

**DATE PRESENTING CLINICAL SIGNS**

12/31/21 History: Mild weight loss. Crying/vocalizing at night. Vomiting and decreased appetite over the past 2 weeks.

PATIENT

Tommy Rivera

Current Medications: Cerenia 8mg PO q 24 hrs.

Lab Results: Bloodwork normal-CBC: normal, Chem: normal, BNP: normal, T4: normal, BP -- obtaining today. FeLV/FIV/HW negative.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 small amount of echogenic debris is suspended 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.

SEX

Neutered Male

The left kidney presented normal size (3.7 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.

AGE

10/5/07

The right kidney presented normal size (3.93 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.

WEIGHT

11.12 Pounds

Adrenal Glands

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

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right adrenal gland was normal in size, measuring 0.41 cm in width. Normal shape and glandular echogenicity.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Spleen

The spleen is normal in size (0.84 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.

HOSPITAL NAME

Timonium AH

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A few hypoechoic nodules are visualized, the largest measuring 1.01 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

REFERRING VET

Dr. McMichael

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen 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 chyme. The small intestinal wall thickness is normal to mildly thickened (up to 0.30 cm) 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.

INVOICE

33888

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. A 0.35 cm lymph node is observed in the cranial abdomen. A few tiny colic lymph nodes are visible. Surrounding mesentery is hyperechoic .

PRIMARY FINDINGS

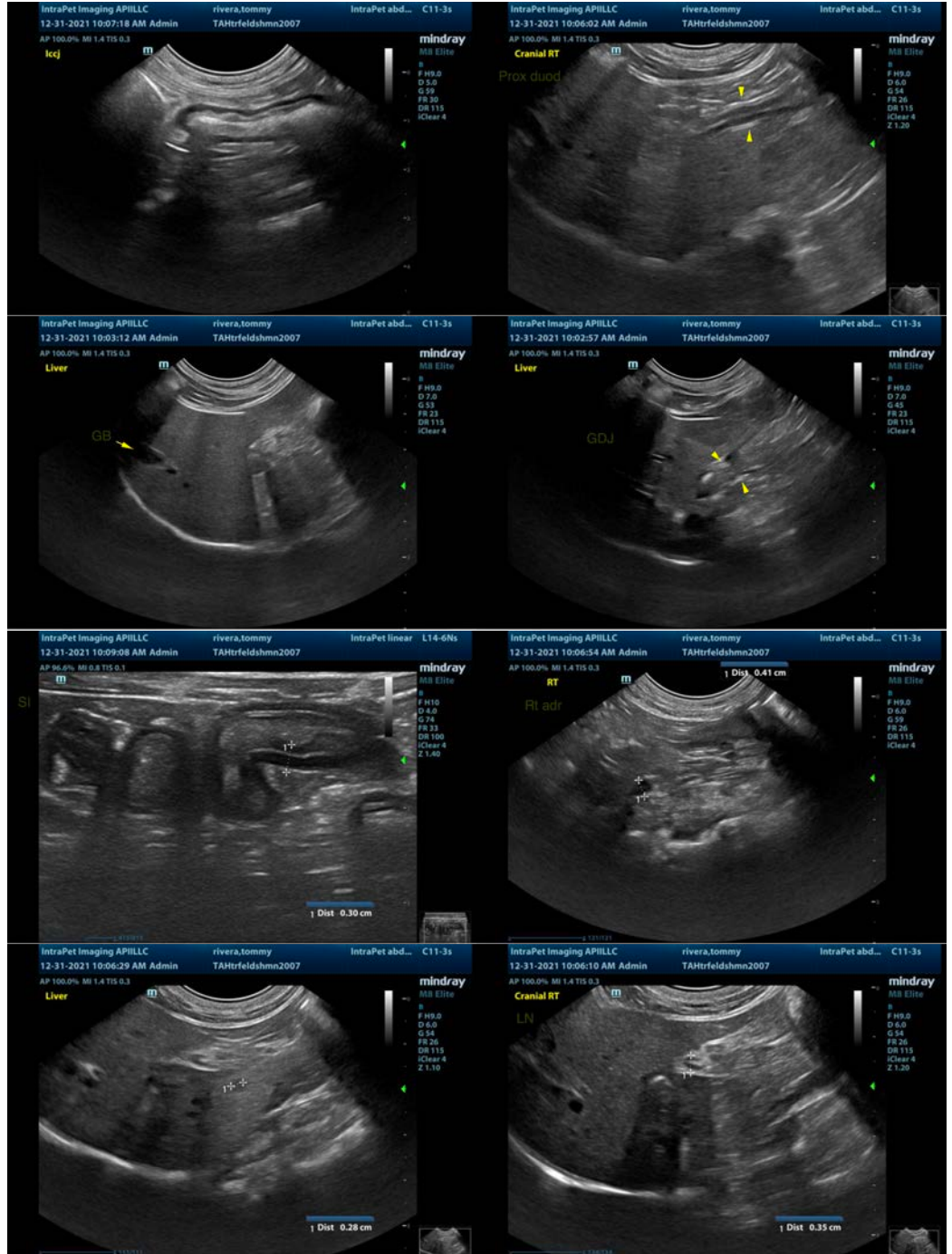
- The hypoechoic hepatic nodules could be consistent with a neoplastic process (i.e., round cell tumor, inflammatory foci, granulomas, other). The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory/immune mediated disease, or infiltrative neoplasia.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

