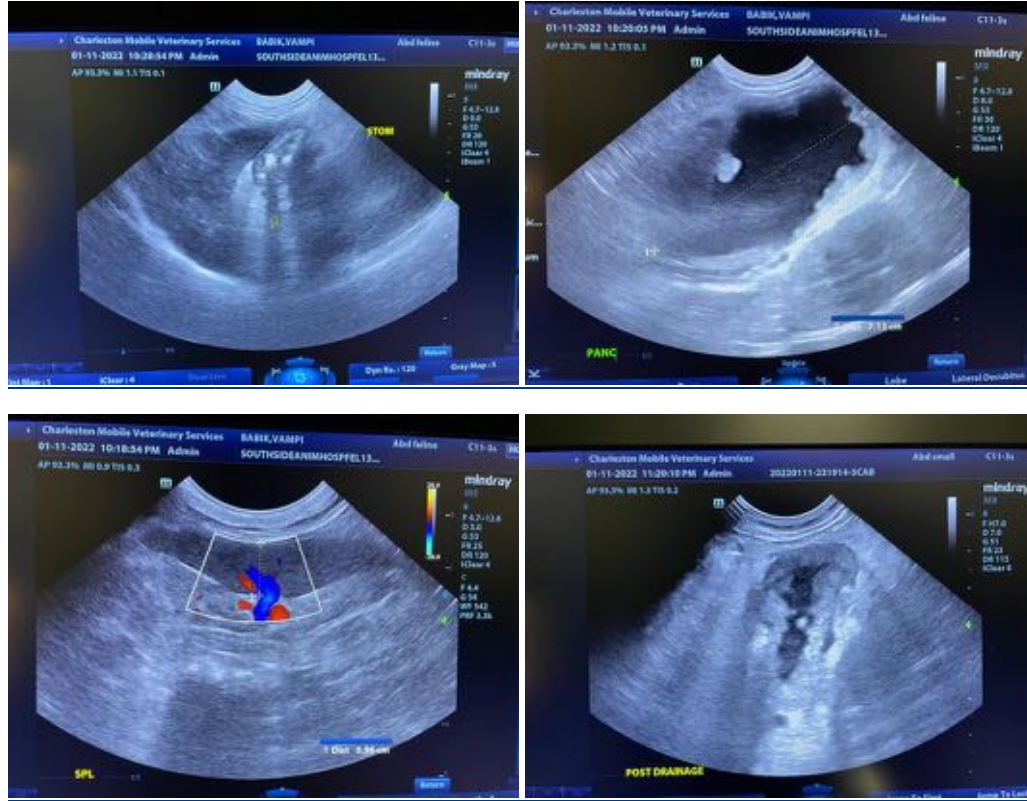
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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