


PATIENT

Tinka Salerno

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

15 Yrs.

WEIGHT

4.25 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Grand River AH

REFERRING VET

Dr. Chu

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: December 2: declining again the past 4 days. Barely ate 4 days ago, now not eating for almost 3 days. O. feels that she is losing a lot of weight very quickly. Weight loss quite significant - ~0.55kg in 4 days. Anorexia ~3 days now. Major dysrexia 3-4 days prior to anorexia. Had good response initially to therapy (almost complete normal appetite for ~7 days from Nov 18th). Off and on bouts of pancreatitis, will seem better and then relapse again. Meds: Cerenia, Mirtazapine and Codeine

Abnormal PE/Chem/CBC/UA Results: November 21: Abnormal fPI, mild decrease in Crea at 50 (71 - 212), mild hypochloremia at 109 (112 - 129)

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 suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is borderline small in size (3.03 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 (3.37 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 (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.65 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 prominent in size 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 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.

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall



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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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The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overly dilated.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The hepatic parenchymal changes are non-specific and could be secondary to emerging hepatic lipodosis, normal variation, inflammatory disease, infiltrative neoplasia (less likely), other.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

Secondary Findings:

- Bilateral, chronic age-related renal changes with dystrophic mineralization.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., infectious/parasitic, food allergy/intolerance, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue, orthopedic or neurologic disease, occult neoplasia, other.

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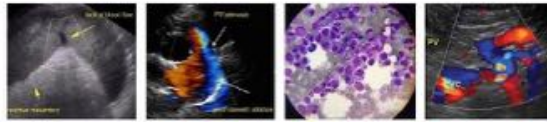
Dr. Chu

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider the following:
 1. A fecal evaluation for ova/Giardia
 2. GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M)
 3. Orthopedic and neurologic examinations to assess for non-metabolic causes of inappetence.
 4. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
 5. While awaiting test results, consider placement of a temporary feeding tube (i.e. esophagostomy) to help prevent/treat hepatic lipodosis.

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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



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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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info@SonoPath.com

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