



PATIENT PRESENTING CLINICAL SIGNS

Fergie Reid History: 2-pound weight loss in one year, increased appetite moderate calculus and gingivitis

SPECIES Abnormal PE/Chem/CBC/UA Results: TT4 is 2 ionized calcium was 1.62 mmol/L in Sept 2022, now 1.41 (normal < 1.38) . on renal diet and chia seeds

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal in size (3.58 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few small nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

AGE

7 years

The right kidney is normal in size (3.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few focus of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

7.4 lbs

Adrenal Glands

The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Brita Kiffney

Spleen

The spleen is normal in size (1.07 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.

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Northshore VH

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.

REFERRING VET

Brita Kiffney

The gall bladder is moderately distended. The wall is normal in thickness. A scant amount of hyperechoic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The common bile duct measures 0.27 cm in diameter. The duodenal papilla is normal in size (0.40 cm in width).

INVOICE

12373

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

DATE

3.9.23



PATIENT

Fergie Reid

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Feline

Free Abdomen

There is no evidence of free fluid. Two to three colic lymph nodes are visible (the largest measuring 0.82 cm in length). A few prominent mesenteric lymph nodes are also seen (the largest measuring 1.03 cm in length).

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

- Bilateral nonobstructive nephrolithiasis
 - The mild splenomegaly likely represents a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, or splenitis). However, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.
 - The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
 - The cystic/common bile duct changes could be consistent with cholangitis, the previous passing of a choledocolith, or may be a normal variant for this patient.
- *An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include microscopic gastrointestinal disease, underlying metabolic issue, occult neoplasia, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider a fecal evaluation for ova and Giardia as well as a malabsorption panel, including serum cobalamin and folate, TLI and PLI.
- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- Regarding the hypercalcemia, consider a PTH/PTHrP, particularly if the calcium remains persistently elevated.

