PATIENT

Gliss Washko

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9/3/2007

WEIGHT

6.83 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

Cats Meow

REFERRING VET

Dr. Levy

INVOICE

13657

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Pt presents for not eating since Friday. Bloodwork and Xrays unremarkable. BUN mildly elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. 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.

The left kidney is small in size (2.86 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (2.89 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Trace pyelectasia is present (0.10 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.50 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 curvilinear 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 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. The portal vein to caudal vena cava ratio is approximately 1:1.

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

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The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. A 0.63 x 0.55 cm hypoechoic nodule is observed in the right limb. The left limb is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated.

Lymph nodes
A prominent lymph node is observed in the left cranial to mid-abdomen measuring 0.64 x 0.40 cm. A few prominent mesenteric lymph nodes are also seen, one of the nodes measuring 1.41 x 0.47 cm.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatic nodule in the right limb. This lesion may represent benign nodular hyperplasia or an emerging tumor (i.e., adenoma, adenocarcinoma). The diffuse pancreatic changes are suggestive of age-related parenchymal remodeling +/- fibrosis. A prior episode of pancreatitis cannot be excluded.
- Bilateral nonspecific, age-related renal changes with trace pyelectasia. The pyelectasia may be secondary to parenchyma remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof.

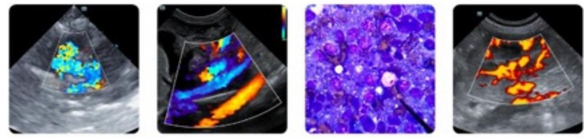
Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma (less likely) or may be a normal variant for this older feline patient. Correlation with the patient's long term clinical history is recommended.

*An obvious cause for the patient's inappetence is not identified in this study. Considerations include a primary enteropathy (i.e., inflammatory bowel disease, food allergy/intolerance), underlying metabolic issue (i.e., pyelonephritis), orthopedic or neurologic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
2. Consider a urinalysis with a culture and sensitivity to evaluate for infection.
3. A baseline blood pressure measurement should also be considered to assess for systemic hypertension.
4. Orthopedic and neurologic examinations are also recommended.
5. Depending on the results of the above diagnostics, further workup may be indicated. In the meantime, continued symptomatic care is recommended.



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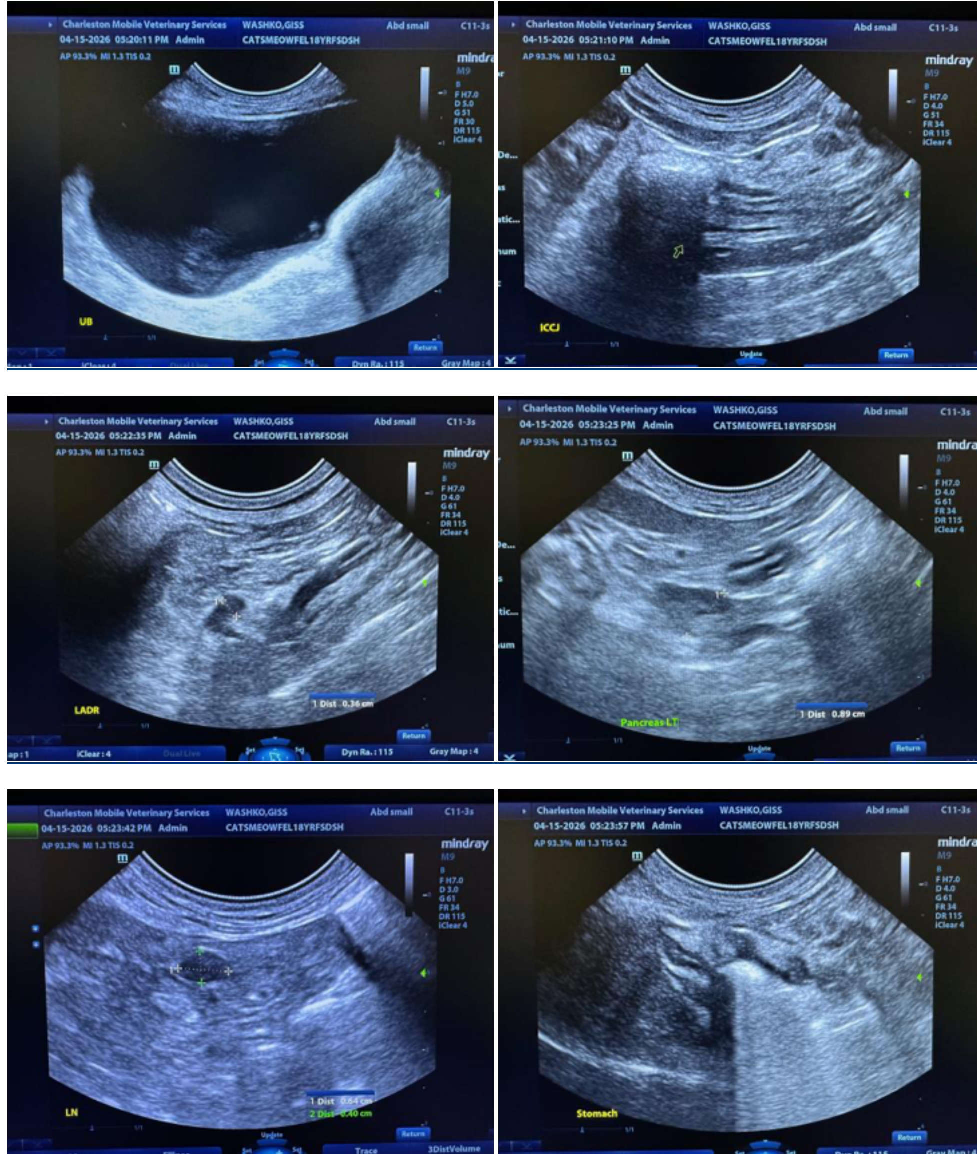

