



PATIENT

Sesami Li

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

2016

WEIGHT

10.9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Lacey-Crook
SEP Cert. Sonographer

HOSPITAL NAME

River's Edge Pet MC

REFERRING VET

Dr. Cora Hollomon/Dr.
Bridget Hayes

INVOICE

10578

DATE

3/18/22

PRESENTING CLINICAL SIGNS

History: Presents for weight loss of 6 lbs since November. Owner had been trying to help pt lose weight, but she recently stopped finishing her food, which is unusual for her. She has been lethargic/lazy for the past couple days. Current Medications: Gabapentin, just started evening of 3/16. Otherwise, no meds.

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings -- Loss of serosal detail, concerning for ascites. Hip dysplasia with secondary arthritis changes. Laboratory Abnormalities -- WBC 16.87 (range 2.87 - 17.02), neutrophils normal (7.83) with suspected bands. Lymphocytosis (8.79). Globulins 6.1. Lipase 1568. chloride 111. FeLV/FIV SNAP test - negative Fluid obtained after AUS - refractometer readings: TP 7, Spec. Gravity 1.046

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 2 cm, are normal.

The left kidney is normal size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild 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 size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.06 cm length; 0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.15 cm in width at the level of the hilus) with an elongated contour. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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.



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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

SPECIES

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.

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Pancreas

The left limb is visible, with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to the spleen. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Free Abdomen

A moderate amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic. The abdominal lymph nodes are normal/not visible.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Ascites. Differentials include infiltrative neoplasia (i.e., lymphoma, particularly in light of the peripheral lymphocytosis), FIP, congestive heart failure (less likely), chyloabdomen, septic peritonitis, other.

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Secondary Findings

- The mild splenomegaly may be a normal variant for this, normally, large-breed cat or may be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis or infiltrative neoplasia.
- 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid for fluid analysis and cytology is recommended.
- Consider further testing for FIP, although the currently available tests are not particularly sensitive for the disease.
- Three-view thoracic radiographs +/- a full echocardiogram should be considered to further assess for underlying cardiac disease.

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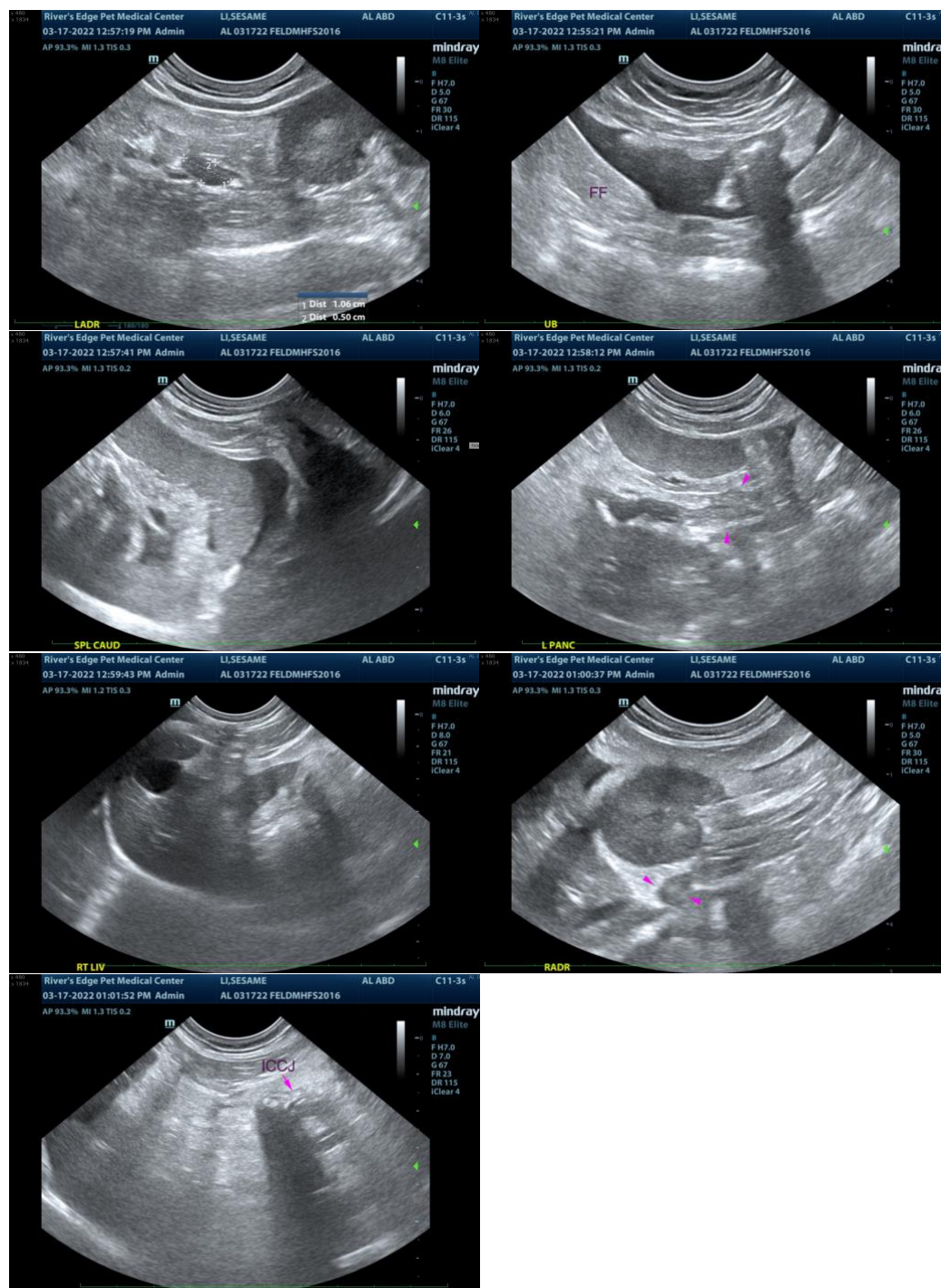
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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