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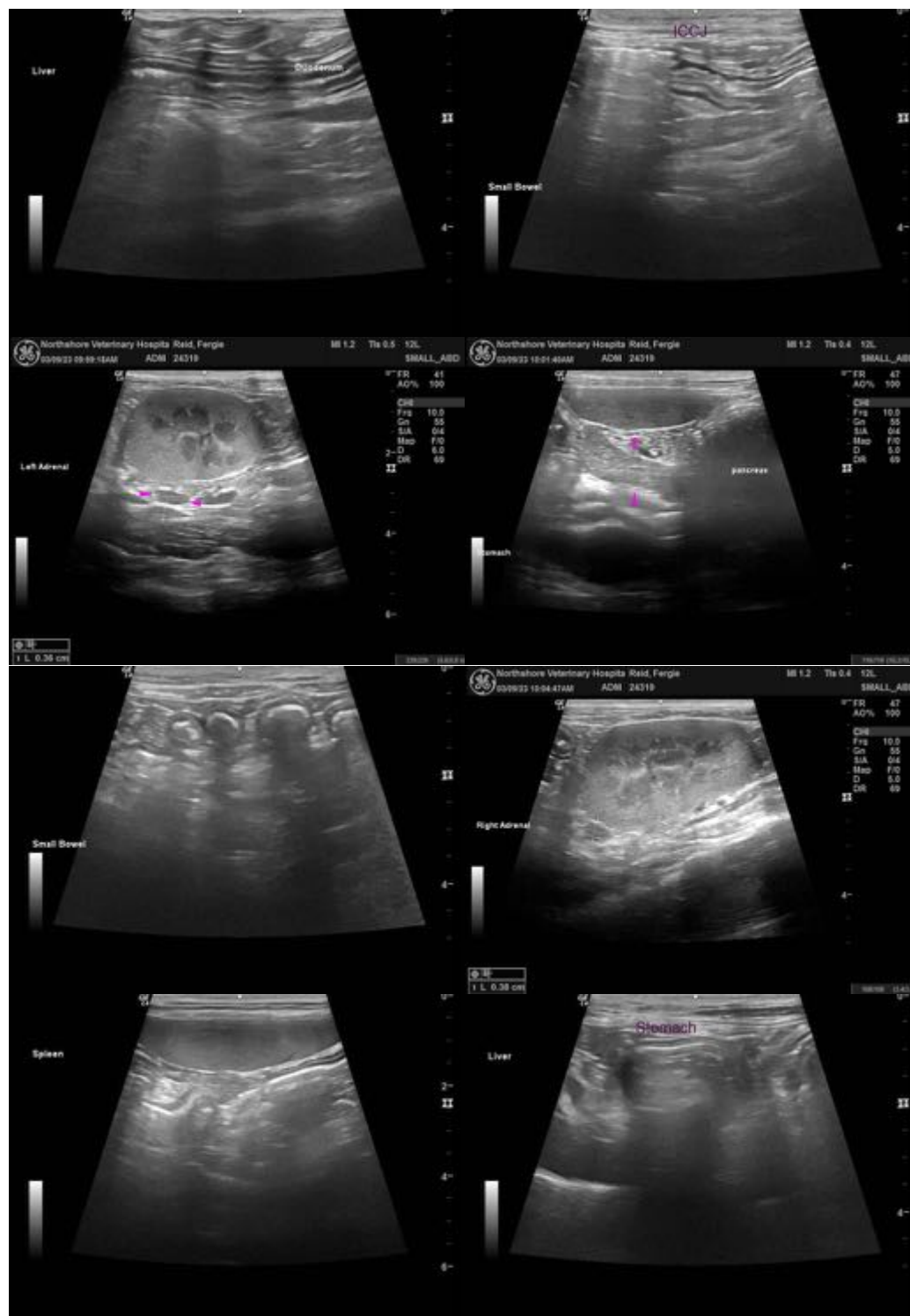
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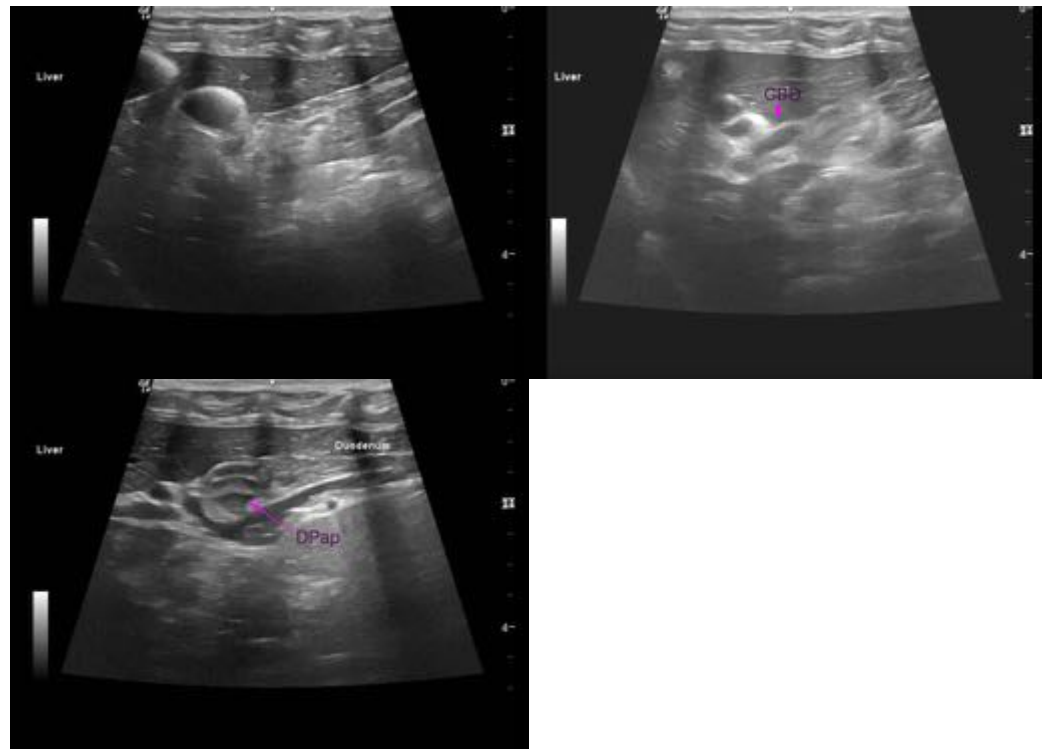
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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