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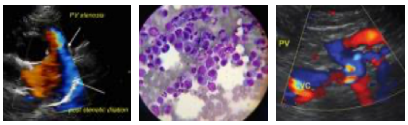

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**DATE**

11/29/2021

**PATIENT**

Loki Snow

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

6/29/2019

**WEIGHT**

9.05 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Glen Burnie AH

**REFERRING VET**

Dr. Shah

**INVOICE**

12605

## PRESENTING CLINICAL SIGNS

History: weight loss, has borderline anemia, no other clinical presentation.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

## 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 moderately distended with anechoic urine. 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.

The left kidney is normal size (4.24 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (166 cm in length) and misshapen with absence of normal renal architecture. There is moderate pyelectasia (0.33 cm in the longitudinal plane) and proximal hydroureter (up to 0.64 cm). Approximately 2 cm distal to the renal pelvis, the ureter tapers to a normal diameter after which it is no longer visible. There is no evidence of nephrolithiasis.

### *Adrenal Glands*

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

### *Spleen*

The spleen is mildly enlarged (1.26 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### *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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### *Pancreas*

The pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is subtly hyperechoic.

### *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- The pancreatic changes are most consistent with chronic +/- active pancreatitis.
- The right renal changes could be consistent with congenital malformation or prior insult (i.e., infection, toxin). The hydroureter may be secondary to ureteral stricture, small ureterolith, or tumor (less likely). The left renal changes may be secondary to compensatory hypertrophy and/or prior insult.

**Secondary Findings:**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, a urine culture and sensitivity +/- UPC (if proteinuria is present) should be considered.
- Regarding the weight loss, consider the following:
    1. GI panel including serum cobalamin, folate, TLI and PLI
    2. A fecal evaluation for ova/Giardia
    3. Three view thoracic radiographs to assess for occult neoplasia in the chest.
    4. +/- endoscopic or surgical gastrointestinal biopsies



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RT Kidney
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Stomach
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IntraPet Imaging APIILLC
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GBAHIsfeldsmn2019
Rt prox ureter
mindray


**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.

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