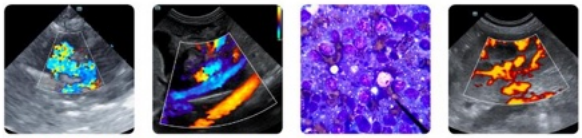

PATIENT

Elliott Pelasara

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9/20/2014

WEIGHT

7.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Pawley's

REFERRING VET

Dr. Welch

INVOICE

13387

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Pt has been inappetent and has recently had a fever of 103.8. Pt has a III/VI heart murmur. CBC unremarkable. Chemistry reveals mild hyperglycemia, otherwise unremarkable. Pt sedated with Butorphanol and Midazolam for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. The mucosal surface is irregular. A scant amount of echogenic debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.84 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of 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 in size (4.04 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of 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 size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, a light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is distended with ingesta. 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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The base and limbs 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief visualization of the thorax reveals suspected B-lines.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Minor bilateral nonspecific, age-related renal changes with subtle dystrophic mineralization
- Equivocal hepatomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- Suspected B-lines. This finding could be consistent with pulmonary parenchymal disease.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*An obvious cause for the patient's inappetence and fever is not identified in this study. Broad considerations include infectious, inflammatory, immune mediated or neoplastic diseases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Echocardiogram report pending.
2. Consider a urinalysis with a culture and sensitivity.
3. A T4/free T4 by equilibrium dialysis is also recommended (if not already performed).
4. An fPLI can also be considered to assess for low-grade pancreatitis.
5. Consider repeating thoracic radiographs to assess for occult pathology in the chest.
6. Also consider a feline fever of unknown origin infectious disease panel.
7. Depending on the results of the above diagnostics, further workup may be warranted. In the meantime, symptomatic care is recommended.

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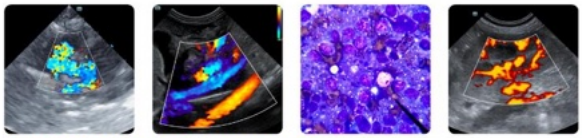

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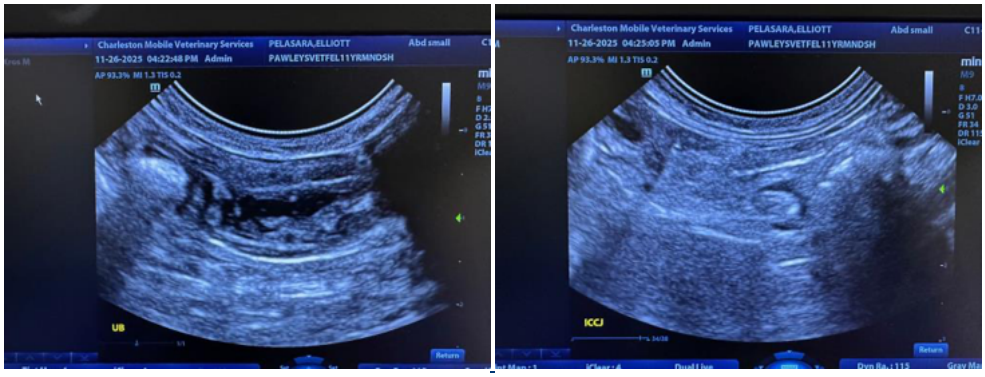

