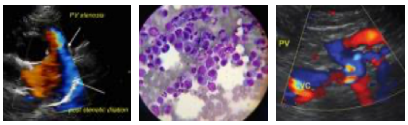
IMAGING PERFORMED BY

IntraPet.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**

3/14/22

**PATIENT**

Liz Stillman

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

2/5/2011

**WEIGHT**

9.1 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Cat Hospital at Towson

**REFERRING VET**

Dr. Brunt

**INVOICE**

13125

## PRESENTING CLINICAL SIGNS

Persistent hypercalcemia, CKD 1, muscle wasting.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: 9/14/21. See attached.
Sedation: Dexdomitor/Torbugesic IM. BAR for scan.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

## 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 size (3.31 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. The cortex is heterogeneous in appearance with multiple suspected areas of infarction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.75 cm in length) with a slightly irregular shape. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. The cortex is heterogeneous in appearance with multiple suspected areas of infarction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

### *Spleen*

The spleen is normal in size (0.79 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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of stranding echogenic 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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### *Pancreas*

The left limb and base of the pancreas are diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.14 cm in diameter).

### *Free Abdomen*

There is no evidence of free fluid. 1-2 prominent cranial abdominal lymph nodes are visualized, the largest measuring 0.48 cm in length.

## ULTRASONOGRAPHIC FINDINGS

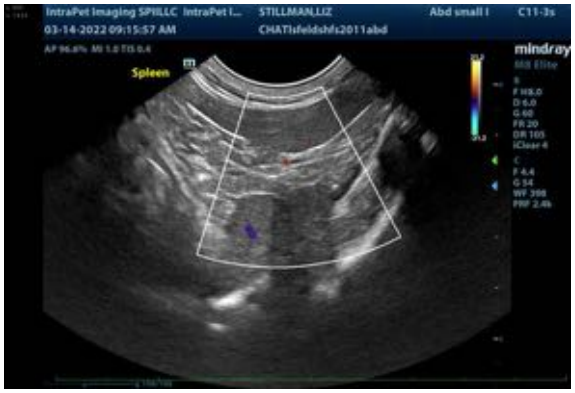
- Bilateral degenerative renal changes with dystrophic mineralization and multiple suspected cortical infarcts.
- The pancreatic changes are suggestive of chronic pancreatitis with mild age-related remodeling +/- fibrosis. Changes are similar to the previous sonogram.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

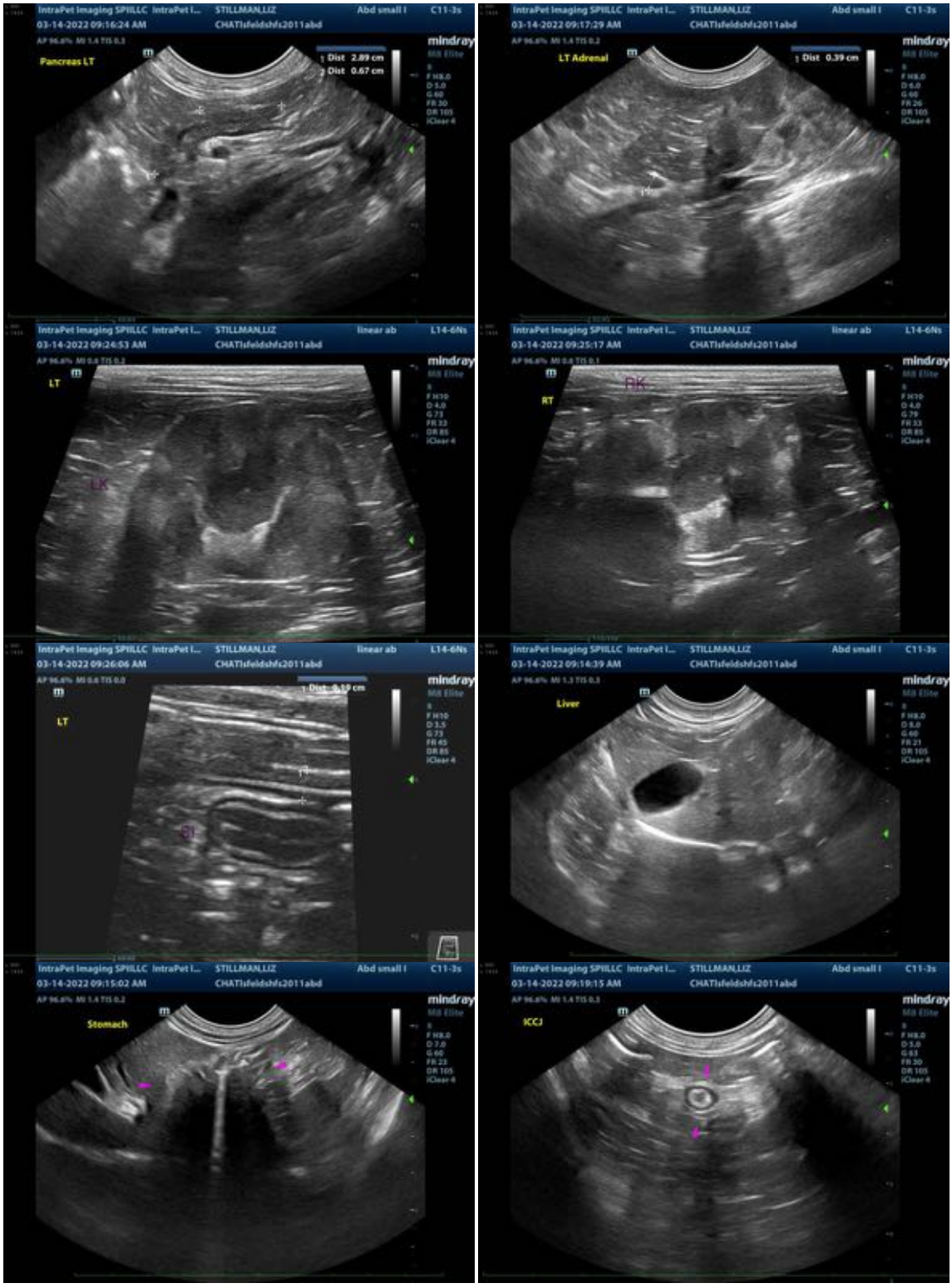
*Overall, today's sonogram is similar to the sonogram performed on 9/14/21.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is continuing to lose weight, consider the following:

1. Recheck baseline labwork (i.e., CBC, chemistry panel, urinalysis, T4) if not already performed.
2. Three-view thoracic radiographs to assess for occult neoplasia.
3. Malabsorption panel including serum cobalamin, folate, TLI and PLI.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Pancreas LT
Dist 2.89 cm
Dist 0.67 cm
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03-14-2022 09:17:29 AM CHATIsfeldshfs2011abd
LT Adrenal
Dist 0.39 cm
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LT
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Stomach
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ICCJ
mindray

**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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com