


PATIENT PRESENTING CLINICAL SIGNS

Bree Criel History: Presented Aug. 25/21 for vomiting, on presentation had lost significant weight, notably icteric, cranial organomegaly evident. Currently on Clavamox, Gabapentin, Zentoniil.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Elevated white count with a neutrophilia, monocytosis, low BUN, ALT is 529, ALP is 370, and GGT is 6. Total bilirubin is elevated. FNA of liver and fluid sample were taken.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Female Spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

7 Years

The left kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

4 lbs.

The right kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Small foci of mineralization are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.34 cm length; 0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.48 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Spleen

The spleen is normal in size (0.83 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

Southside AC

Liver

The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is contracted. The wall appears to be normal in thickness for the level of repletion. The lumen is empty. The cystic and common bile ducts are normal/not seen.

REFERRING VET

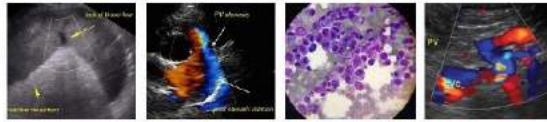
Dr. Schut

INVOICE

11732kk

DATE

8/31/21



PATIENT

Gastrointestinal

Bree Criel

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 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.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The pancreas is difficult to visualize due to the large amount of ascites. However, no obvious pathology is observed.

Free Abdomen

SEX

A large amount of echogenic free fluid is present. The abdominal lymph nodes are normal/not visible.

Female Spayed

ULTRASONOGRAPHIC FINDINGS

AGE

7 Years

Primary Findings:

- The hepatic parenchymal changes are most consistent with infiltrative neoplasia (i.e., lymphoma) or inflammatory disease (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis, pyogranulomatous hepatitis (i.e., secondary to FIP)). Concurrent hepatic lipidosis is also possible.
- The ascites may be secondary to portal hypertension, increased vascular permeability (i.e., due to neoplasia, other).

WEIGHT

4 lbs.

Secondary Findings:

- Mineralized foci in both kidneys.
- Urinary bladder debris.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. If cytologic evaluations are of the liver and ascites are inconclusive, a surgical liver biopsy may be necessary to get a definitive diagnosis.

