



PATIENT PRESENTING CLINICAL SIGNS

Maggie Stewart

History: 3+ month history of pu/pd Intermittent vomiting during this same period Increase in appetite and food consumption Marked decrease in weight noted over the summer months Had 2 day history of straining and diarrhea the week of Oct 6th, which resolved on its own after passing a large, very firm piece of stool. Moderate to marked sarcopenia along her spine

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork shows lymphocytosis and monocytosis, elevated SDMA, elevated BUN, normal creatinine, normal T4.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female, spayed

The urinary bladder is mildly distended. The wall is diffusely thickened (up to 0.40 cm) and irregular. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

17 Yrs.

The left kidney is normal size (3.40 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. A few nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

11 lbs.

The right kidney is small in size (2.83 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. A small hyperechoic linear focus is visualized. A cortical infarct is present at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size (0.56 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.42 cm length; 0.23 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

The spleen is normal in size (0.77 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.

HOSPITAL NAME

Yates VH

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. 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.

REFERRING VET

Dr. Merkel

INVOICE

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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

DATE

10/26/21



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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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

SPECIES

Feline

Pancreas

The left limb of the pancreas is visible/prominent with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

BREED

Domestic shorthair

Free Abdomen

A small amount of retroperitoneal fluid is observed adjacent to the urinary bladder. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

AGE

17 Yrs.

Primary Findings:

- Bilateral age-related degenerative renal changes with left non-obstructive nephrolithiasis and right dystrophic mineralization and a cortical infarct.
- The urinary bladder wall changes are most consistent with cystitis. Caudal retroperitonitis is present, likely secondary to urinary bladder pathology. The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

WEIGHT

11 lbs.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*An obvious cause for the patient's clinical signs is not identified in this study.

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(*Small Animal Internal
Medicine*)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the urinary tract changes, a urine culture and sensitivity is recommended.
- Regarding the GI signs, consider the following:
 1. Three-view thoracic radiographs to assess for occult neoplasia.
 2. GI panel including serum cobalamin, folate, TLI and PLI.
 3. Fecal evaluation for ova and Giardia.
 4. 6 week limited antigen diet trial.
 5. A thorough neurologic examination is recommended as brain tumors can present with polyphagia, PU/PD and weight loss as clinical signs.
 6. If the above diagnostics are inconclusive and an aggressive approach is desired, gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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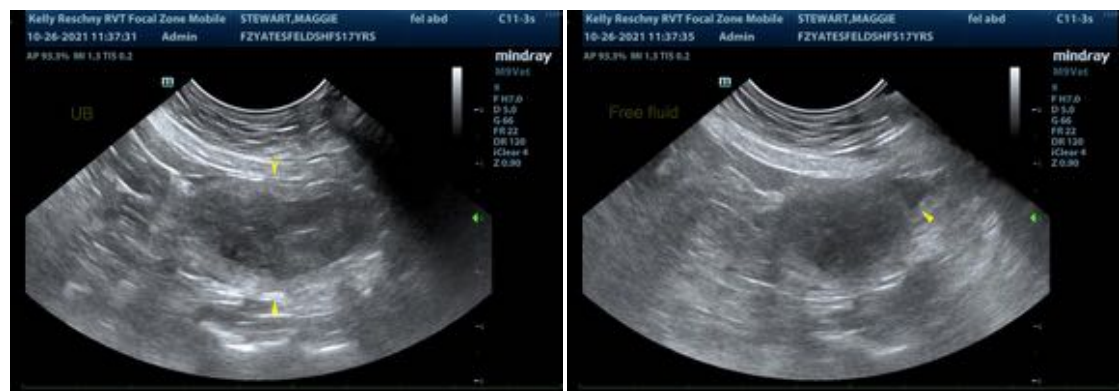
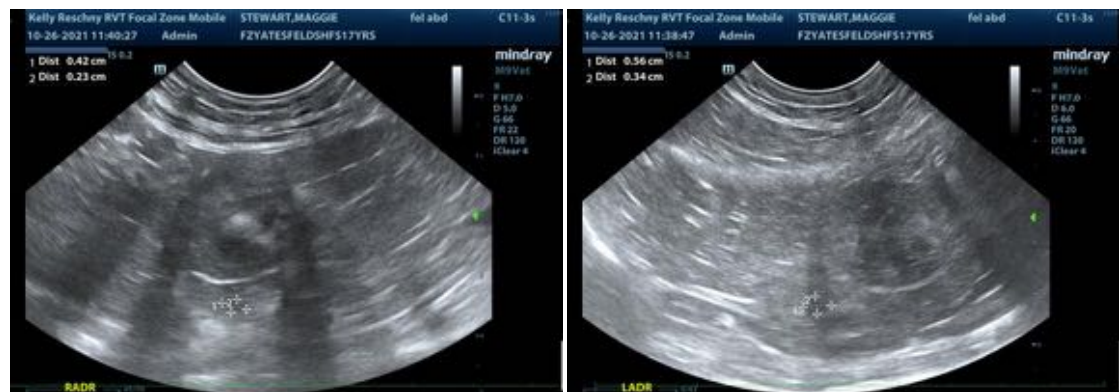
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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