



PATIENT

Shady Guarino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

7 years

WEIGHT

7.3 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

Dr. Petrone

INVOICE

30726

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History: 7 yo FS DSH history of mammary duct ectasia-was spayed and the affected mammary gland removed. Recently losing weight, normal appetite, polyuric, polydipsic.
Abnormal PE/Chem/CBC/UA Results: BG 267, glucosuria with trace ketones. Repeated urine dip stick in hospital today 3+ glucose negative for ketones. Patient is fractious so stress hyperglycemia could be a confounding factor. Fructosamine >500. ALT: 414 ALP: 106, AST: 109.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 4.16 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 4.23 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture is preserved, however, a very mild loss of the normal definition of the cortico-medullary junction is present. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The adrenal glands are not visualized, however, no abnormalities are noted in the regions where they should be located.

Spleen

The spleen is at the high end of the normal reference range in size 10.4 mm (normal = 10 mm), which is attributed to Shady's sedation. Two very small, hypoechoic nodules are noted at the tail of the spleen. The larger of the two measures 4.24 mm in diameter x 2.95 mm in length. No other abnormalities are observed in the echotexture. The echogenicity, form of the capsule and vasculature are within normal limits, i.e. congestion and thrombi are not identified.

Liver



PATIENT	Hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or with radiographs. The liver's borders are smooth and slightly rounded. It is homogeneous and diffusely hyperechoic, i.e. it is hyperechoic to the falciform fat. Focal lesions are not observed. Mild congestion of the hepatic veins is attributed to the sedation.
Shady Guarino	
SPECIES	The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. It is difficult to follow the cystic and common bile ducts due to gas in the surrounding gastrointestinal tract, however, the proximal portion of the cystic duct appears mildly tortuous. An obvious obstruction is not observed.
Feline	
BREED	
Domestic Shorthair	Gastrointestinal
SEX	The lumen of the stomach is filled with fluid and gas. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.
Spayed Female	The small intestinal wall thickness, including the duodenum, is within normal limits for the most part, and the definition of the wall layers is preserved. However, the occasional loop of jejunum measures at the high end of the normal reference range to mildly thickened (0.25-0.27 cm). Although no abnormalities are observed with the architecture of these loops of bowel, mild fogging of the mucosa is occasionally present. No abnormalities are observed with the ileo-cecal-colic junction. Abnormally dilated loops of bowel are not observed.
AGE	
7 years	
WEIGHT	Gas and ingesta are noted within the transverse colon.
7.3 lbs	The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.
INTERPRETED BY	Pancreas
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The pancreas is homogeneous, but diffusely hypoechoic. The right limb is slightly more affected compared to the left. It is not enlarged and its contours remain smooth and regular. The surrounding mesenteric fat is mildly hyperechoic, suggestive of saponification. These findings are suggestive of active pancreatitis. Occasional pinpoint hyperechoic foci are noted dispersed throughout the parenchyma, which may be due to fibrosis. The latter may be due to previous episodes of pancreatitis, age-related changes and possible amyloid deposition. Overt signs of neoplasia are not noted.
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HOSPITAL NAME	Other
Long Branch AH	Lymph nodes
REFERRING VET	No abnormalities are observed with the mesenteric or jejunal LNs.
Dr. Petrone	
INVOICE	Abdominal effusion
30726	A trivial amount of anechoic free fluid is visualized between the liver lobes.
DATE	ULTRASONOGRAPHIC FINDINGS
5/25/22	



PATIENT	<ul style="list-style-type: none"> Signs of mild active pancreatitis are present, in addition to subtle changes suggestive of fibrosis due to previous episodes of pancreatitis, age-related changes and possible amyloid deposition. Overt signs of neoplasia are not noted.
Shady Guarino	
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Domestic Shorthair	<ul style="list-style-type: none"> The hepatic changes may be due to cholestasis, cholangitis/cholangiohepatitis, as well as cholecystitis, as well as fat deposition secondary to diabetes mellitus. The appearance of the two splenic nodules are suggestive of a benign process, such as nodular or lymphoid hyperplasia and extramedullary hematopoiesis. Neoplasia is considered highly unlikely.
SEX	
Spayed Female	
AGE	<ul style="list-style-type: none"> A trivial amount of anechoic free fluid is visualized between the liver lobes. This may be physiological or secondary to cholangitis/cholangiohepatitis, cholecystitis, as well as pancreatitis. The gastrointestinal changes are subtle and may be clinically insignificant, however, subclinical inflammatory bowel disease cannot be excluded. Further diagnostics are not considered necessary for the moment.
7 years	

