

**DATE**

12/6/21

PRESENTING CLINICAL SIGNS

History: About 1 month history of losing weight. Bw was unremarkable. Hx of chronic sinusitis issues but these appear to be mostly controlled.

PATIENT

Apache Michaud

Current Medications: Amlodipine 2.5 mg 1/2 po SID. Will come in on gabapentin 100 mg orally 2 hrs before scan. Herbal three seeds combination for sinusitis issues.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Gabapentin. Torbugeic IV.

Stat Report: Not requested.

SPECIES

Feline

BREED

Maine Coon

SEX

Female, spayed

AGE

4/1/2004

WEIGHT

8.12 lbs

INTERPRETED BY

Andrea Nicastrò, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

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. 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.

The left kidney is normal in size (3.54 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.66 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. A 0.53 cm cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

Spleen

The spleen is normal in size (0.67 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.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. A 0.98 x 0.94 cm septated cystic structure is observed adjacent to the gallbladder. Intrahepatic biliary tracts are normal. Hepatic vasculature appears mildly dilated. 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.

HOSPITAL NAME

Healing Paws
Veterinary Wellness
Center

REFERRING VET

Dr. Levitsky

Gastrointestinal**INVOICE**

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 prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.22 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

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

Other

The caudal vena cava is subjectively dilated (0.58 cm in diameter).

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are suggestive of chronic low-grade pancreatitis.
- The dilated caudal vena cava and hepatic vessels are suggestive of increased hydrostatic pressure. Correlation with clinical findings is recommended.

Secondary Findings:

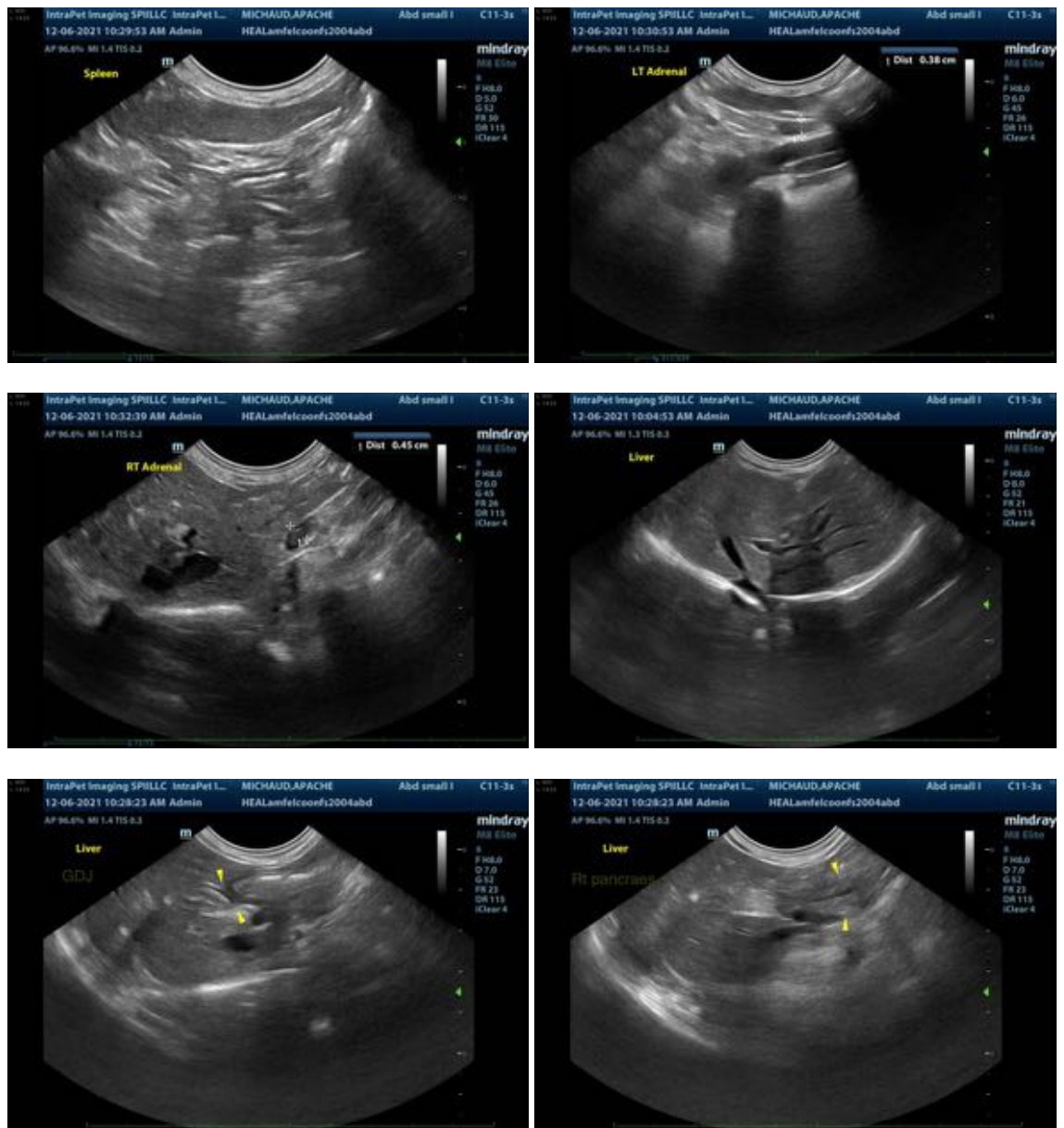
- Bilateral age-related renal changes with dystrophic mineralization.
- The hepatic cyst likely represents a benign incidental finding with low potential for emerging neoplasia.
- Gallbladder debris- incidental.

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include occult neoplasia, underlying gastrointestinal disease, chronic pancreatitis, metabolic issue, primary neurologic disease (i.e., brain tumor), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Other diagnostic considerations include the following:

1. GI panel (send to Texas A&M).
2. Fecal evaluation to assess for GI parasitism.
3. Thorough neurologic examination as weight loss can be the sole clinical sign in some patients with brain tumors.
4. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.







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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