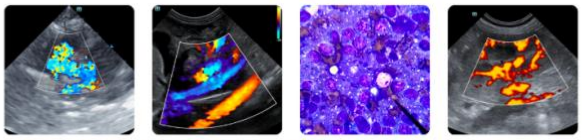

DATE

4-24-26

PATIENT

Camper Melrose

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/24/2012

WEIGHT

9.4lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Cat Sense
Feline Hospital

REFERRING VET

Dr. Sinclair

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PRESENTING CLINICAL SIGNS

Patient History: Camper presented (as a new patient) for dermatologic lesions on his preauricular areas. Camper is an indoor-outdoor kitty and thought they were from getting into scraps with his brother who lives nearby but they haven't healed even though she had been putting some topical neo-poly-dex ophthalmic ointment on them. He had not lost weight since he was seen at his previous veterinarian in Dec but he is thin and used to be 11# a couple of years ago. The lesions are almost linear raised erythematous lesions on both preauricular areas. A new grade 2-3 holosystolic heart murmur was ausculted on the examination. The small intestines were a little prominent on palpation. He did have a hemangiosarcoma removed with 1mm margins from his lower eyelid area about 3 years ago. I would potentially like to do skin biopsies on the lesions if they don't respond to topical hydrocortisone. I am also concerned that he may have inflammatory bowel disease or intestinal lymphosarcoma that is causing his thin body condition.

Current Medications: Solensia monthly, neo-poly-dex OO on the preauricular lesions
Labwork Results: Labwork not attached, reported as: HCT in 12/2025 of 29%
Date of Previous IntraPet Ultrasound: No previous.
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 (4.54 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

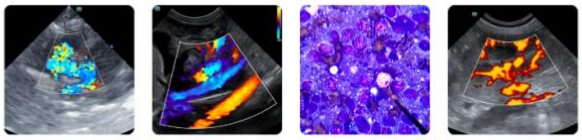
The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.01 cm in width at the level of the hilus) with a slightly undulating medial contour. The parenchyma is subtly mottled in appearance. 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



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observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and mildly dilated (up to 0.45 cm). The duodenal papilla is normal in thickness (0.32 cm in width).

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are 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 normal- to moderately dilated (up to 0.32 cm). There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A few prominent hypoechoic mesenteric lymph nodes are visualized (one measuring 1.6 x 0.7 cm). Surrounding mesentery is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation, emerging infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia), other.
- 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 nonspecific age-related renal changes

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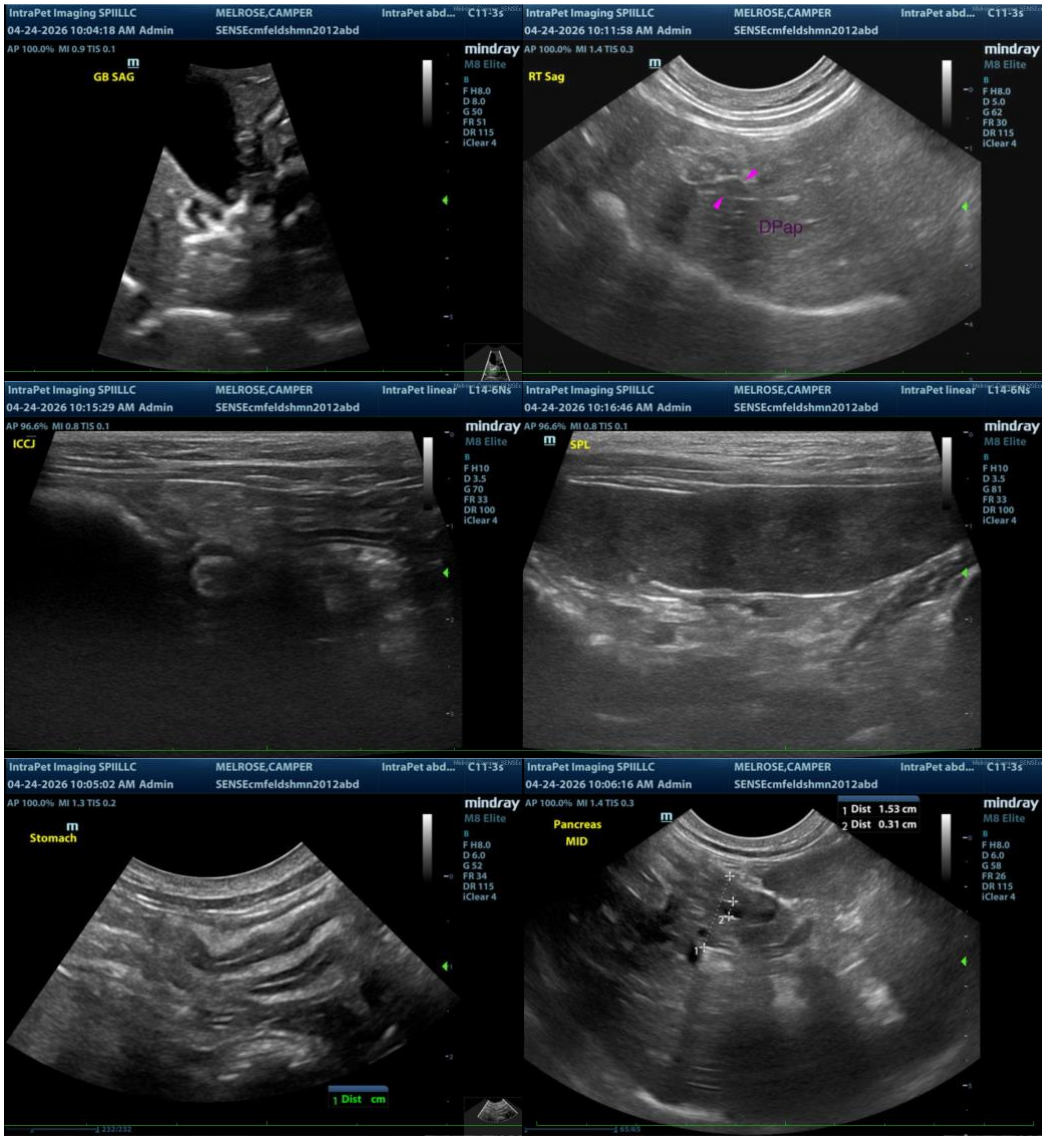
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