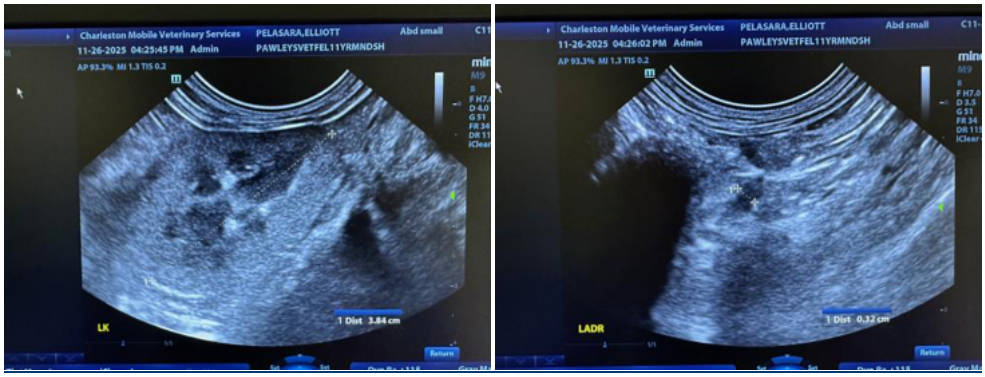

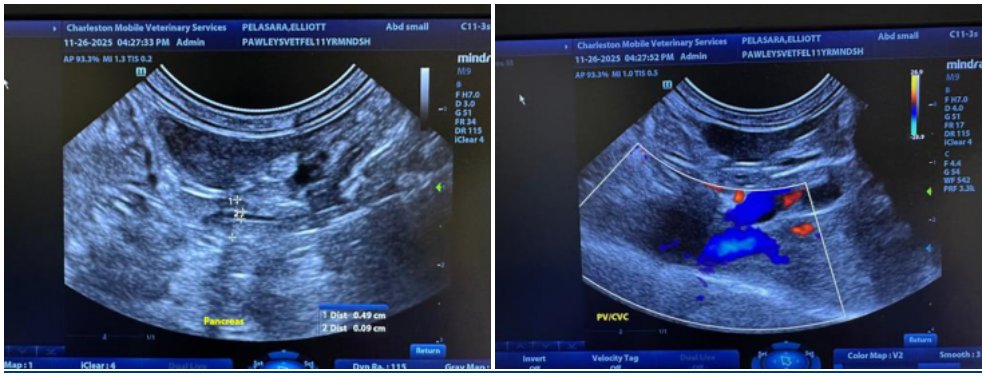

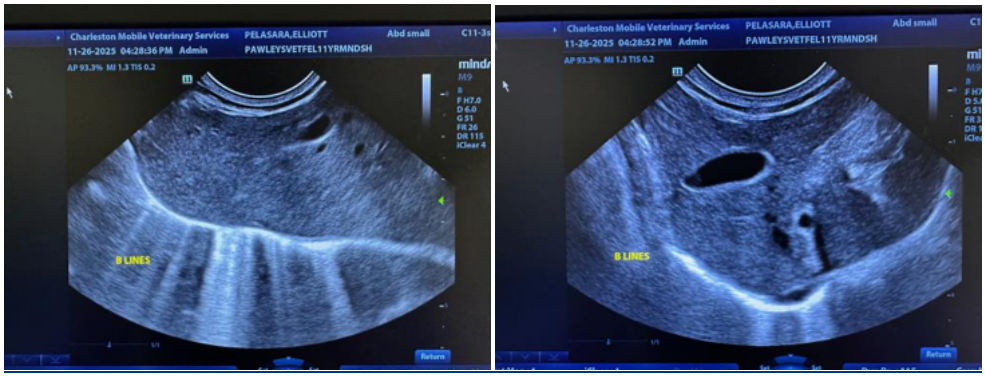

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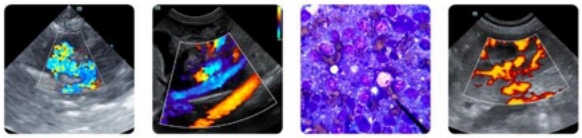

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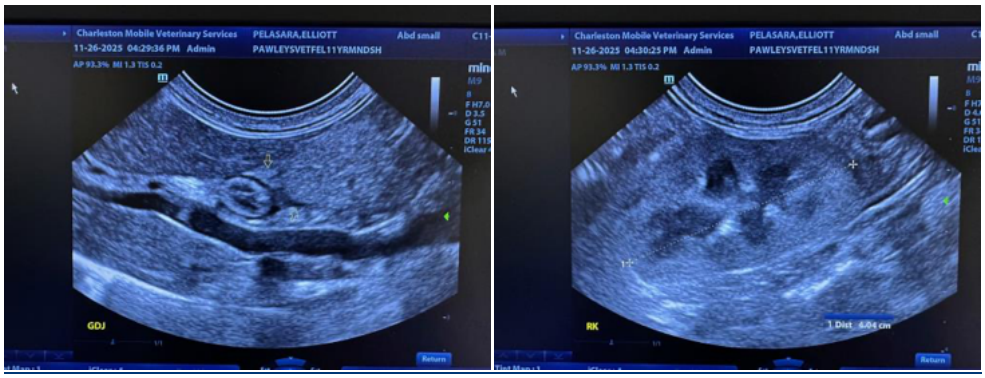

