

**DATE PRESENTING CLINICAL SIGNS**

1/24/23

2/16/22 "grey zone" T4 of 3.0 ug/dL. since then, follow up this month the T4 was more normal at 2.5; p has lost about 1 lb. in the last year. P is indoor only.

PATIENT

Hannah Ward

Current Medications: Revolution Plus.

Lab Results: 2/16/22 "grey zone" T4 of 3.0 ug/dL

July of 2022 CBC chem WNL, USG 1.040, 1+ proteinuria, inactive sediment

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor & Torbugesic.

SPECIES

Feline

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Domestic longhair

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

AGE

2/1/2008

The left kidney is normal size (3.42 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

10.1 lbs.

The right kidney is normal in size (3.77 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Perry Hall AH

The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.66 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. Hatzigiannakis

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. 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

14499

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with fluid. 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 left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.22 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

Primary Findings:

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

Secondary Findings:

- Chronic bilateral nephropathy with subtle dystrophic mineralization.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of weight loss, consider the following:

1. Thoracic radiographs to assess for occult neoplasia in the chest.
2. A fecal evaluation for ova/Giardia.
3. GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M).
4. +/- GI biopsies (i.e., endoscopic or surgical) if warranted
5. While awaiting test results, consider initiation of a probiotic.



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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