**DATE**

1/17/23

PRESENTING CLINICAL SIGNS

Hx 1# weight loss over ~11 months. No other clinical signs

PATIENT

Savannah Blanchard

Current Medications: None listed.

Lab Results: 12/28/22: T4 2.7. Chem WNL. UA 1.019

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domesitc longhair

SEX

Female, spayed

AGE

3/11/2010

WEIGHT

8.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. McIntyre

INVOICE

14459

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small to moderate amount of aggregated, echogenic, suspended debris is observed within the lumen. 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 (3.63 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is subjectively thickened and mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Linear areas of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.70 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly hyperechoic. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Linear areas of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. At least one hyperechoic nodule is visualized, the largest measuring 1.98 cm in diameter approximately mid-liver. In addition, a 0.62 cm multiseptated cystic nodule is observed on the right side. The remaining parenchyma is homogeneous. 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. Luminal contents are mostly anechoic. 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is normal to borderline dilated (0.27 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

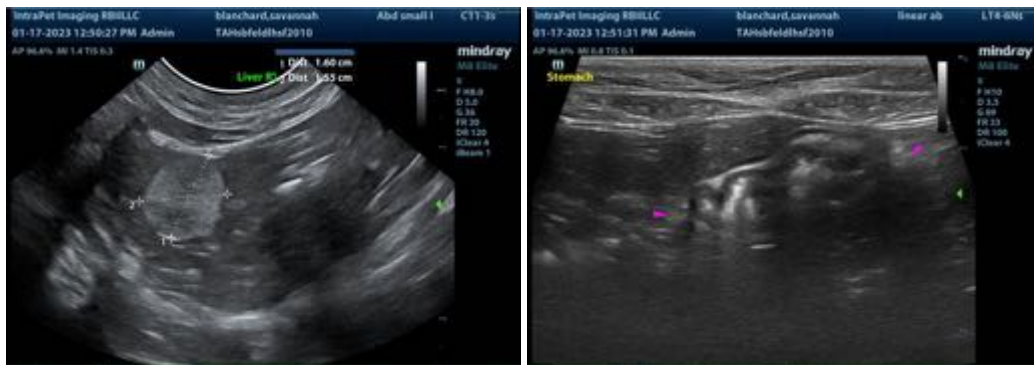
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

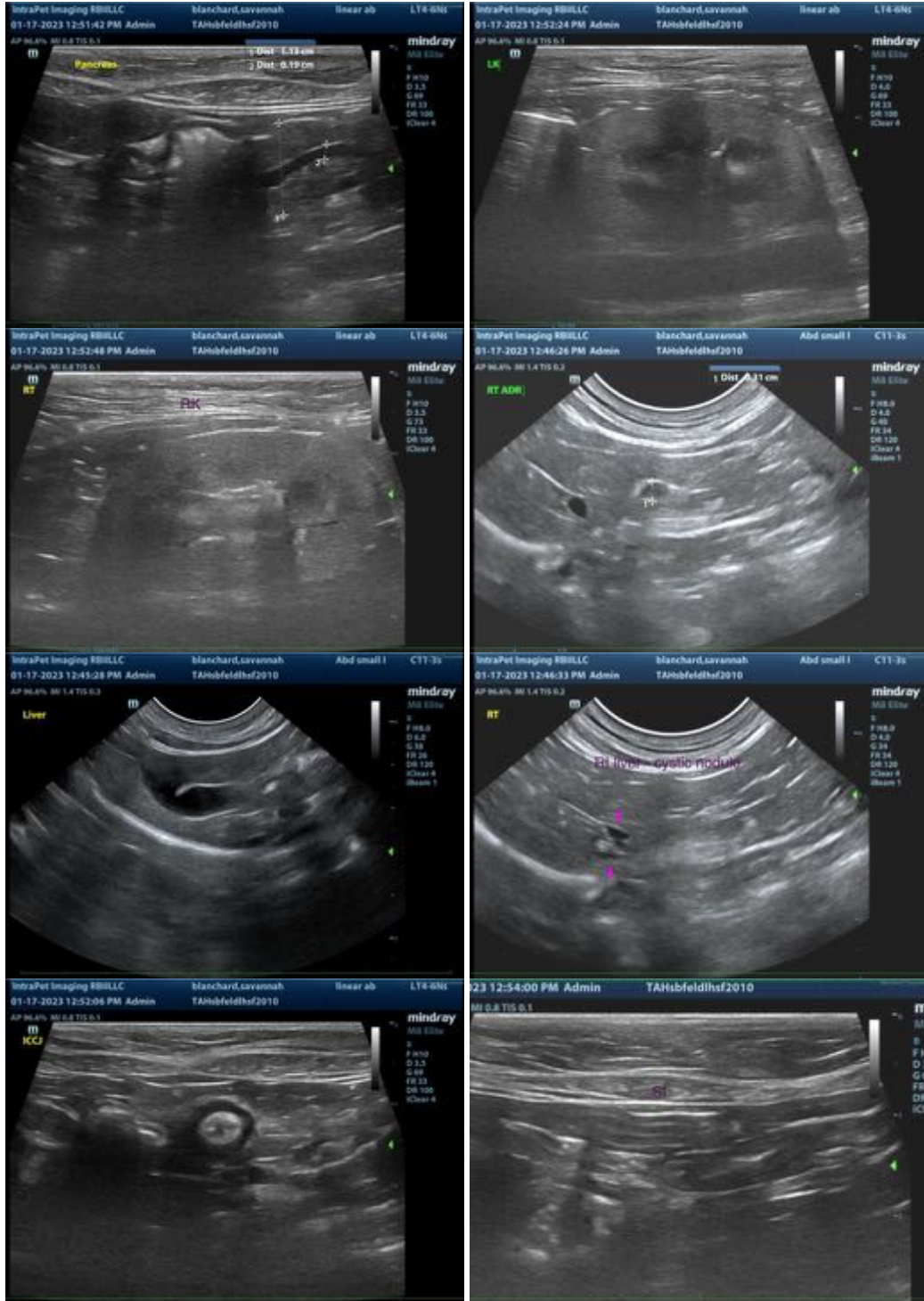
ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling +/- fibrosis.
- 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.
- Bilateral, degenerative renal changes with dystrophic mineralization.
- The hyperechoic hepatic nodules could be consistent with emerging neoplasia, granulomas, inflammatory foci, areas of lymphoid hyperplasia or similar, other. The cystic hepatic nodule on the right side is most consistent with a biliary cyst adenoma with a lower possibility of biliary cyst adenocarcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the patient's weight loss and sonographic changes, consider the following:
 - Fine needle aspirate of the more solid appearing hepatic nodules if clotting status is appropriate and if the lesions are accessible. A 25-gauge needle should be used.
 - Also consider a fecal evaluation for ova and Giardia, malabsorption panel including serum cobalamin, folate, TLI and PLI +/- GI and liver biopsies.





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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