



DATE PRESENTING CLINICAL SIGNS

1/20/26 **Patient History:** Anorexia, vomiting.

PATIENT Current Medications: Cerenia, Prednisolone.

Chauncey Lassahn

Labwork Results: Labwork attached, reported as: Elevated calcium; abnormal FPLI.

Date of Previous IntraPet Ultrasound: 11/19/22. Glucose 309, calcium 13.1, globulins 5.5, lipase 1892, fructosamine 379 (elevated).

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A 0.43 cm cystic calculus is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

The left kidney is normal in size (4.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11/1/2011

The right kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

11.11 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.29 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 size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Chadwell AH

Spleen

The spleen is normal in size (0.62 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.

REFERRING VET

Dr. Gold

Liver

The liver is subjectively with smooth peripheral contours. The parenchyma is hyperechoic relative to the spleen and homogeneous in appearance. A few intrahepatic biliary stones are present. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

INVOICE

13401

The gall bladder lumen is mildly to moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated (up to 0.24 cm in diameter). The walls are subjectively slightly thickened.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 diffusely gas

distended. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat with ill-defined nodules and some cystic areas. A 0.82 x 0.60 cm hypoechoic nodule is observed on the right side. The pancreatic duct is dilated (up to 0.30 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

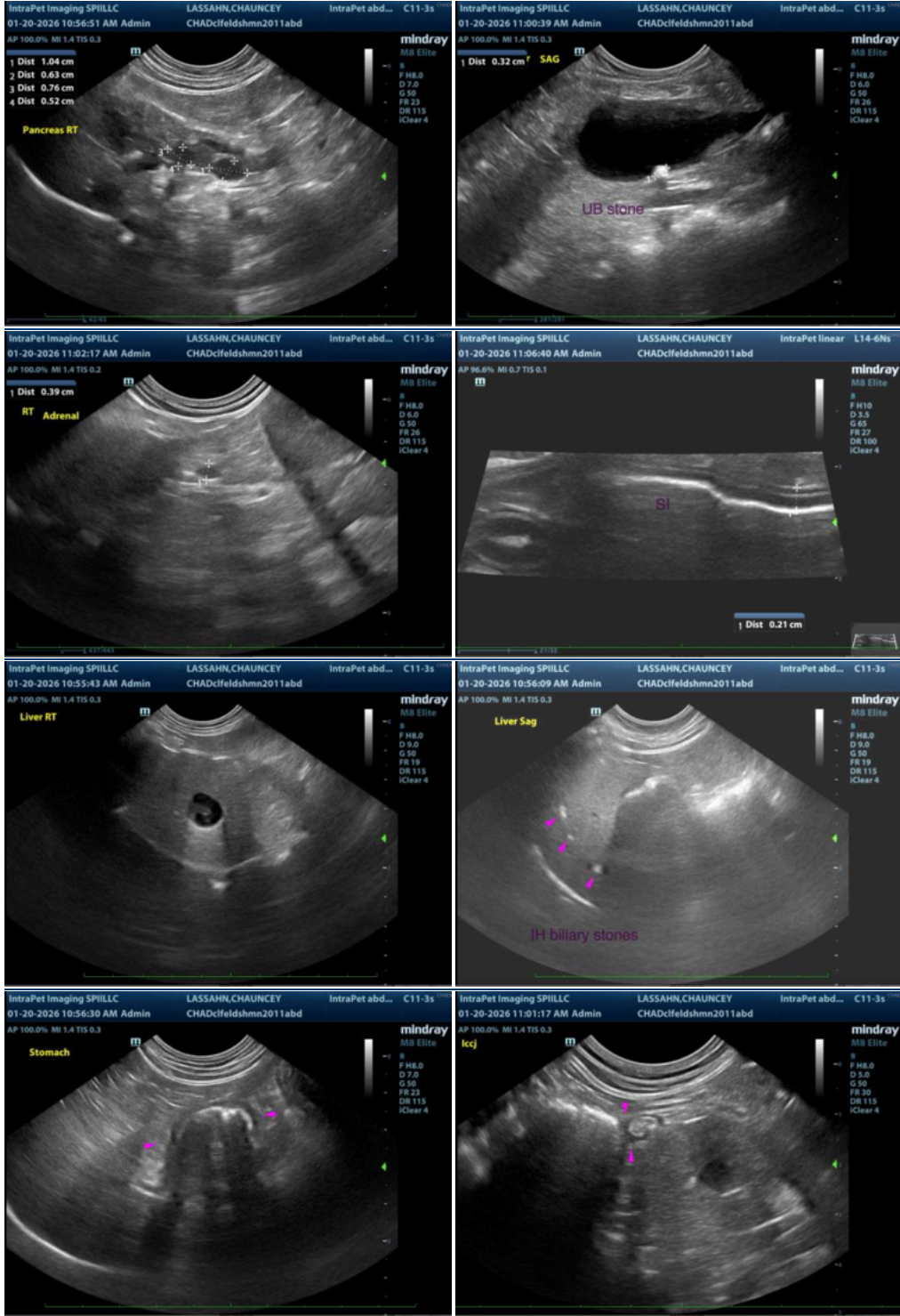
- The pancreatic changes are most consistent with chronic active pancreatitis with nodular hyperplasia and parenchymal cysts. However, emerging pancreatic neoplasia cannot be excluded.
- The hepatic changes are most consistent with a diabetic hepatopathy. Other considerations include inflammatory disease (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis), hepatic lipodosis, emerging neoplasia or other hepatopathy. Intrahepatic biliary stones.
- Cystic calculus

