



PATIENT

Tigger Williams

PRESENTING CLINICAL SIGNS

History: Losing weight increased hunger

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small 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 cm, are normal.

BREED

Domestic shorthair

SEX

Male, neutered

The left kidney is normal size (4.27 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

10 Yrs.

The right kidney is normal size (4.36 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

12.9 lbs.

Adrenal Glands

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

INTERPRETED BY

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

Spleen

The spleen is normal to slightly prominent in size (1.08 cm in width at the level of the hilus) with normal curvilinear 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

REFERRING VET

Dr. Maniar

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

DATE

12/21/22



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Free Abdomen

SPECIES

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Domestic shorthair

ULTRASONOGRAPHIC FINDINGS

- The mild splenomegaly may be a normal variant for this patient. Other considerations include lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or less likely, infiltrative neoplasia.
- Mild bilateral, age-related renal changes.

SEX

Male, neutered

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include maldigestion/malabsorption, hyperthyroidism, occult neoplasia, diabetes mellitus, other.

AGE

10 Yrs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

12.9 lbs.

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed.
- Other diagnostic considerations include the following:
 - Three-view thoracic radiographs to assess for occult neoplasia in the chest.
 - Malabsorption panel including serum cobalamin, folate, TLI and PLI
 - A fecal evaluation for ova/Giardia
 - Further recommendations should be based on the results of the above test results.

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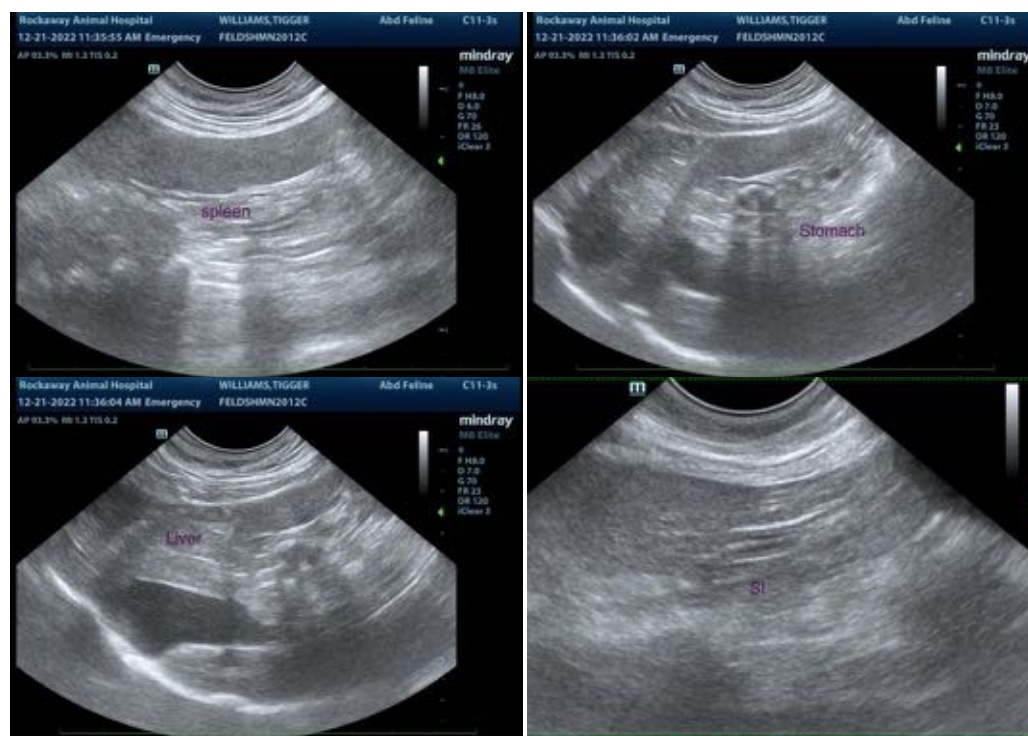
Dr. Maniar

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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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