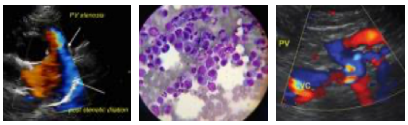
IMAGING PERFORMED BY

IntraPet.com

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**DATE**

3/8/22

**PATIENT**

Lucy McMahon

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

5/28/2015

**WEIGHT**

14.4 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Miller

**INVOICE**

13114

## PRESENTING CLINICAL SIGNS

Patient has confirmed stomatitis and doing well on Cyclosporine therapy following full mouth extractions. Slight weight loss noted on PE (0.5lbs). Owners note doing relatively well. Labwork shows concerning changes in protein levels. Texas A&M GI panel also being performed today. Elevated globulins at 7.5, albumin 2.3, CBC WNL.

Current Medications: Cyclosporine 100mg/mL 0.2mL BID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

## 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 mildly to moderately distended. A scant 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.

The left kidney is normal size (4.27 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.

The right kidney is normal size (4.12 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.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

### *Spleen*

The spleen is normal in size (0.83 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 scant amount of aggregated 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 colonic wall is normal. No obstructive disease is noted.

### *Pancreas*
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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

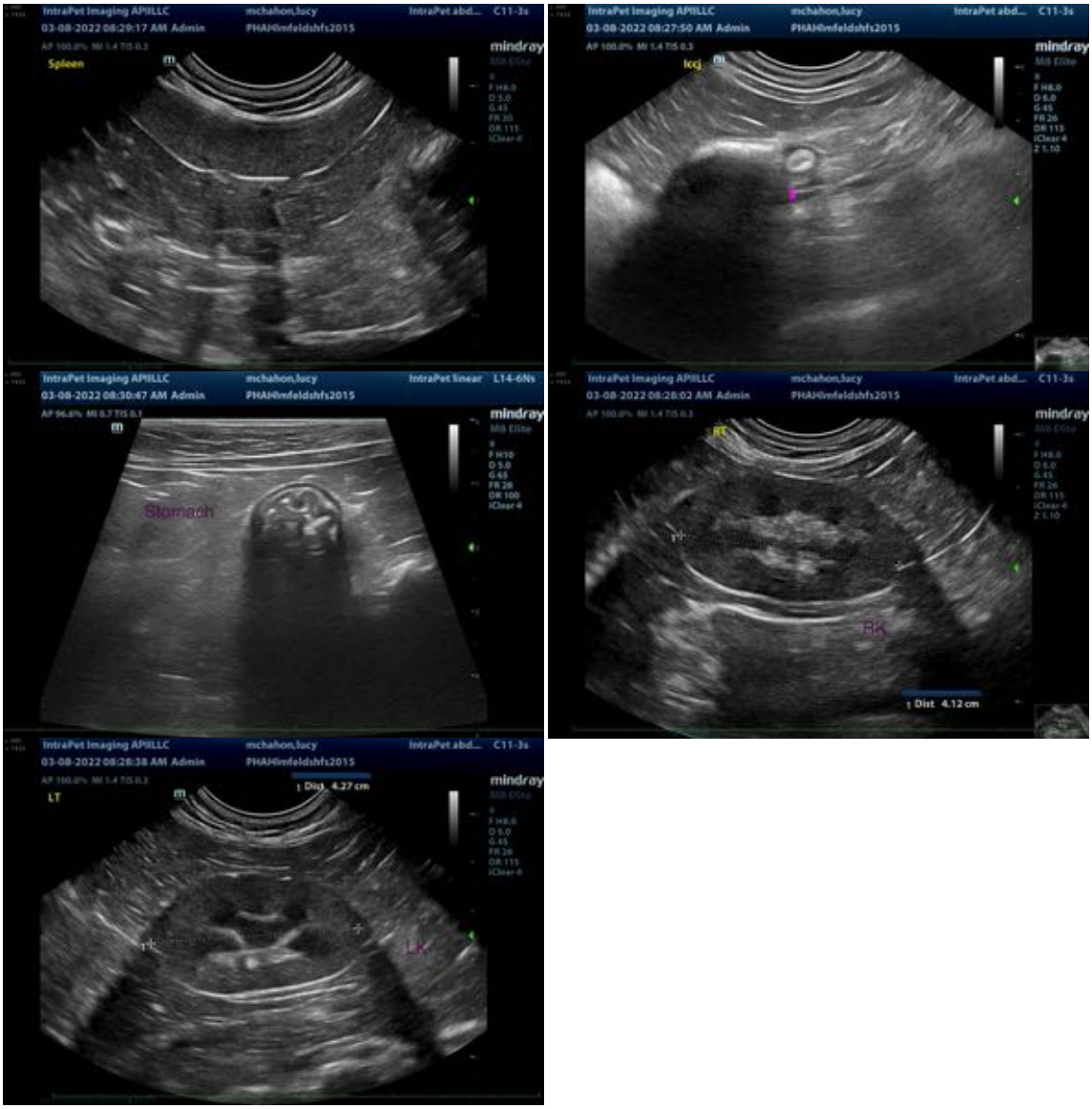
## ULTRASONOGRAPHIC FINDINGS

- Minor age-related renal changes.
- The abdomen is otherwise unremarkable.

*An obvious cause for the patient's weight loss and abnormal protein levels is not identified in this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Chest X-rays are recommended to assess for occult neoplasia in the thorax as a possible cause for weight loss.
- Given the hyperglobulinemia, a serum protein electrophoresis is also recommended to evaluate for a monoclonal vs polyclonal gammopathy.
- Also consider further testing for FIP, although the sensitivity of these tests is often low.
- If the above diagnostics are inconclusive, whole-body radiographs and a bone marrow aspirate may be warranted to further evaluate for the possibility of multiple myeloma.


**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