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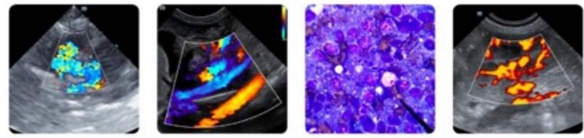

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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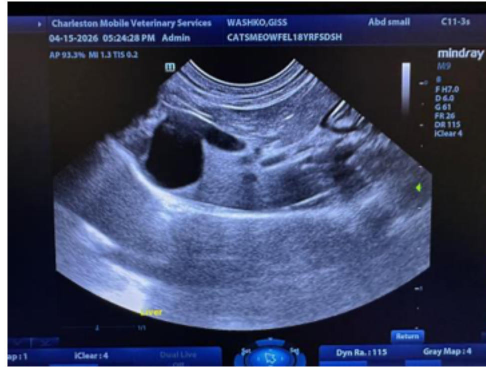

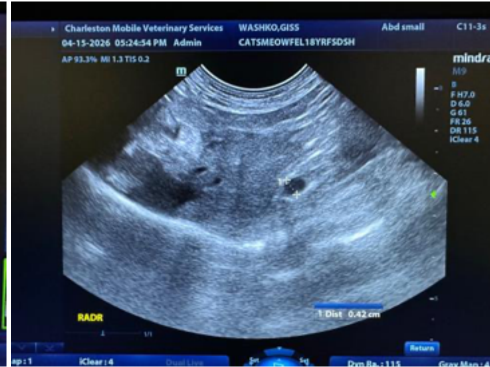

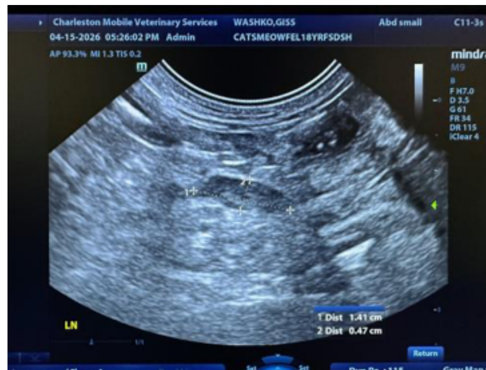

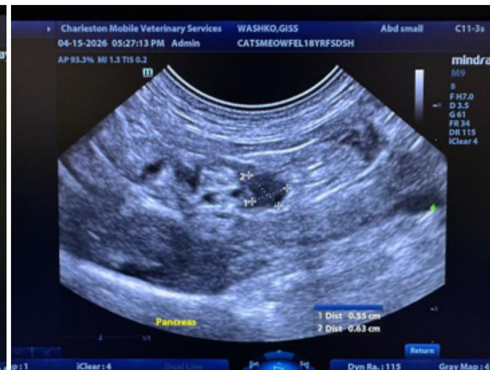

