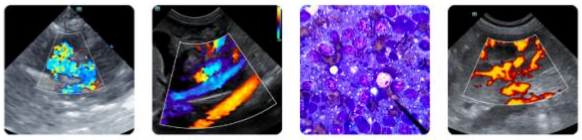


DATE

2-26-26

PATIENT

Maia Eberwein

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1/14/2015

WEIGHT

11.5 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Warm and Fuzzy VC

REFERRING VET

Dr Miller

INVOICE

22622

PRESENTING CLINICAL SIGNS

Patient History: Patient presents for evaluation of weight loss - new cardiac murmur present grade 3/6 PMI sternal. See labwork, elevated proBNP, newly diagnosed hyperthyroid. Azotemia. Owner wants thorough workup prior to starting medications for thyroid.

Current Medications: None current.
Labwork Results: Labwork not attached, reported as: CBC: WNL. Chemistry: SDMA: 17 (0 - 14), Creatinine: 2.4 (0.9 - 2.3), BUN: 57 (16 - 37), ALP: 64 (12 - 59), CK: 834 (64 -- 440), BNP: 705 (0 - 100). UA: USG 1.013, 2+ protein. T4: 5.3 (0.8 - 4.7). Interpretation: Azotemia, appears iris stage 2 but concern for unmasking due to hyperthyroidism, hyperthyroidism, cardiac remodeling, R/O secondary to hyperthyroidism vs. undefined cardiac disease, open diagnosis. Radiology Report attached.
Date of Previous IntraPet Ultrasound: 3/24/25. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.61 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.13 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Perirenal fat is hyperechoic.

The right kidney is normal in size (3.64 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal. Perirenal fat is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.51 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

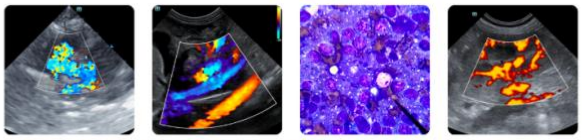
Spleen

The spleen is subjectively normal in size (0.86 cm in width at the level of the hilus) with a scalloped medial 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is mildly distended. The wall is thickened (up to 0.24 cm), hyperechoic, and irregular. A scant amount of mineralized sand is suspected within the lumen. The cystic and common bile duct walls are also thickened and hyperechoic, with possible mineralized sand within the lumen. The duodenal papilla



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is normal-in-size (0.25 cm in width).

Gastrointestinal

The gastric lumen is mildly 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible/prominent, with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat, and slightly mottled in appearance. The pancreatic duct is diffusely tortuous and dilated (up to 0.44 cm) with sand/calculi within the lumen. The mesentery effacing the serosal surface of the left limb is mildly hyperechoic.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with chronic active pancreatitis. Mineralized sand and stones are observed within the pancreatic duct.
- The gallbladder and cystic/common bile duct wall changes are most consistent with cholecystitis/cholangitis. Mineralized sand is suspected within the gallbladder and cystic/common bile duct lumen.
- Bilateral nonspecific age-related renal changes with trace left pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof. Changes are similar to the previous sonogram.

Secondary Findings

- The scalloping of the medial margin of the spleen may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging neoplasia. A benign process is favored.
- The mild left adrenomegaly may be a normal variant for this patient or may be secondary to stress, hyperplasia, or less likely, an emerging tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the azotemia, consider the following:

    1. Urine culture and sensitivity
    2. UPC if proteinuria is present in the absence of infection
    3. Baseline blood pressure measurement

