



PATIENT

Mimi Kowalchuk

SPECIES

Feline

BREED

Himalayan

SEX

Female, spayed

AGE

19 Yrs.

WEIGHT

4.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

12672

DATE

12/7/21

PRESENTING CLINICAL SIGNS

History: One cat in household has been urinating out of box. Currently on Fortekor 1.25mg SID for early renal disease. Currently also on Methimazole. Weight loss.

Abnormal PE/Chem/CBC/UA Results: Positive renal tech prediction which detects renal disease. U/A normal but low specific gravity - 1.008.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is small in size (2.58 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Hyperechoic shadowing diverticular foci are visualized. Renal vasculature is normal.

The right kidney is small in size (2.73 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

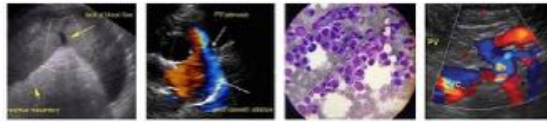
The spleen is normal in size (0.60 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The distal common bile duct measured 0.14 cm in diameter.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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 with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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Pancreas

Mimi Kowalchuk

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance with a few ill-defined hypoechoic nodules. The pancreatic duct is borderline dilated (0.23 cm in diameter).

SPECIES

Feline

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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Himalayan

ULTRASONOGRAPHIC FINDINGS

SEX

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- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with chronic pancreatitis with benign nodular hyperplasia and age-related remodeling.
- Bilateral age-related renal changes with dystrophic mineralization.
- The trace ascites may be secondary to increased vascular permeability (i.e., due to bowel and/or pancreatic pathology), low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Medicine)

- To further investigate for causes of weight loss, consider the following:
 1. GI panel (send to Texas A&M).
 2. Fecal evaluation for ova and Giardia.
 3. Three-view thoracic radiographs to assess for occult neoplasia in the chest +/- endoscopic or surgical gastrointestinal biopsies. However, given the patient's age and history of renal disease, the risk of anesthesia may outweigh the benefits of performing GI biopsies.
- If it is determined that Mimi is the cat that is urinating outside of the box, consider a urine culture and sensitivity to assess for occult infection.

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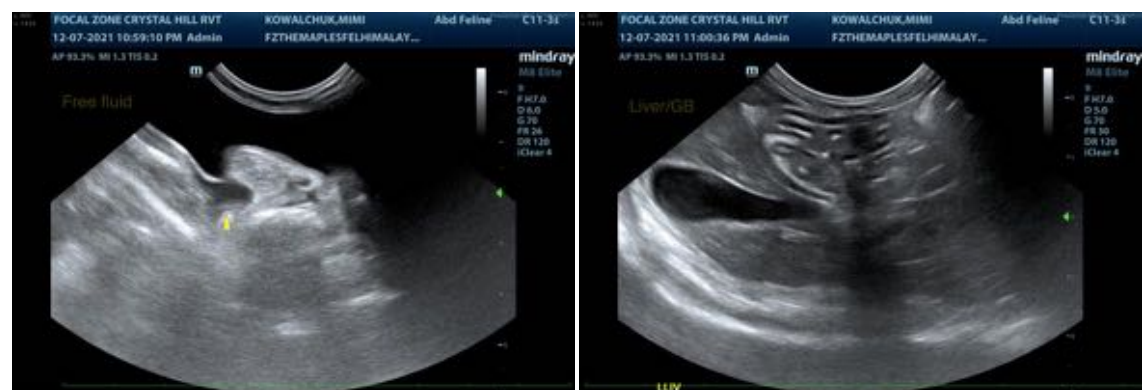
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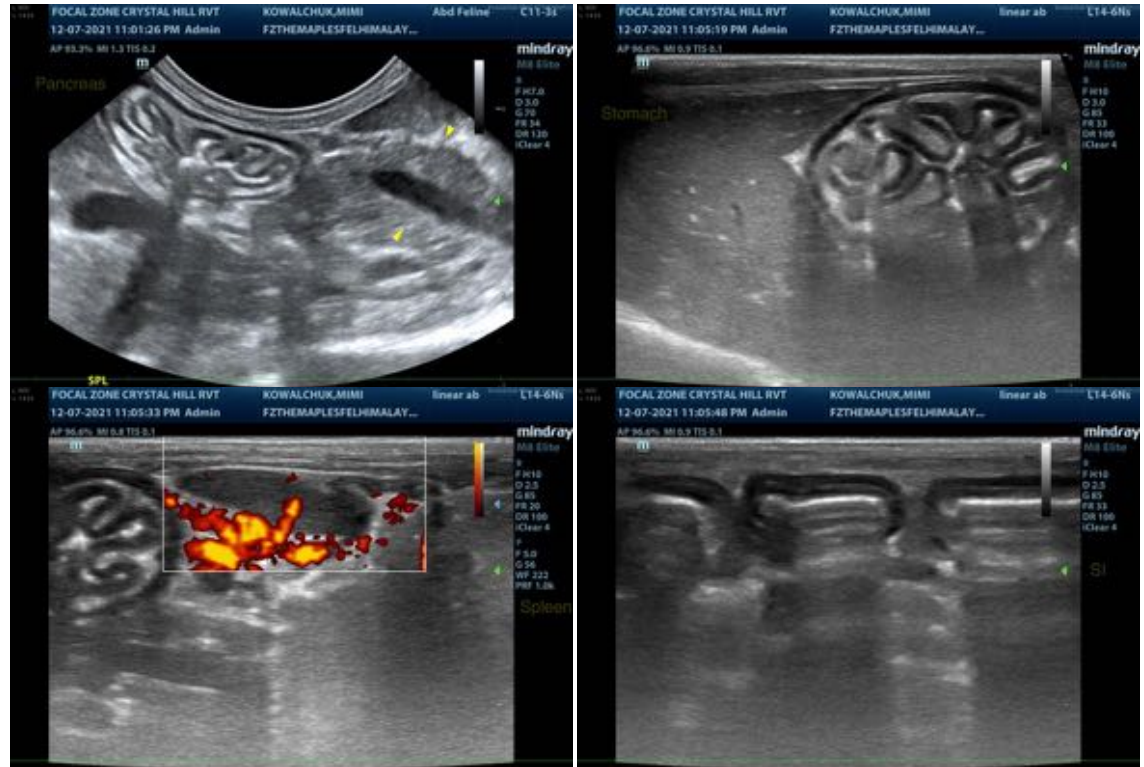
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Andrea.nicastro@sonopath.com

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