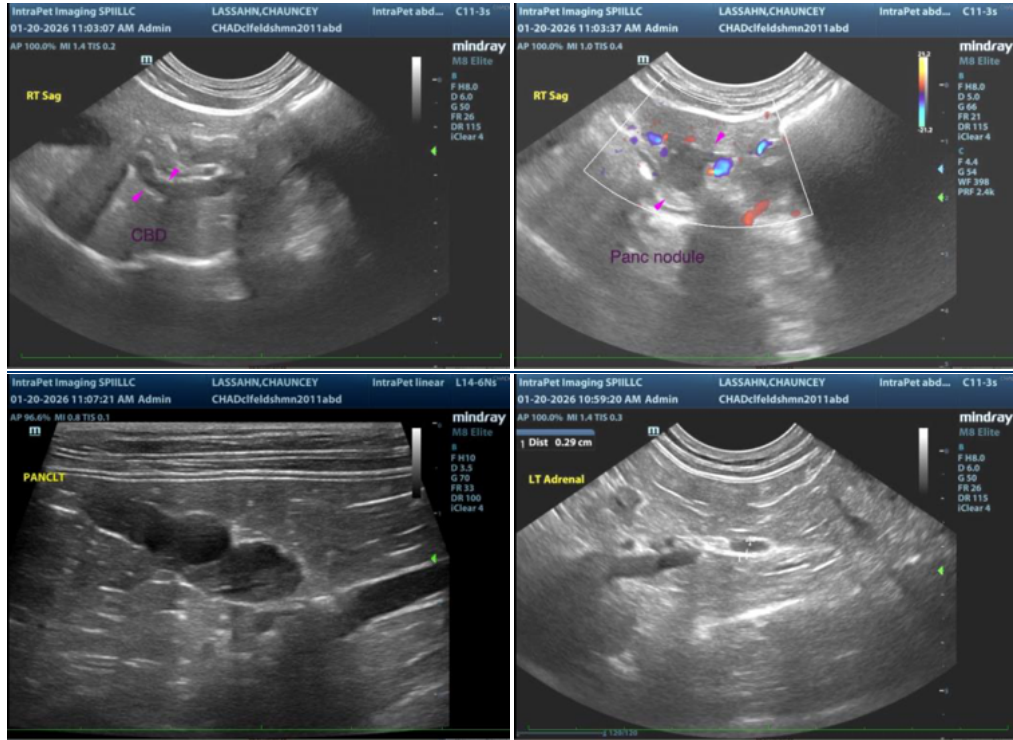
Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- The cystic and common bile duct wall changes are suggestive of cholangitis, however correlation with the patient's clinical history and liver values is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the pancreatic changes, consider fine needle aspiration (if accessible and if clotting status is appropriate). A 25-gauge needle should be used.
- Other considerations include the following:
 1. Three-view thoracic radiographs to assess for occult pathology in the chest
 2. GI panel including serum cobalamin, folate, TLI and PLI
 3. Fecal evaluation for ova and Giardia
 4. Urinalysis with culture and sensitivity to evaluate for occult infection
 5. While awaiting test results, symptomatic care is recommended.





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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