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT
7.3 lbs
TLI, serum cobalamin, and folate to assess for underlying maldigestion and malabsorption disease (exocrine pancreatic insufficiency).

A spec fPL may be considered to confirm a diagnosis of pancreatitis, however, it will not change the treatment plan.

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Analgesia for treatment of visceral pain if the client is able to administer at home (e.g. buprenorphine).

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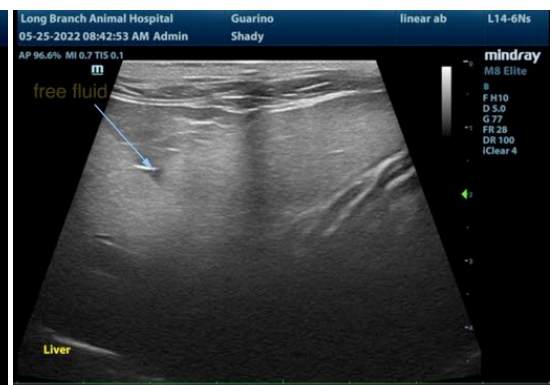
Dr. Petrone

Differential diagnoses include cholecystitis, cholangitis/cholangiohepatitis, and secondary ascending bacterial infections. Although indiscriminate use of antibiotics is not recommended, broad-spectrum antibiotics may be considered if it is very difficult to regulate Shady's diabetes. The latter may not be easy to determine if using oral hypoglycemics and diet.

A Freestyle LIBRE sensor can be placed for home monitoring.

