



PATIENT PRESENTING CLINICAL SIGNS

Tess Nickele History: Has not eaten or drank anything in at least 48 hours o does not know when P's last BM was HREVC recommends ultrasound as opposed to xray to check for masses or blockages was seen at HREVC on oct 24 seen here sept 29 Assessment: stable, wt loss, anorexia DDX: GI disorder, neoplasia etc

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic shorthair The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

BREED

SEX

Female, spayed

The left kidney is normal size (3.11 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. Several nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

AGE

9 Yrs.

The right kidney is normal size (3.36 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. Several nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

2.7 kg.

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm length; 0.37 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 normal in size (0.56 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

IMAGING PERFORMED BY

Kelly Reshny, RVT

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.

HOSPITAL NAME

Beattie Pet Hospital
Stoney Creek

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 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. It appears to have at least 2 lobes. Luminal contents are anechoic. The common bile duct is mildly dilated (0.31-0.38 cm) but cannot be definitively followed to the level of the duodenal papilla.

REFERRING VET

Dr. Baskin

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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 segmentally fluid distended (mild). The

DATE

10/27/21



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Tess Nickele

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.

Pancreas

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Feline

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

BREED

Domestic shorthair

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Duplicate gallbladder with mild dilation of the common bile duct, which may represent a functional or, less likely, mechanical obstruction.

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Secondary Findings:

- Bilateral age-related renal changes with non-obstructive nephrolithiasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
- Consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25 gauge needle should be used.
- Three-view thoracic radiographs are also recommended to assess for occult disease in the chest.
- Nutritional support (i.e., via temporary feeding tube) is strongly recommended to help prevent/treat hepatic lipidosis.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.
- Further recommendations should be based on the patient's bloodwork findings.

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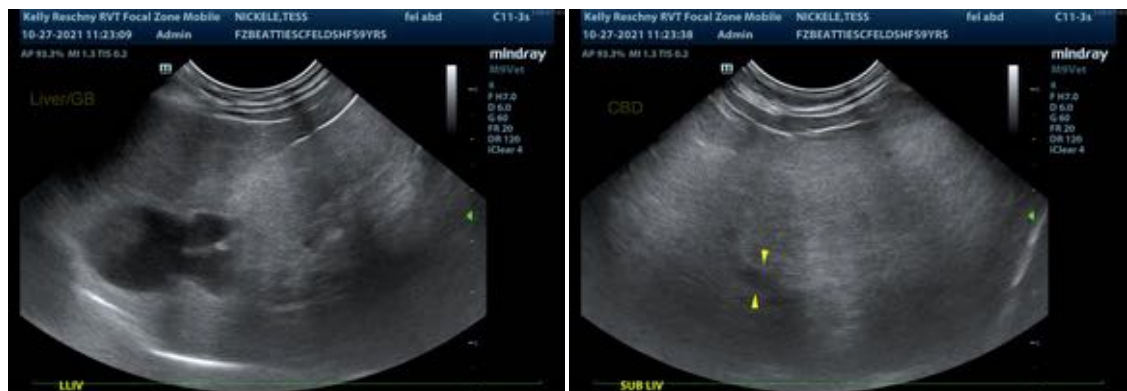
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com

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