



## PATIENT

Bam Bam Stefanyi

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

10 Yrs.

## WEIGHT

9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Reshny, RVT

## HOSPITAL NAME

Beattie Pet Hospital  
Stoney Creek

## REFERRING VET

Dr. Salib

## INVOICE

12433

## DATE

10/27/21

## PRESENTING CLINICAL SIGNS

History: Bambam is acting strange hiding not coming out for food and water dark color urine, very strong smelling losing weight not eating or drinking- 2 days unsure if pooping Assessment: mm icteric, QAR, tense cranial abdomen by palpation cat is not eating since few days as per owner owner said the cat also had habit of chewing on toes PROGNOSIS: (highlight one) Good Poor Guarded Comments?: DDX: primary liver dz, hepatic lipidosis, cholangiohepatitis, cholangitis, foreign body obst, pancreatitis, gastroenteritis, infection, kidney dz, food indiscretion, open  
Abnormal PE/Chem/CBC/UA Results: VAD- fpli is abnormal-pancreatitis ALT 145 U/L 12 - 130 HIGH, ALKP 409 U/L 14 - 111 HIGH, TBIL 72  $\mu$ mol/L 0 - 15 HIGH xray- inflammation/infection, neoplasia, BG 14.4 RBC  $6.71 \times 10^{12}/L$  6.54 - 12.20, HCT 29.1 % 30.3 - 52.3 LOW, HGB 10.0 g/dL 9.8 - 16.2- mild anemia rads: 1. Unremarkable gastrointestinal tract; no intestinal obstruction. Consider gastroenteritis, pancreatitis, inflammatory bowel disease or intestinal neoplasia (lymphoma or mast cell disease) as a cause for the patient's clinical signs. 2. Bilateral renal calculi. 3. Cystic calculi. 4. Mild peritoneal effusion; consider transudate, malignant effusion or inflammatory effusion. 5. Unremarkable thorax. RECOMMENDATIONS: To evaluate the internal architecture of the abdominal organs, an abdominal ultrasound would be recommended.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. Several cystic calculi are present 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 (4.00 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 (4.06 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 in size (0.59 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.46 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is subjectively normal in size (0.96 cm in width at the level of the hilus) with scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively enlarged with slightly swollen 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



**PATIENT**

Bam Bam Stefanyi

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Beattie Pet Hospital  
Stoney Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

12433

**DATE**

10/27/21

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. A bi-lobed confirmation is suspected. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

***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 is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

***Pancreas***

The left limb of the pancreas is prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

***Free Abdomen***

Trace free fluid is present. The mesentery in the cranial to mid-abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Acute pancreatitis with regional peritonitis
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

**Secondary Findings:**

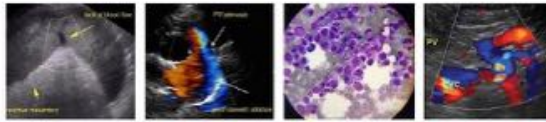
- Bilateral minor age-related renal changes with dystrophic mineralization.
- Cystic calculi.
- Bi-lobed gallbladder - incidental.

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Diagnostic/therapeutic recommendations could include the following:

1. Three-view thoracic radiographs to assess cardiopulmonary status.



**PATIENT**

Bam Bam Stefanyi

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Beattie Pet Hospital  
Stoney Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

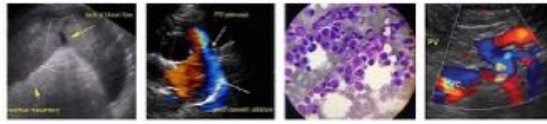
12433

**DATE**

10/27/21

2. Fine needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used.
3. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
4. A fecal evaluation for ova/Giardia
5. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
6. Nutritional support via temporary feeding tube is strongly recommended to help prevent/treat hepatic lipidosis.
7. If the patient does not respond to aggressive supportive care, an abdominal exploratory with gastrointestinal, hepatic +/- pancreatic biopsies may be necessary to get a definitive diagnosis.
8. Once the patient's clinical status has stabilized, the cystic calculi should be addressed either via an attempt at medical dissolution or a cystotomy with stone removal, analysis and culture.





**PATIENT**

Bam Bam Stefanyi

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Beattie Pet Hospital  
Stoney Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

12433

**DATE**

10/27/21



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)

Andrea.nicastro@sonopath.com