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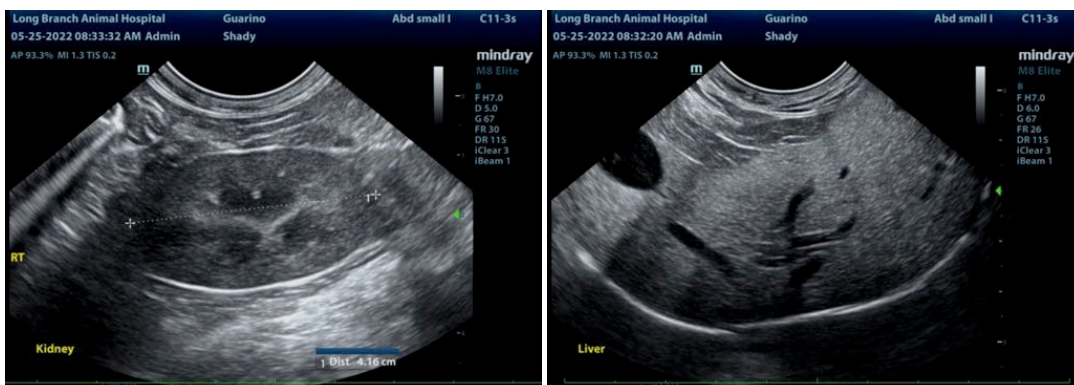
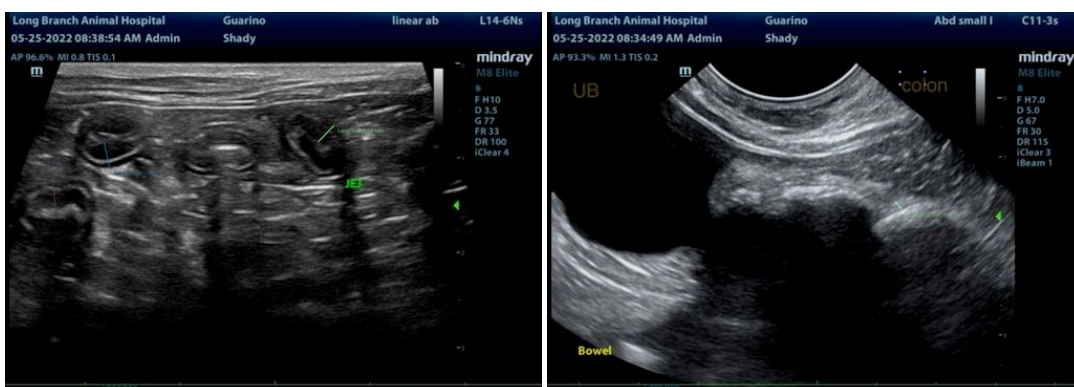
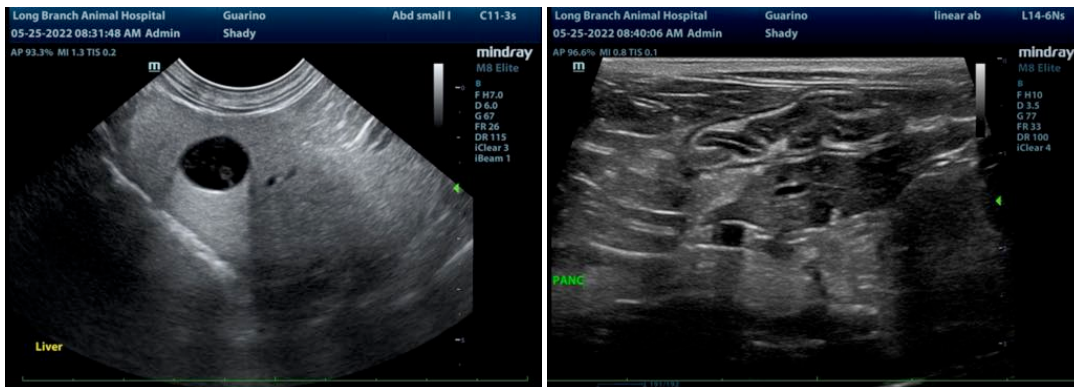
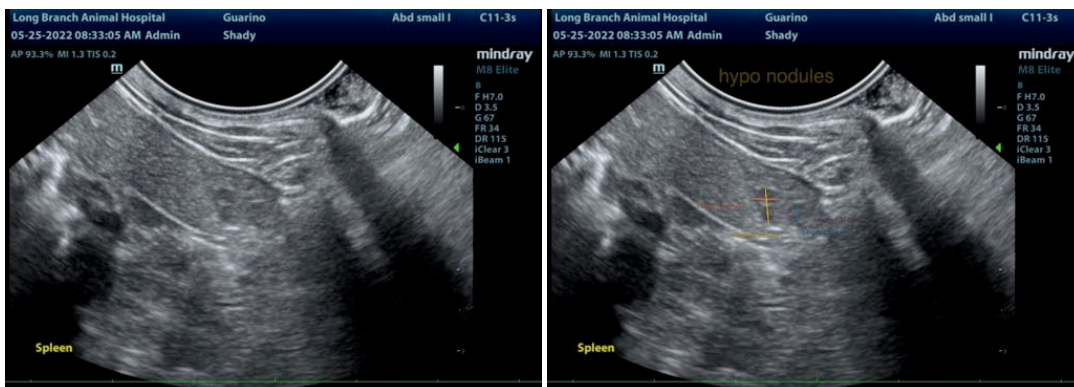
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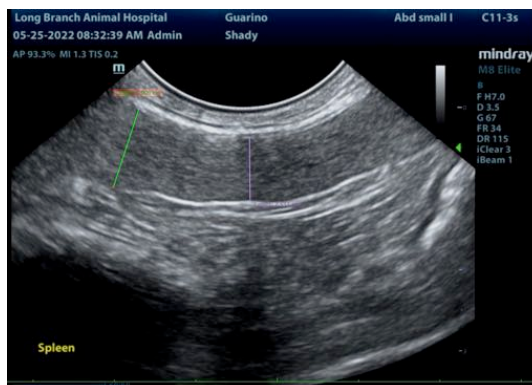
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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