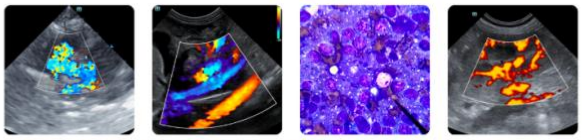
To further evaluation for causes of weight loss, consider the following:

1. Fine-needle aspiration of the spleen +/- mesenteric lymph nodes (if accessible, and if clotting status is appropriate). Twenty-five gauge-needles should be used.
2. Three-view thoracic radiographs to assess for occult pathology in the chest
3. Fecal evaluation for ova and Giardia
4. GI panel including serum cobalamin and folate, TLI and PLI
5. Orthopedic and neurologic examinations
6. 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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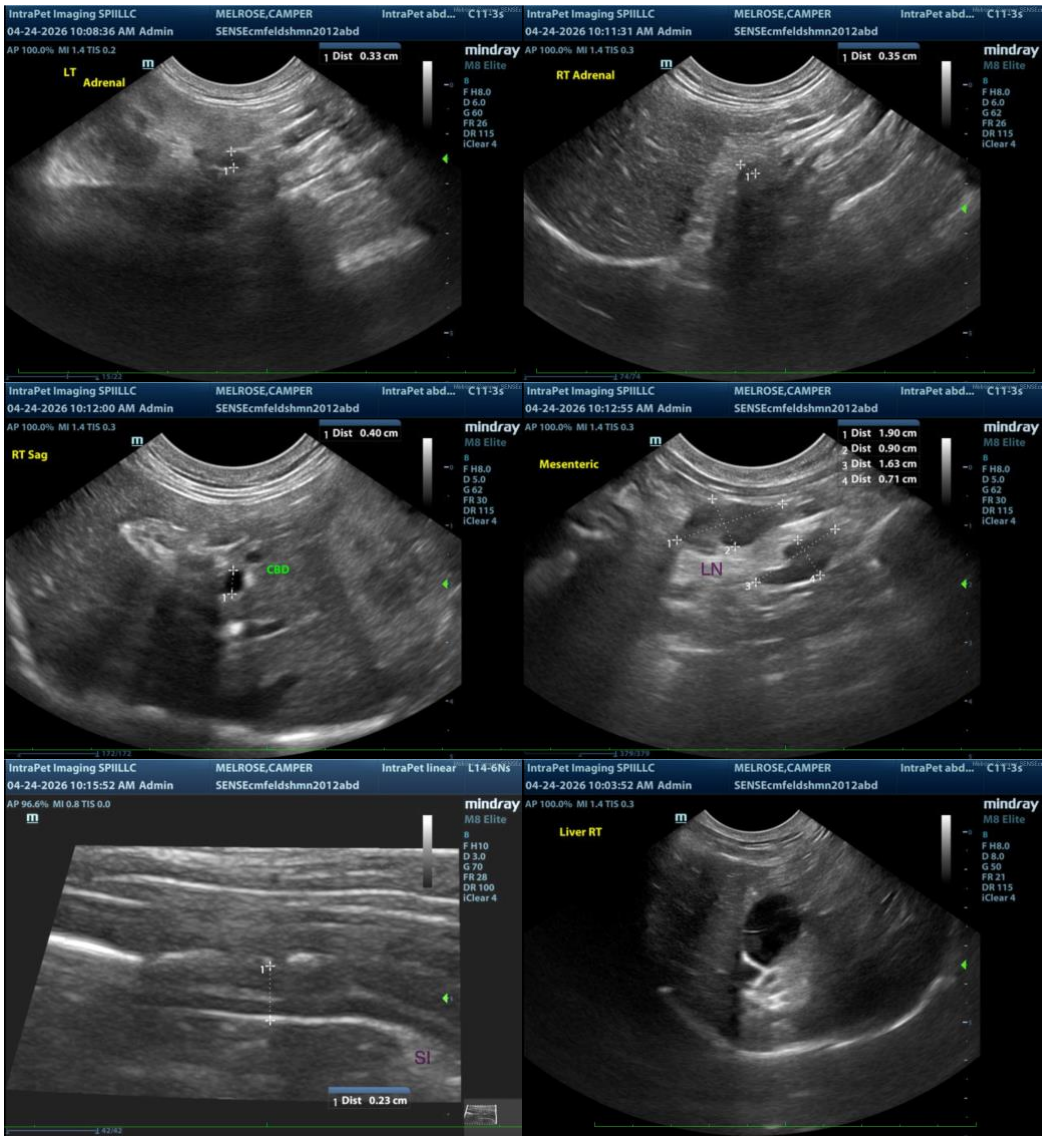

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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