



PATIENT

Pinot Godfrey

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5 Yrs.

WEIGHT

14.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Rreschny

HOSPITAL NAME

South Side Pet Hospital

REFERRING VET

Dr. Velez

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: Pinot came in today for a PE as he has not been eating that much for the last 48 hours and nothing at all since today in the morning No Hx of toxin exposure - no hx of dietary indiscretion - no changes in diet - On S/O Moderate Calorie No vomiting or diarrhea Urinated today before appointment - small amount - O have recently changed his litter type to a dust free but he did not like it - put the previous litter back into his litter today and then he urinated Not taking any medications mild discomfort mid caudal abdomen small flaccid urinary bladder - - no signs of fluid wave , masses or obvious FB meds: SQ fluids 60 ml SQ Cerenia 1 m/kg SQ Mirtazapine 3.75 mg once in hospital Gabapentin 50 mg PO BID and 100 mg PO 2-3 hr if needed for sedation before US
Abnormal PE/Chem/CBC/UA Results: CBC: Lymphopenia / Eosinopenia Chemistry - Low BUN , Low TP low Globulin // Glucose,SDMA , ALT , ALKP / Electrolytes all normal TTO about low TO and globulin levels - malabsorption (IBD / LSA) vs PLE , PLN , anorexia , liver disease , other -

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (4.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.62 cm length; 0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 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 (1.05 cm in width at the level of the hilus) for the patient's weight 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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.



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Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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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.

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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

- Unremarkable abdomen. An obvious structural cause for the patient's clinical signs is not identified in this study. However, given the hypoproteinemia, microscopic gastrointestinal disease, occult hepatic disease or less likely, renal disease, are considerations.

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14.2 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Serum cobalamin, folate, PLI and TLI.
- A fecal evaluation for ova/Giardia.
- Pre- and post-prandial serum bile acids are recommended to assess for occult hepatic dysfunction.
- A urinalysis is recommended to assess for proteinuria. If present, a UPC should be performed.
- Depending on the results of the above diagnostics, gastrointestinal (or liver) biopsies may be warranted. Thoracic radiographs should be performed prior to anesthesia.

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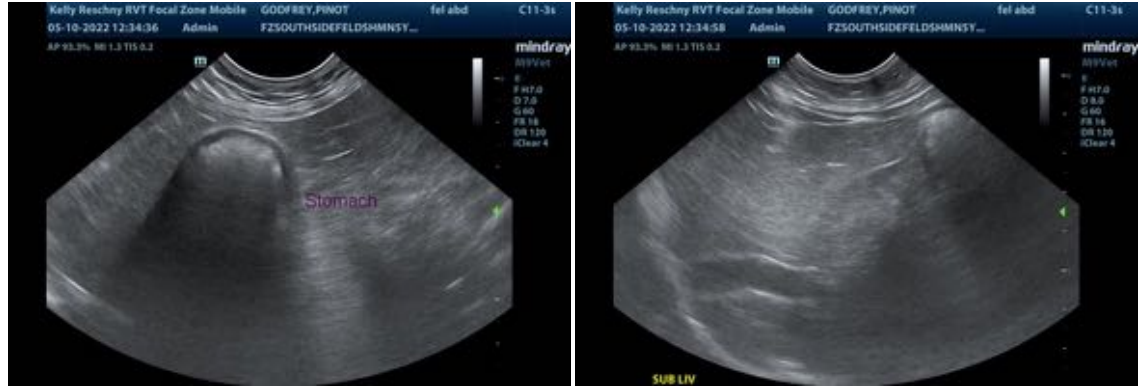
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Rreschny

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

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