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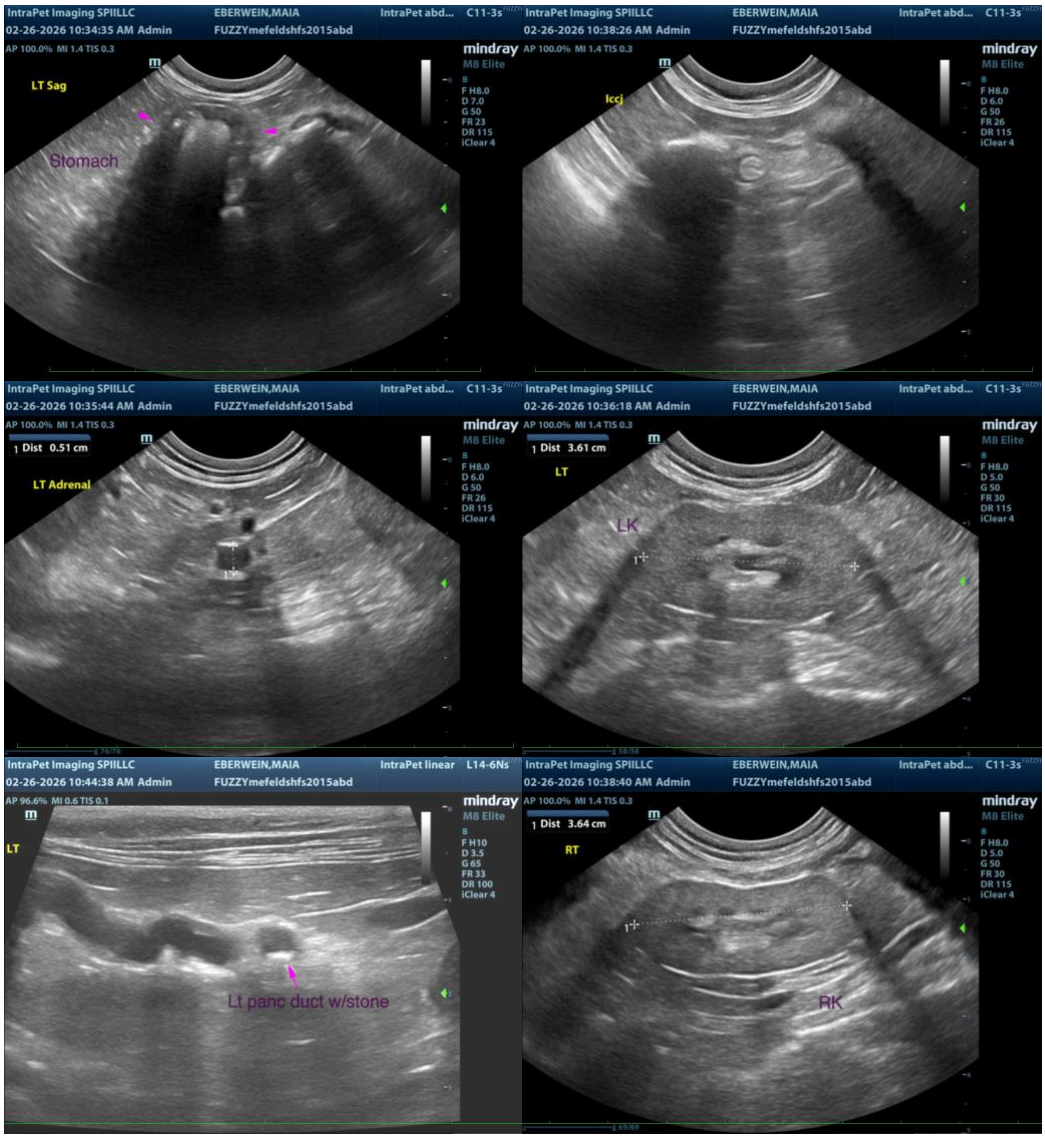
4. Transition to a prescription renal diet (if the patient will tolerate it)
5. Serial monitoring or the patient's renal values to assess progression of the azotemia

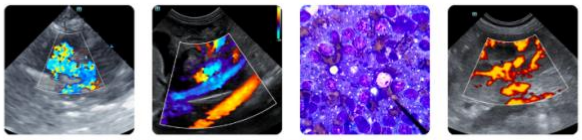
- Regarding the patient's weight loss, also consider the following:

1. Fecal evaluation for ova and Giardia
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Three-view thoracic radiographs to assess for occult pathology in the chest
4. Depending on the results of the above diagnostics further work-up may be indicated.



