


**PATIENT PRESENTING CLINICAL SIGNS**

Boots Dupuis  
 History: significant weight loss, dehydrated, emaciated currently on felimazole  
 Abnormal PE/Chem/CBC/UA Results: CBC unremarkable, BUN mildly elevated, normal creatinine, ALT 453, GGT 12, T4 elevated

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
***Urinary System***

**BREED**  
 Domestic shorthair  
 The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is mostly anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

**SEX**

Male, neutered

The left kidney is normal in size (3.89 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.

**AGE**

17 Yrs.

The right kidney is normal size (3.76 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

**WEIGHT**

1.9 kg.

***Adrenal Glands***

The left adrenal gland is normal in size (0.57 cm length; 0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal in size (0.64 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

***Spleen***

The spleen is normal in size (0.80 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.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

***Liver***
**HOSPITAL NAME**

Buck AH

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Gilmer

***Gastrointestinal***
**INVOICE**

12228

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. There is evidence of mucosal fogging in some segments. Discreet masses are not identified. The colonic wall is normal to borderline thickened with

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retention of the normal layering pattern. The colonic lumen contains granular appearing fecal material. No obstructive disease is noted.

***Pancreas***
**SPECIES**

Feline

The pancreas is diffusely enlarged with a possible mass effect. The peripheral contours are irregular. The parenchyma is hypoechoic to mottled in appearance with a few small ill-defined cystic areas and hypoechoic nodules in the left limb. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter).

**BREED**

Domestic shorthair

***Free Abdomen***

A small amount of free fluid is present. A few mesenteric lymph nodes are visible.

**SEX**

Male, neutered

**ULTRASONOGRAPHIC FINDINGS**
**Primary Findings:**
**AGE**

17 Yrs.

- The pancreatic changes are concerning for pancreatic neoplasia. However, severe pancreatitis cannot be completely excluded.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel changes consistent with inflammatory bowel disease.
- The ascites is likely secondary to pancreatic and/or bowel pathology.

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**Secondary Findings:**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral age-related renal changes with dystrophic mineralization.

**IMAGING  
 PERFORMED BY**

Kelly Reshny, RVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**HOSPITAL NAME**

Buck AH

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the liver and pancreas are recommended (if clotting status is appropriate). 25-gauge needles should be used. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
- Also consider a malabsorption panel and adjusting the Felimazole dose.
- Nutritional support is also strongly recommended to help prevent/treat hepatic lipidosis.

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**HOSPITAL NAME**

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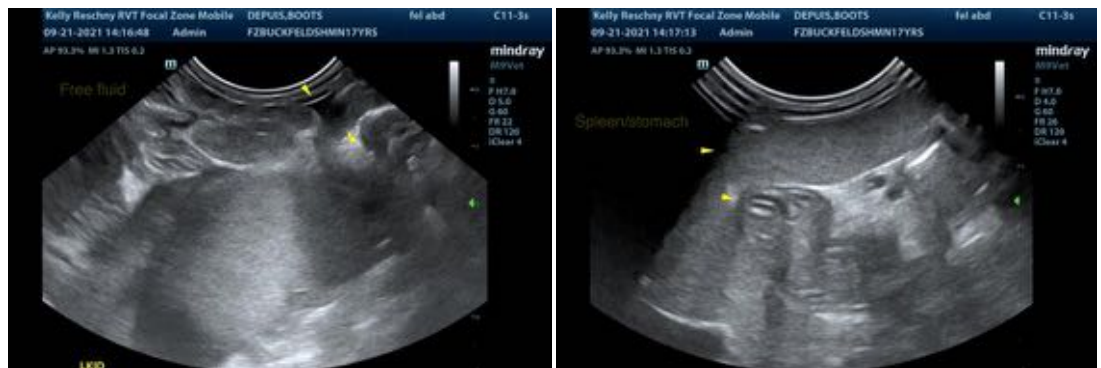
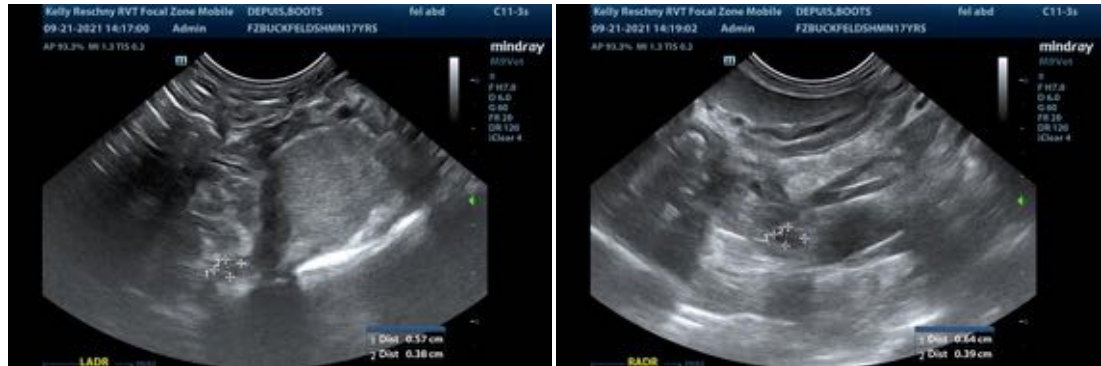
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



**PATIENT**

image/video clips provided.

Boots Dupuis

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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Feline

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

Andrea.nicastro@sonopath.com

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