

**DATE PRESENTING CLINICAL SIGNS**

10.26.2022 Pet presented on 10/19 for weight loss and urinating outside box. Owner thinks pet used to be 8 lbs or more. Increased appetite noted as well. On PE scabs noted along back and on head. Bladder mildly firm on palpation

PATIENT

Willa Wyer Current Medications: Convenia inj.
 Lab Results: Elevated WBCs (eosinos spec), SDMA, BUN, Amylase
 PrBNP pending

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The **urinary bladder** 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.

AGE

10/11/2007

The **left kidney** is normal size (3.49 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.2 lbs

The **right kidney** is normal size (3.55 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
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 Animal
 Internal Medicine)

Adrenal Glands

The **left adrenal gland** is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

HOSPITAL NAME

Essex Middle River
 Vet Ctr

Spleen

The **spleen** is normal in size (0.98 cm in width at the level of the hilus) with a normal capsular contour. Using a high-frequency probe, the parenchyma appears slightly mottled. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

11892

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 portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

Dr. Franchini

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.

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 **pancreas** is diffusely visualized, normal in size with normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and homogenous in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated. 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. A few prominent, hypoechoic **lymph nodes** are observed adjacent to the ileocecolic junction, the largest measuring 0.92 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The splenic parenchymal changes are nonspecific and may be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis). Alternatively, emerging neoplasia (i.e., lymphoma) cannot be excluded.

Secondary Findings

- Mild bilateral, age-related renal changes

*The patient's weight loss may be secondary to primary gastrointestinal disease, sarcopenia, emerging lymphoma, underlying metabolic disease, or some combination thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

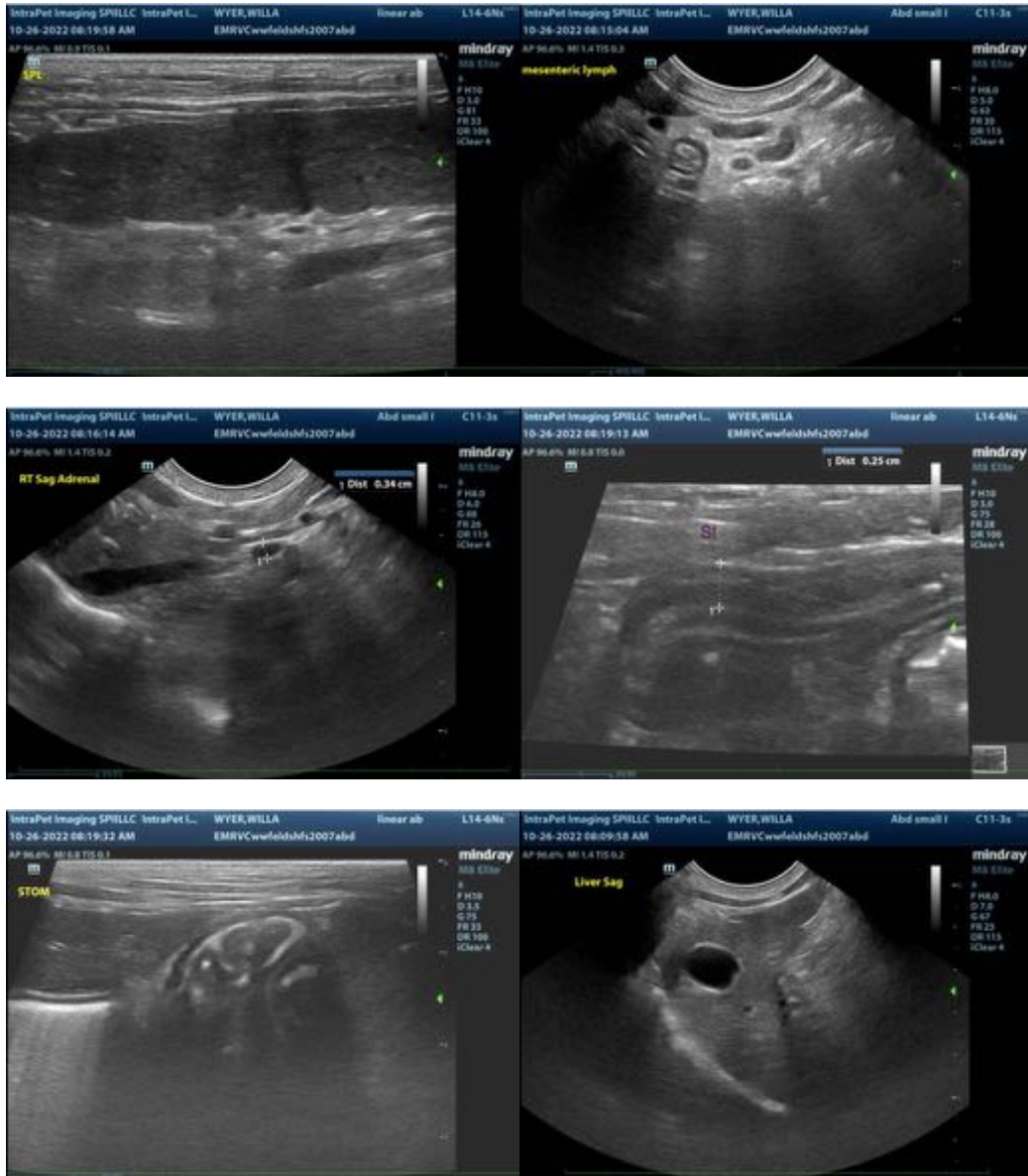
Given the eosinophilia, a fecal evaluation for ova and Giardia is recommended along with prophylactic deworming with Fenbendazole.

To further evaluate the patient's weight loss, consider the following:

1. A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
2. Three-view thoracic radiographs are also recommended to assess for neoplasia in the chest.
3. Consider a fine-needle aspirate of the spleen if clotting status is appropriate.

4. +/- GI biopsies (i.e., endoscopic or surgical). However, the patient's age should be taken into account when considering whether or not to perform an anesthetic procedure.

Given the urinary accidents, a urinalysis and urine culture and sensitivity are 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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