**PATIENT**

Ian Sheehy

PRESENTING CLINICAL SIGNS

History: Weight loss

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Exam is generally normal. Weight was 12 lbs in the spring and he lost 2 lbs by August; his T4 was found to be elevated and he is now getting Methimazole 2.5 mg bid. His T4 has regulated and has been normal since October but he continues to lose weight. A recheck of a chem panel on 12/14/22 showed SDMA of 17 and Creat of 2.5 (both were normal in August).

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

14 years

The left kidney is normal in size (3.89 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.22 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

9.13 lbs

The right kidney is normal in size (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Amy Mayhew LVT

Spleen

The spleen is normal in size (0.81 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.

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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.

REFERRING VET

Linda Schrier, DVM
Vet Select AH, Dearborn

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.

INVOICE

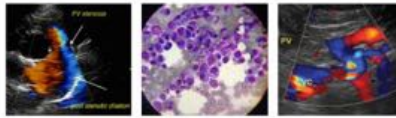
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Gastrointestinal

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. At least one small intestinal segment is hyperperistaltic. The small intestinal wall is normal to borderline thickened (up to 0.26 cm) with retention of the normal layering pattern. There is slight disruption in

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PATIENT

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the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocececolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

SPECIES

Feline

Pancreas

The left limb is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (up to 0.30 cm in diameter).

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic are consistent with chronic pancreatitis.

AGE

14 years

Secondary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

WEIGHT

9.13 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, a malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended, along with a fecal evaluation for ova and Giardia, +/- a limited antigen or hydrolyzed protein diet trial.
- Also consider thoracic radiographs to assess for occult neoplasia in the chest.
- A neurologic examination is also recommended, as primary brain tumors sometimes present with weight loss as a sole clinical suspicion.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

INTERPRETED BY

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DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

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PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

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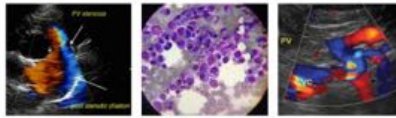
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Neutered Male

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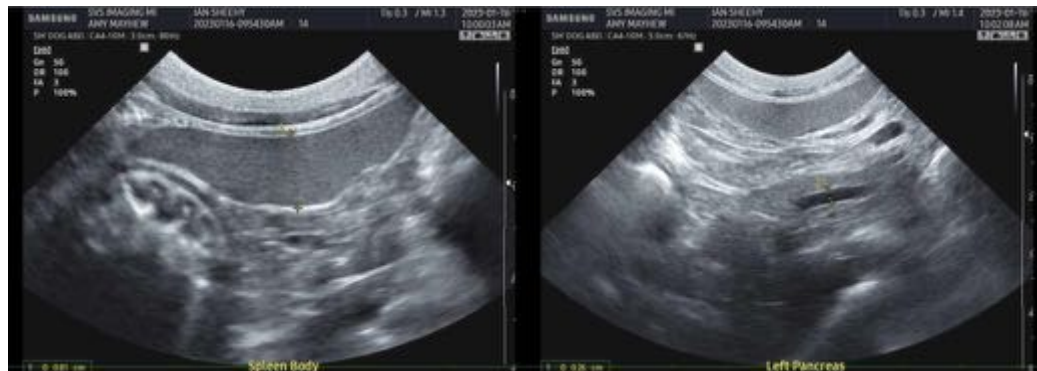
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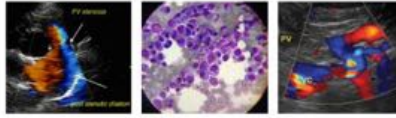
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The information and recommendations provided are based on the images presented by the referring

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veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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