

**DATE PRESENTING CLINICAL SIGNS**

10/15/21

History: 1 lb weight loss over 6 months. Increased appetite and vocalizing.

PATIENT

Current Medications: None.

Lab Results: CBC/Chem/T4/UA on 10/6/21. Creat 2.5. Bun 33.

T4 1.9. UA (cysto) 1.019, inactive sediment.

Date of Previous IntraPet Ultrasound: 07/31/2020.

Sedation: Not needed.

Stat Report: Not requested.

Elvis Deustua-Frogel

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic 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 2.0 cm, are normal.

SEX

Neutered Male

AGE

2006

The left kidney is normal size (3.65 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the caudolateral aspect. Trace pyelectasia is seen. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

WEIGHT

9.5 Pounds

The right kidney is normal size (3.72 cm in length); normal shape and architecture with smooth peripheral margins. Hyperechoic shadowing diverticular foci are visualized. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

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

The right adrenal gland is normal size (0.37 cm width) normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is normal in size (0.76 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. McIntyre

INVOICE

13772

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/not seen.

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 is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight thickening of the submucosal layer in some segments. Discreet masses are not identified. The ileocecal junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. 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

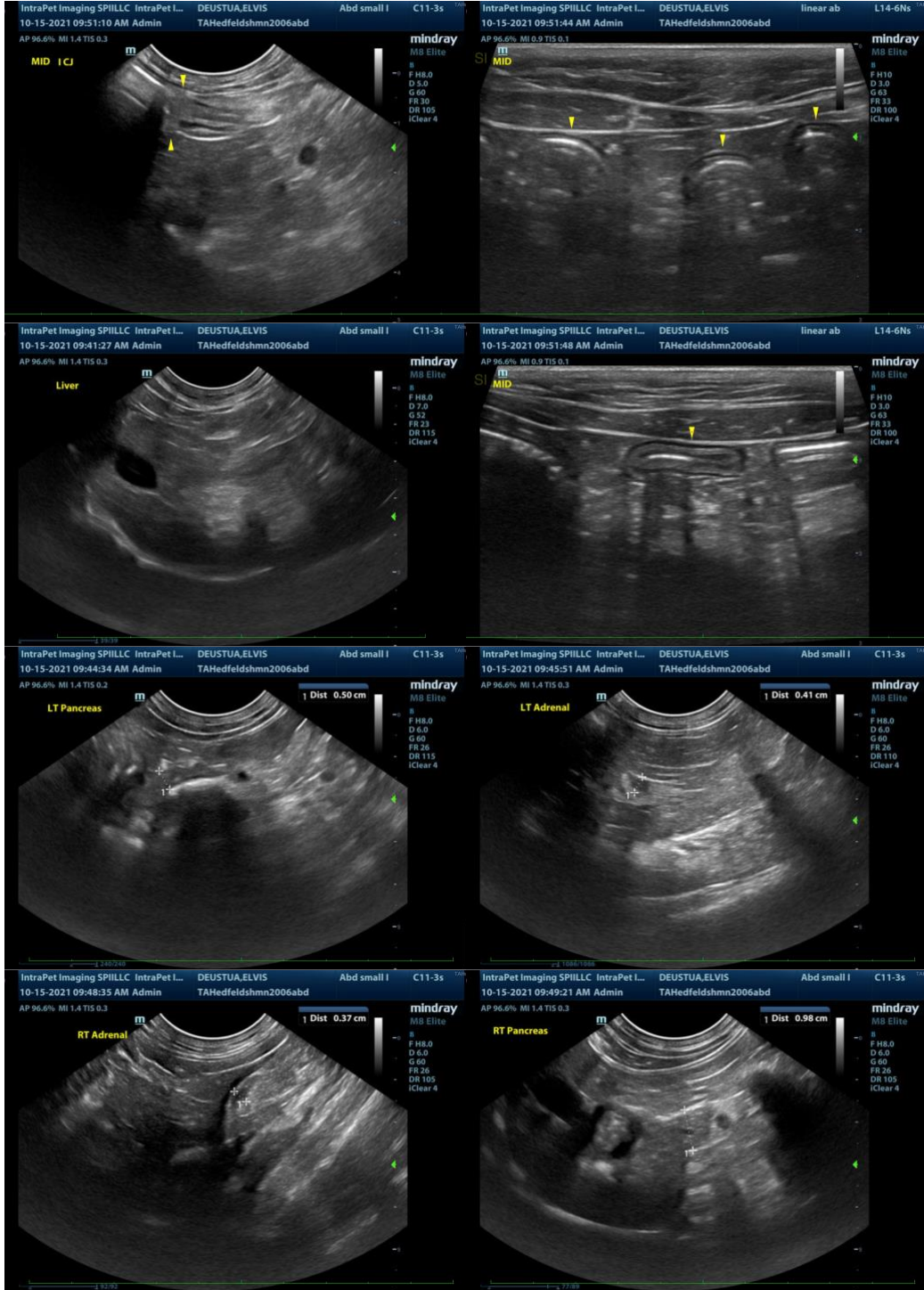
- Bowel pattern suggestive of inflammatory bowel disease