Imaging performed by IntraPet Imaging

IntraPet.com



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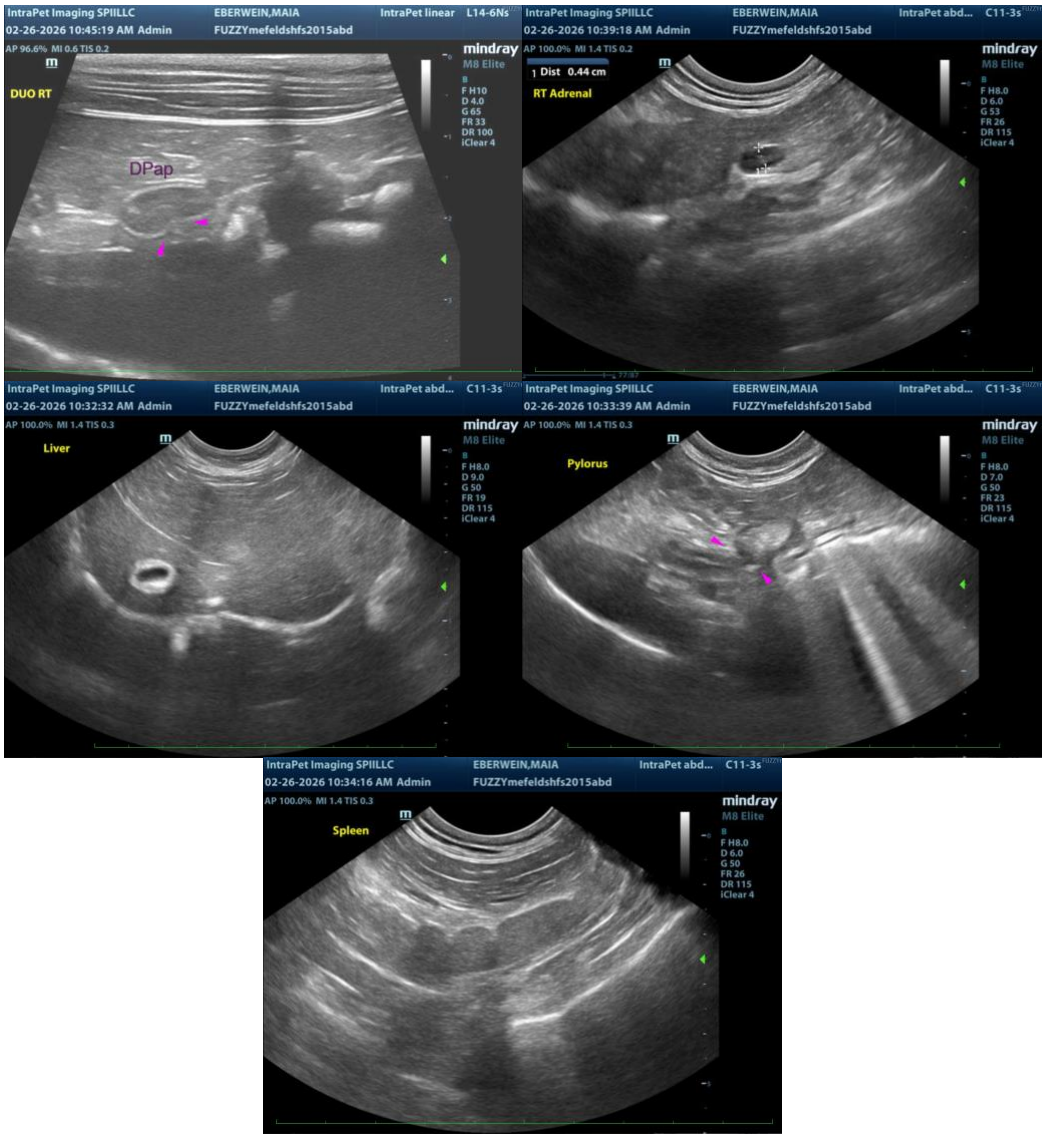

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com