

PATIENT PRESENTING CLINICAL SIGNS

Citrus Elliott Patient has a history of weight loss and hyperthyroidism. Currently on Methimazole. Also has a heart murmur and elevated BNP. The rest of the labwork is unremarkable.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic shorthair

Urinary System

The urinary bladder is minimally distended. The wall is of appropriate thickness for the level of repletion. A small amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

The left kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

AGE

12 Yrs.

The right kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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.

WEIGHT

9.4 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is borderline enlarged (0.52 cm width) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.

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Spleen

The spleen is normal in size (0.71 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

Overall, the liver is normal in size with a prominent caudate process. A 3.24 cm irregular cystic lesion is observed within the caudate process. The remaining peripheral margins are curvilinear. The parenchyma is hypoechoic relative to the spleen and otherwise homogeneous in appearance. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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REFERRING VET

Dr. Lauren Tierney

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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

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3/14/23



PATIENT

Citrus Elliott

thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

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Pancreas

The right limb of the pancreas is normal in size 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 (0.19 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

BREED

Domestic shorthair

Free Abdomen

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Trace free fluid is present. 2-3 colic lymph nodes are visible/prominent, the largest measuring 0.63 cm in length. Surrounding mesentery is slightly hyperechoic.

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Other

A brief echocardiogram reveals an arrhythmia with possible subjective left ventricular wall thickening +/- left atrial enlargement.

WEIGHT

9.4 lbs.

ULTRASONOGRAPHIC FINDINGS

- Bilateral, chronic, age-related renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The mild right adrenomegaly may be secondary to stress, hyperplasia or less likely, an emerging tumor.
- Trace ascites.
- Questionable cardiac changes.
- Large hepatic cyst in the caudate process, likely a benign incidental finding.

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*An obvious cause for the patient's weight loss is not definitively identified in this study. Differentials include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, other), underlying metabolic issue (i.e., hyperthyroidism, mild pancreatitis), cardiac cachexia, occult neoplasia, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A cardiac workup (i.e., echocardiogram, blood pressure, ECG and thoracic radiographs) is recommended.
- Also consider further GI workup (i.e., malabsorption panel including serum cobalamin, folate, TLI and PLI) as well as a fecal evaluation for ova and Giardia.



