

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Buttercup Everett  
**SPECIES** Feline  
**BREED** Domestic shorthair  
**SEX** Female, spayed  
**AGE** 14 yrs  
**WEIGHT** 2.6 kg.

**History:** Two week history of inappetence with acute onset (past several days) of anorexia Occasional vomiting No diarrhea Generalized icteric appearance on exam 4lb weight loss in 5 months No previous medical issues Indoor only  
**Abnormal PE/Chem/CBC/UA Results:** Current labs pending SC/CBC/T4 in June of this year all WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE**

**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.

The left kidney is normal size (3.67 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.10 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.57 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.74 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 rounded/swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and has a coarse echotexture. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct lumen measures 0.19 cm at the distal aspect and can be seen at its entry point into the duodenal papilla. There is no evidence of luminal obstruction.

**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. 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**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Olde Towne VC

**REFERRING VET**

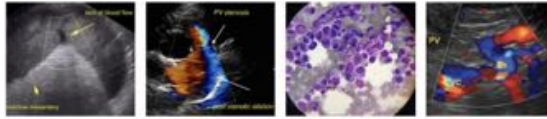
Dr. Kelli Klein

**INVOICE**

12539

**DATE**

11/16/21



**PATIENT**

Buttercup Everett

The left limb 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.

**SPECIES**

Feline

***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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Domestic shorthair

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**Primary Findings:**

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia (i.e., lymphoma), or other hepatopathy.

**AGE**

14 yrs

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis.

**WEIGHT**

2.6 kg.

**Secondary Findings:**

- Mild non-specific age-related renal changes.

\*Given the sonographic changes, "triaditis" is a consideration in this patient.

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Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's history, three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A fine needle aspirate of the liver can be considered if clotting status is appropriate. A 25-gauge needle should be used. If cytologic evaluation is inconclusive and the patient does not respond to supportive care (see below), a surgical liver biopsy with aerobic and anaerobic bile cultures can be considered.
- Ideally, a GI panel (send to Texas A&M) should also be performed.
- A temporary feeding tube (i.e., esophagostomy) is also recommended to provide nutritional support to help prevent/treat hepatic lipidosis.
- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/pancreatitis is recommended, including fluid therapy, gastric protectants, appetite stimulants and empirical broad-spectrum antibiotic therapy.

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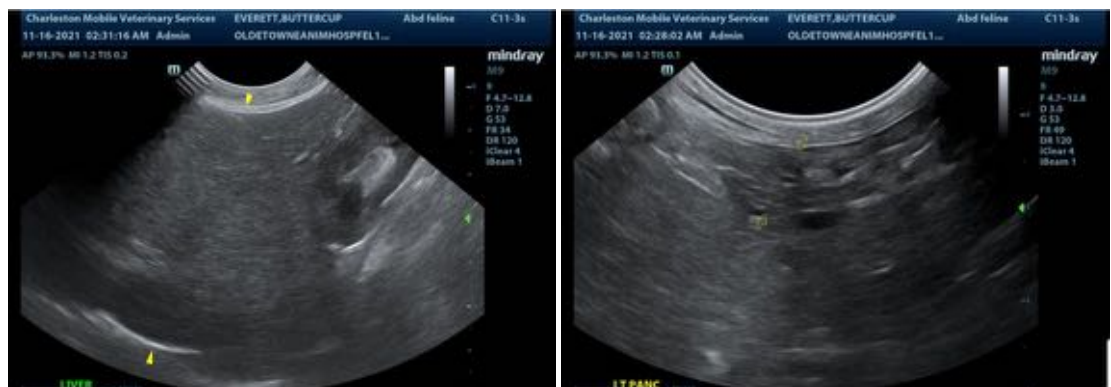
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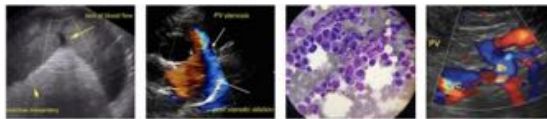
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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