**DATE**

10/12/21

PRESENTING CLINICAL SIGNS

History: Theodore has become increasingly finicky about his food and often doesn't eat as well as he should have. He has had some weight loss. We would like to make sure that there is no evidence of primary intestinal disease or other abnormalities that could be causing the increasing pickiness. Theodore has a Grade 1/6 heart murmur. We would like to see if he has any cardiac disease.

PATIENT

Theodore VanDyke

Current Medications: Started Cerenia 4mg sid on 9/24.

Lab Results: CBC chem, T4 WNL

Radiographs: Not provided by the veterinarian.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Oral Gabapentin.

Stat Report: Not requested.

BREED

Domestic longhair

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. A mild to moderate amount of echogenic debris is suspended 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.

SEX

Male, neutered

AGE

7/29/2014

The left kidney is normal size (3.10 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. Hyperechoic shadowing diverticular foci are present. A 0.34 cm nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 lbs.

The right kidney is normal size (3.67 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. Hyperechoic shadowing diverticular foci are present. A 0.40 cm nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Cat Sense Feline
Hospital

The right adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.69 cm in width at the level of the hilus) with scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Sinclair

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 mildly distended. The wall is slightly thickened (0.18 cm). Luminal contents are anechoic. The cystic and common bile ducts are normal.

INVOICE

12350

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 most

segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. 2 prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.59 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

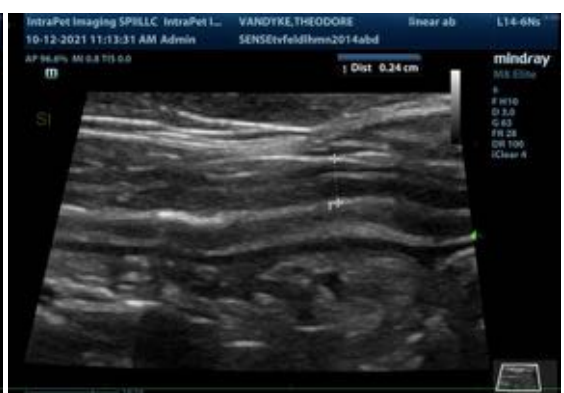
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are likely reactive with a low possibility of infiltrative neoplasia.

Secondary Findings:

- Bilateral age-related renal changes with dystrophic mineralization and non-obstructive nephrolithiasis.
- Urinary bladder debris.
- The gallbladder wall thickening may be artifactual due to lack of full repletion. Alternatively, benign age-related hyperplasia and/or cholecystitis may be present. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Other diagnostic considerations include:
 1. GI panel including serum cobalamin, folate, TLI and PLI
 2. A fecal evaluation for ova/Giardia
 3. Urinalysis +/- culture and sensitivity
 4. +/- endoscopic or surgical gastrointestinal 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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