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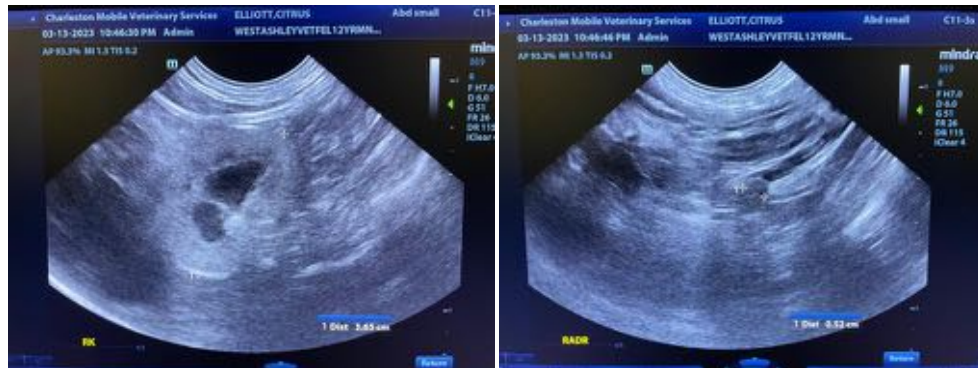
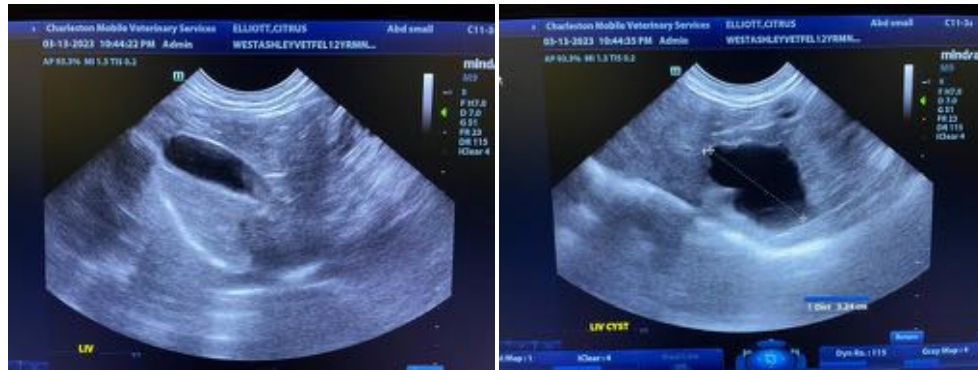
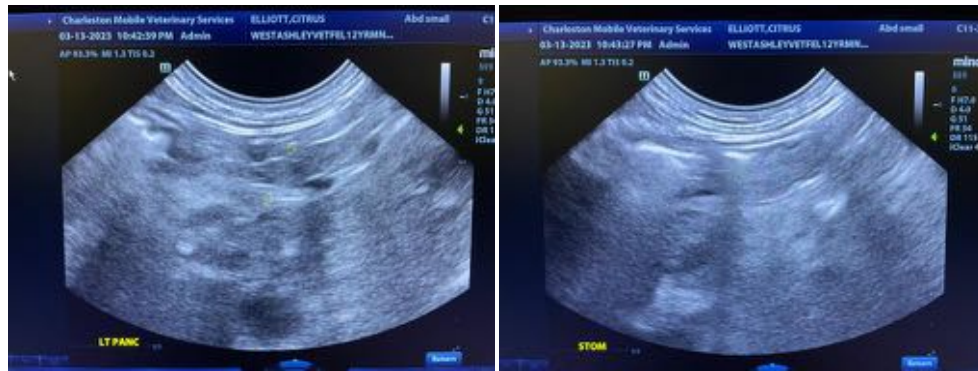
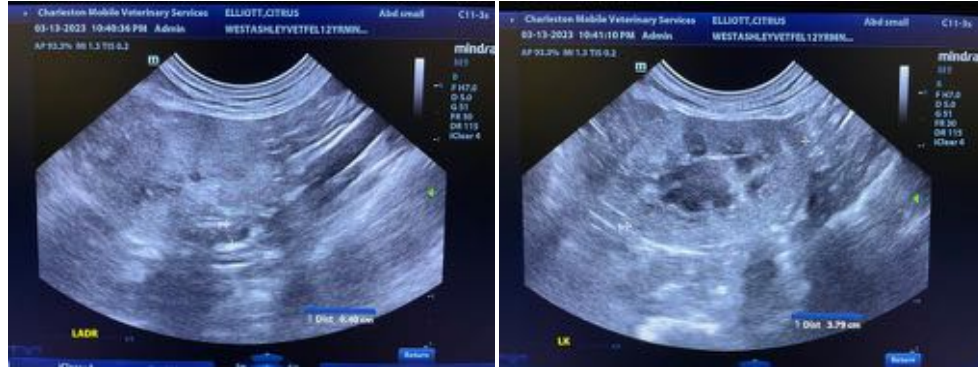
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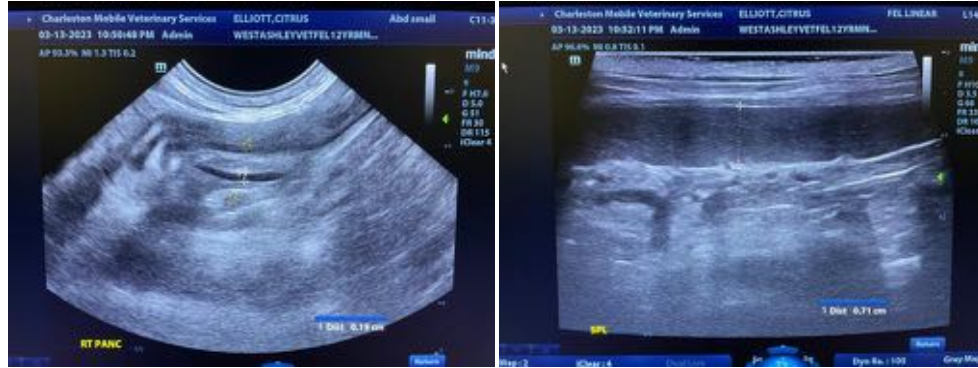
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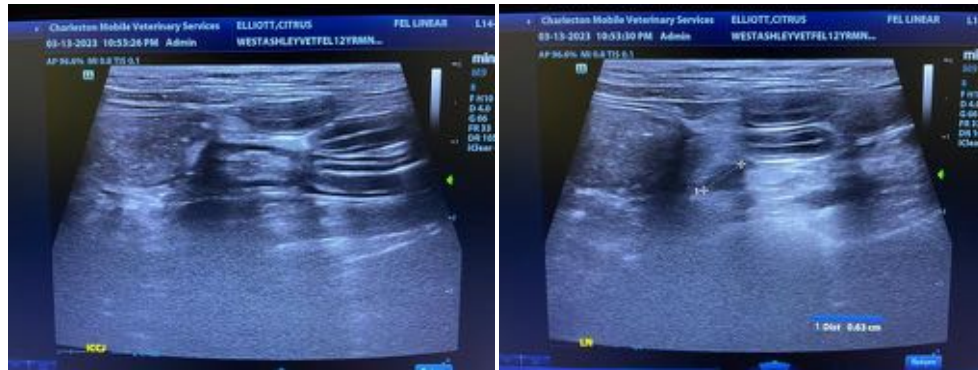


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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