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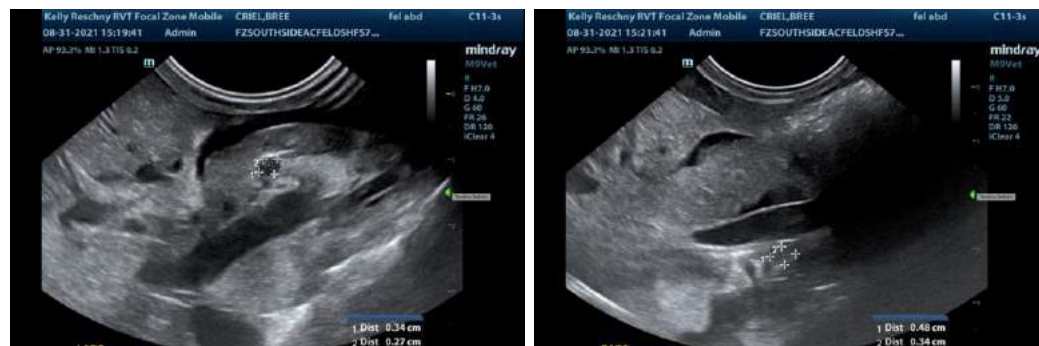
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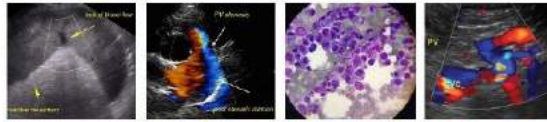
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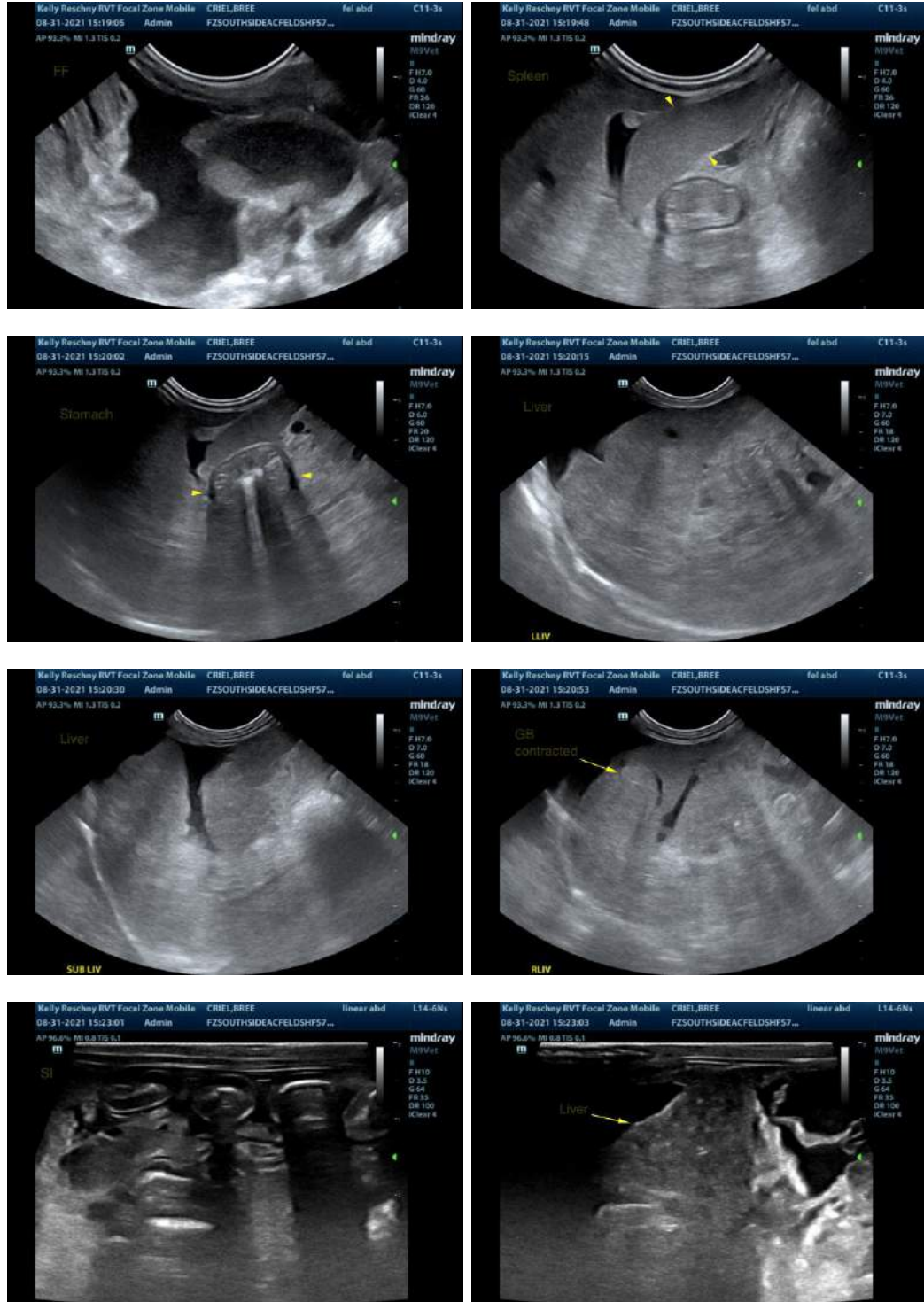
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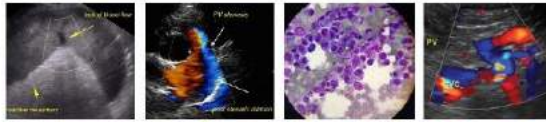
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Bree Criel

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.

SPECIES

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Female Spayed

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