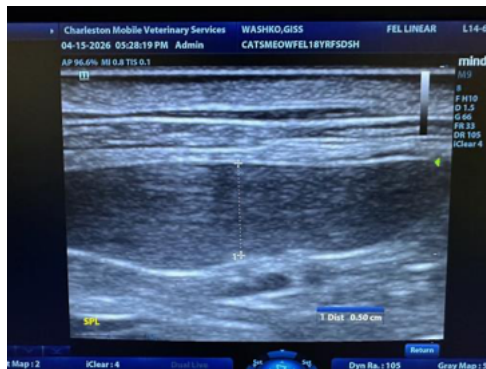

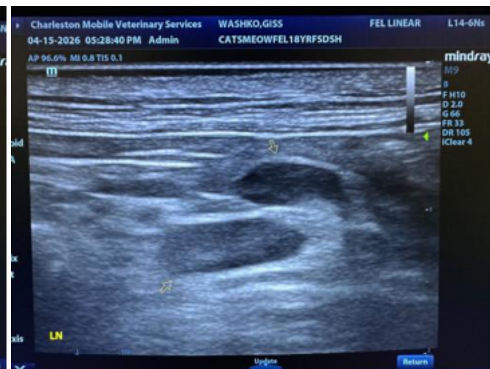

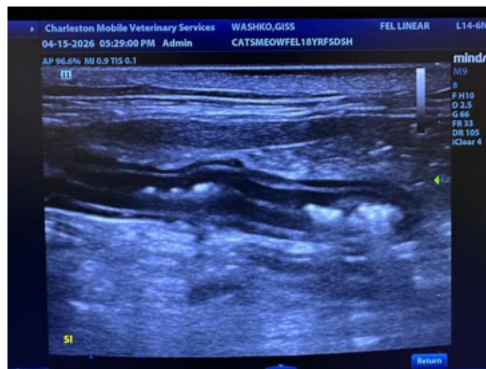

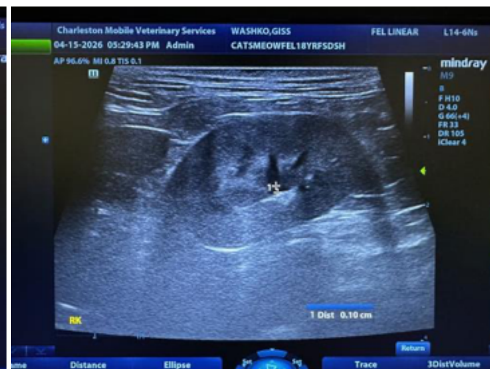

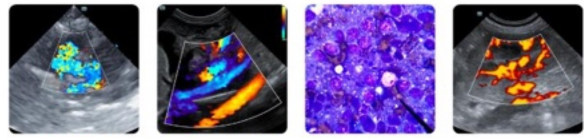

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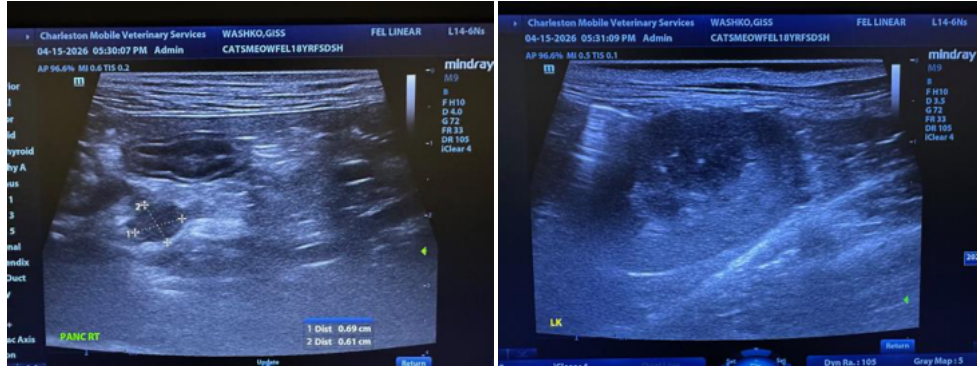

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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