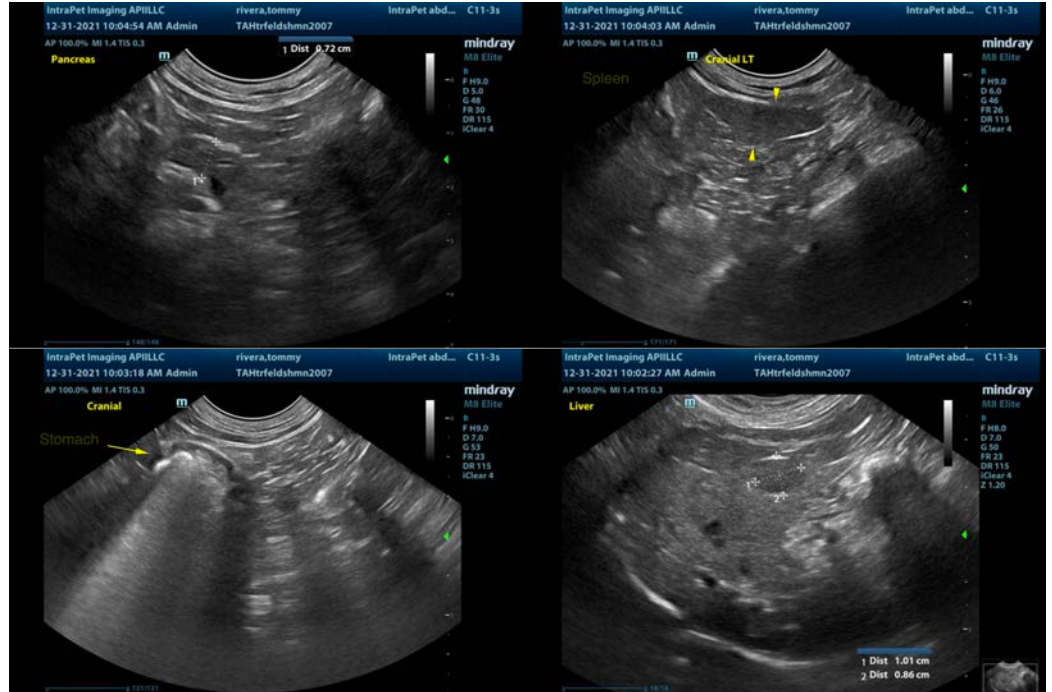
SECONDARY FINDINGS

- 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.
- Bilateral age-related renal changes
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the liver, with particular attention to the larger hypoechoic nodule. Clotting times should be assessed prior to aspiration.
- GI panel (send to Texas A&M)
- Fecal evaluation for ova and Giardia
- 3-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, liver biopsy should also be obtained.





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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