

**DATE**

2/14/2022

PRESENTING CLINICAL SIGNS**PATIENT**

Cee Cee Kerr

Weight loss, persistent illuis, anorexia and lethargy. Cat has been showing sign of constipation, history of 2-3 week and losing weight. Blood work indicated low lymphocytes no other abnormality.

Current Medications: Currently mirtazapine Q72 hours but no improvement. Convenia injection was given 1 week ago. No other current treatment.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2010

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

WEIGHT

11 lbs

The left kidney is normal in size (3.90 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (3.92 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Glen Burnie AH

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Shah

The right adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10349

Spleen

The spleen is normal in size (0.95 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. 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 aggregated, echogenic, suspended debris is observed within the lumen. 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. 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible/prominent with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. Several varying size cysts are observed throughout the parenchyma, particularly on the left side. In addition, a few small hypoechoic nodules are present, the largest measuring 0.68 cm in diameter. The pancreatic duct is visible, but not overtly dilated (0.16 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. One to two prominent mesenteric lymph nodes are visualized, the largest measuring 0.67 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

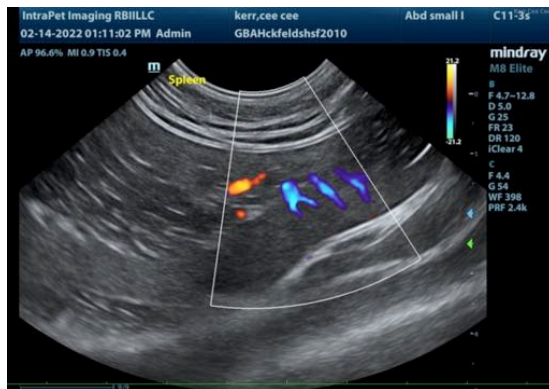
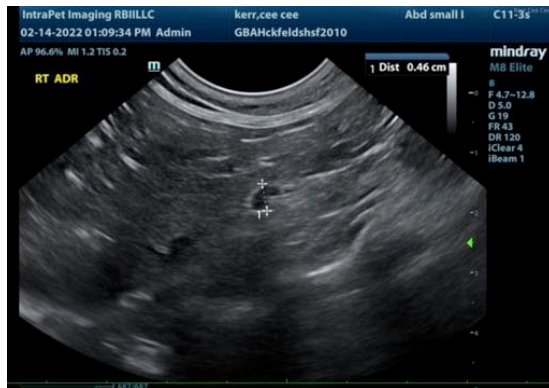
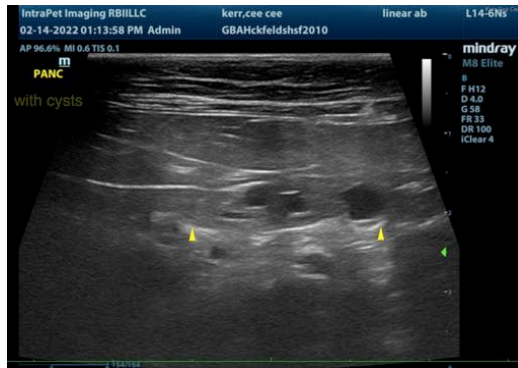
- The pancreatic changes are suggestive of chronic pancreatitis with probably benign nodular hyperplasia and cysts.
- The small intestinal wall changes are suggestive of inflammatory bowel disease
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

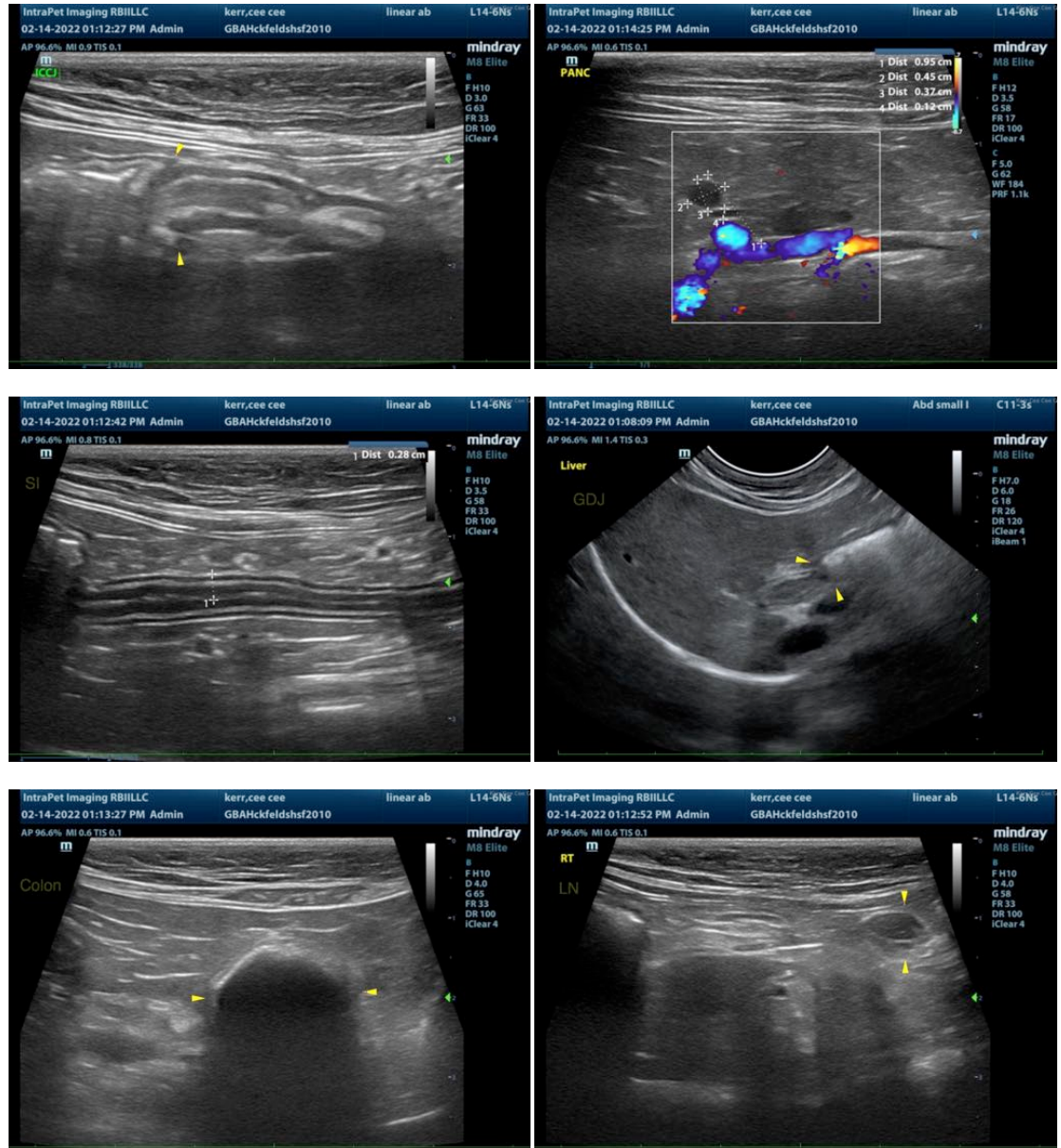
Secondary Findings

- Minor age-relate renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- GI panel including serum Cobalimin and Folate TLI and PLI
- Depending on the above diagnostics, GI biopsies (i.e, endoscopic or surgical) may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, a pancreatic biopsy can also be obtained, if warranted.





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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