

**DATE PRESENTING CLINICAL SIGNS**

11/1/2021

History: 10/24/2021: At local emergency hospital straining to urinate or defecate; grooming around anus or urethra often, weight loss from 8 to 6 pounds.

PATIENT

Summer Randrup

Current Medications: Prednisolone 5mg EOD, Gabapentin 25mg Sid-BID, Convenia injection <40# 10/24/21.

Lab Results: Glucose 233 (71-159); BUN 38 (16-36); HCT 29.4 (30.3-52.3); Rest of CBC Chem 17, Lytes all WNL.

SPECIES

Feline

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female, spayed

Urinary System

The bladder lumen is moderately distended. A 1 cm area of focal wall thickening (up to 0.30 cm) is observed at the caudoventral aspect. A small amount of gravity-dependent echogenic to mineralized debris is observed within the lumen. No distinct calculi are observed. The region of the trigone is prominent/slightly thickened.

AGE

4/29/2006

The left kidney is normal size (3.90 cm in length) with a normal shape and smooth peripheral contours. The cortex is slightly thickened and there was moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.05 lbs.

The right kidney is normal size (3.97 cm in length) with a normal shape and smooth peripheral contours. The cortex is slightly thickened and there was moderate loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.28 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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Medicine)

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Jacksonville VC

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.

REFERRING VET

Dr. Thai

Spleen

The spleen is subjectively normal in size (0.68 cm in width at the level of the hilus) with mild scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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 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 segmentally dilated with gas and chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis:mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The focal urinary bladder wall changes are suggestive of cystitis with a lower possibility of emerging neoplasia. The urinary bladder debris may represent cells, crystals and/or exfoliated material.

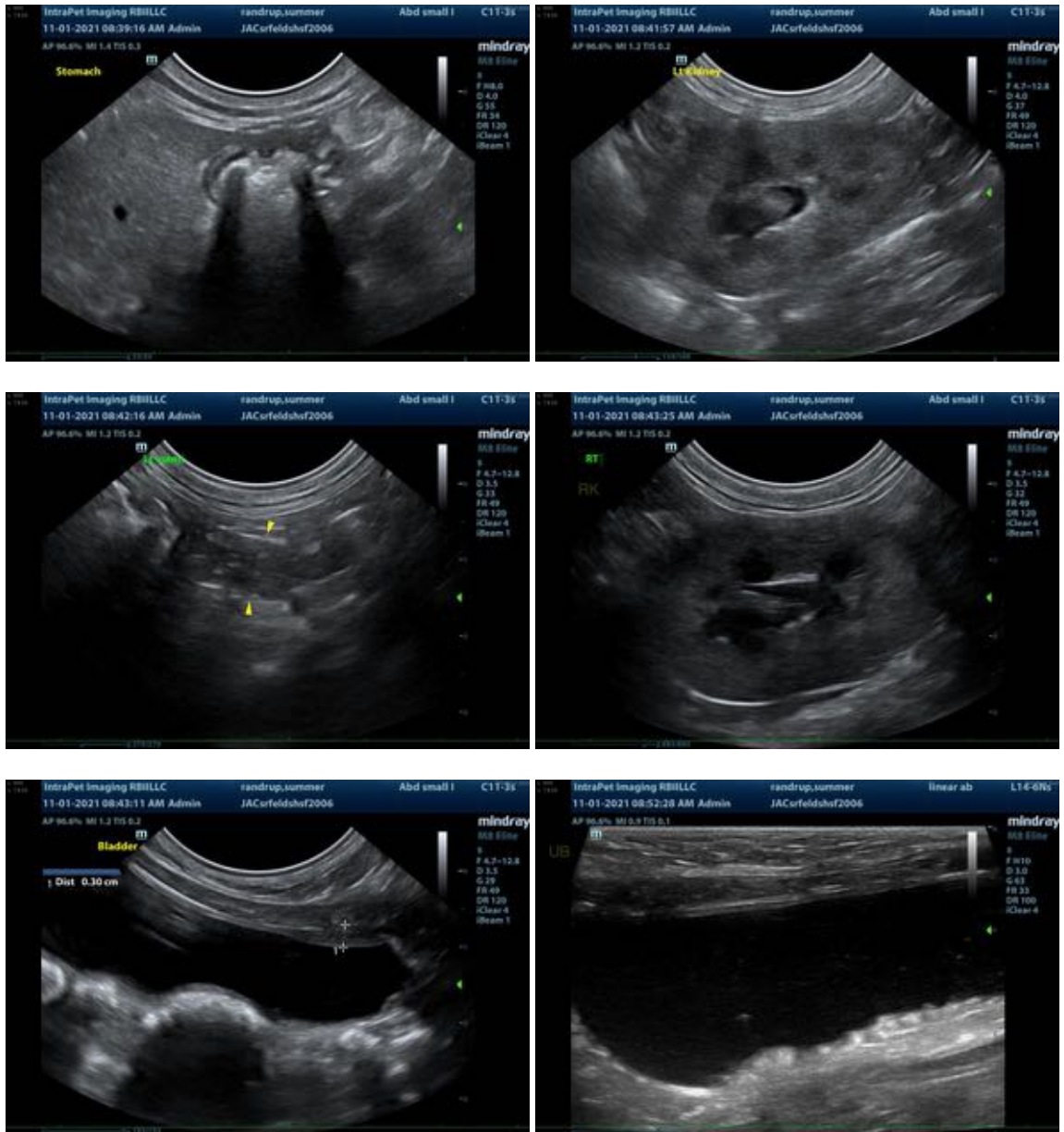
Secondary Findings:

- Bilateral age-related renal and hepatic pathology.
- The pancreatic changes are suggestive of chronic pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease. Emerging lymphoma is a possibility but does not appear likely at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A thorough evaluation of the anal glands/rectal area is recommended along with a urine culture and sensitivity (to assess for infection).
- Given the history of weight loss, also consider the following diagnostics/therapeutics:
 1. A fecal evaluation for ova/Giardia
 2. GI panel including serum cobalamin, folate, TLI and PLI.
 3. Limited antigen diet trial.
 4. +/- endoscopic or surgical gastrointestinal biopsies.

5. Three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.





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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