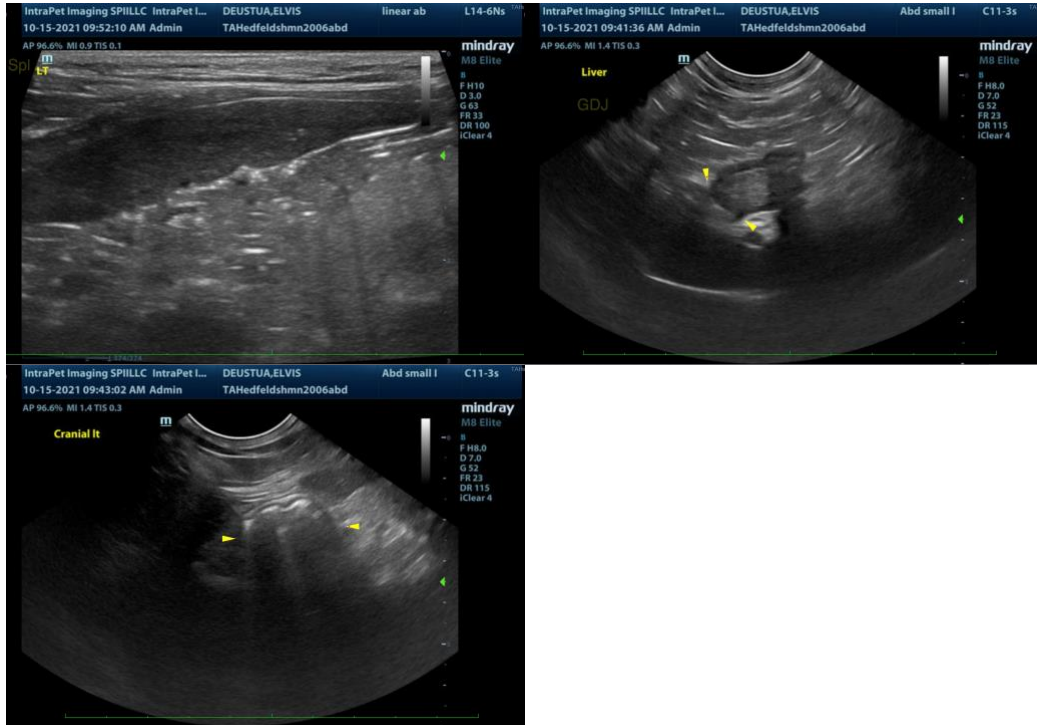
Secondary Findings

- Bilateral age-related renal changes with dystrophic mineralization and left cortical infarct
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- 3 view thoracic radiographs are recommended to assess for occult neoplasia in the chest
- Other diagnostic considerations include GI panel (i.e., serum cobalamin, folate, TLI and PLI), fecal evaluation for ova and giardia +/- endoscopic or surgical gastrointestinal biopsies.
- A neurologic examination is also recommended as brain tumors can present with weight loss as the sole clinical sign.





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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