



PATIENT

Dottie Mederios

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

6 Years

WEIGHT

4.7 kgs.

PRESENTING CLINICAL SIGNS

History: P has stopped eating, O has filled bowl and P has not touched it for days P has lost a significant amount of weight in the last couple of months O has said that P is still drinking normally O has not noticed very much feces in litterbox, but not seen any changes in urine P doesn't seem lethargic, O says that P was absent the last few nights O's did try to feed tuna, but P did not want to eat that either.

Abnormal PE/Chem/CBC/UA Results: increased liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. A 0.88 cm cystic calculus is observed within the lumen. A second stone is also visible measuring 0.41 cm in length. The remaining luminal contents are mostly anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.55 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.15 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. There is no evidence of pyelectasia, 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 (0.69 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 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 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 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

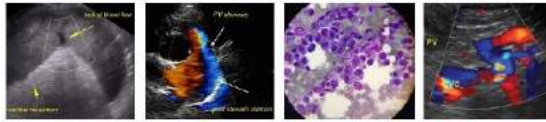
Beattie Pet Hospital
Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE
11851kk

DATE
9/17/21



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Pancreas

Dottie Mederios

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. One to two lymph nodes are visible adjacent to the ileocolic junction. Surrounding mesentery is hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

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Female Spayed

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- 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.
- Cystic calculi.

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**Given the sonographic changes, "Triaditis" is a consideration in this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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1. Three-view thoracic radiographs are recommended to assess for occult cardiopulmonary disease.
2. A fine needle aspirate of the liver is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, a surgical biopsy with aerobic and anaerobic cultures can be considered along with gastrointestinal biopsies. If a more conservative approach is desired, consider empirical treatment for hepatic lipidosis/cholangiohepatitis via broad-spectrum antibiotic therapy and aggressive nutritional support, potential via a feeding tube. If the patient's clinical status does not improve within 5-10 days of initiating therapy, surgical biopsies can be reconsidered.
3. Other diagnostic considerations include the following:
 - a. A fecal evaluation for ova/Giardia
 - b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - c. If the patient is an outdoor cat, consider testing for toxoplasmosis (i.e., IgM, IgG).
4. Regarding the cystic calculi, a cystotomy with stone removal analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.

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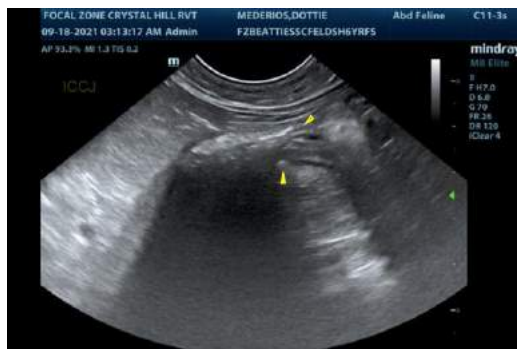
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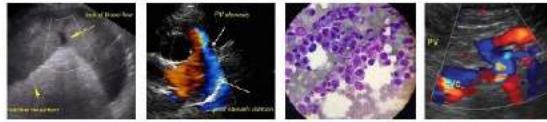
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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