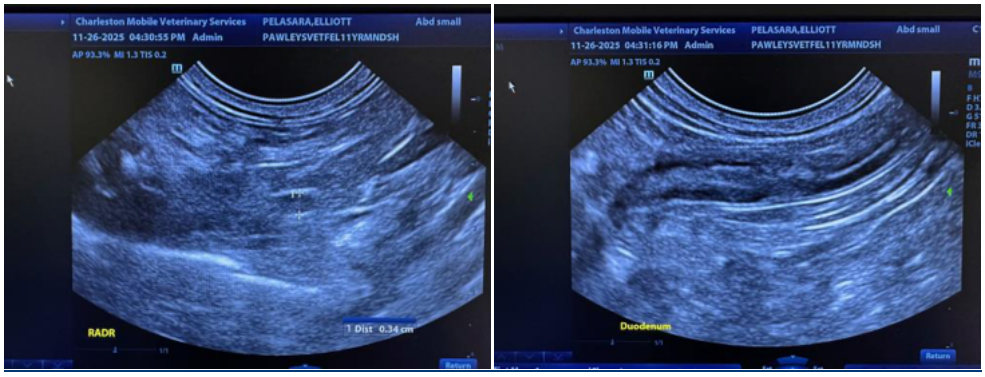

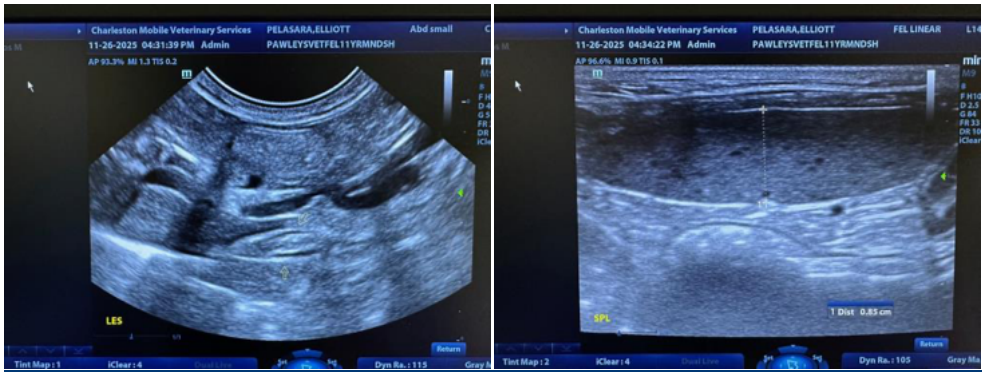

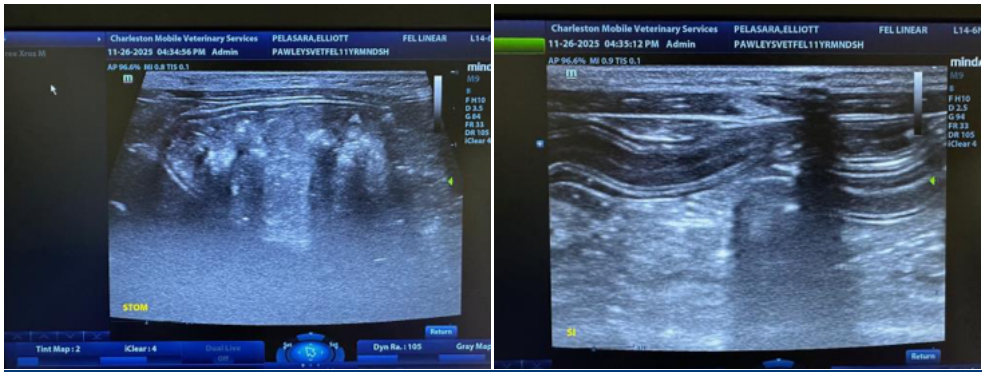

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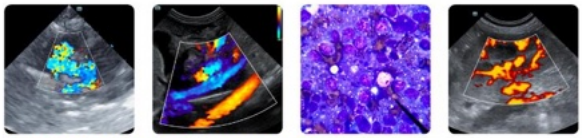

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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