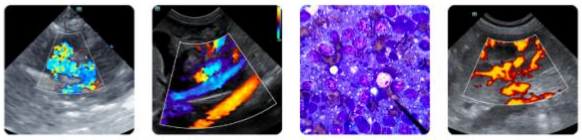


DATE

4-30-26

PATIENT

Holly Ziegelheafer

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

12/10/2011

WEIGHT

6lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Abbey Animal Hospital

REFERRING VET

Dr. Kluttz

INVOICE

22952

PRESENTING CLINICAL SIGNS

Patient History: On 2/10/2026 patient presented for decreased appetite and weight loss. Weight 7.2lbs with a BCS of 3/9. Decreased muscle mass noted. CBC shows increased WBC, Superchem shows NSF. T4 1.8 and Free T4 by ED 19.7. UA shows USG 1.060, pH 6.0, Protein 2+ and UPC 1.0. Patient returned for PE on 4/3/2026 due to worsening inappetence and weight loss. Weight 6lbs with a BCS of 2/9.

Current Medications: Veraflox 0.8ml by mouth once every 24 hours.
Labwork Results: Fecal PCR negative. Albumin 2.3. Globulins 5.6. White blood cell 26,000 with a neutrophilia and lymphopenia. Hematocrit 26%, nonregenerative anemia (Labwork attached).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Perirenal fat is hyperechoic.

The right kidney is normal in size (3.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Perirenal fat is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.44 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.

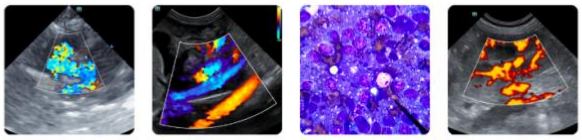
Spleen

The spleen is normal in size (0.73 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 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm). The mesentery effacing the serosal surface of the left limb is slightly hyperechoic.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma, or may be a normal variant for this older feline patient.
- The pancreatic changes are suggestive of chronic +/- active pancreatitis with minor parenchymal remodeling.
- Bilateral nonspecific age-related renal changes with cranial retroperitonitis. The retroperitonitis may be secondary to interstitial nephritis, pyelonephritis, emerging neoplasia (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

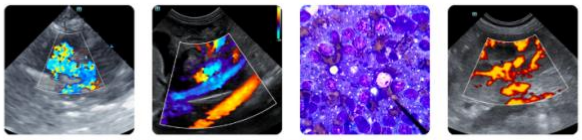
- Regarding the retroperitonitis, consider a urinalysis with a culture and sensitivity to further evaluate for infection.
- To further evaluate for causes of weight loss and inappetence, also consider the following:

1. GI panel including serum cobalamin and folate, TLI and PLI
2. Three-view thoracic radiographs to assess for occult pathology in the chest
3. Orthopedic and neurologic examinations
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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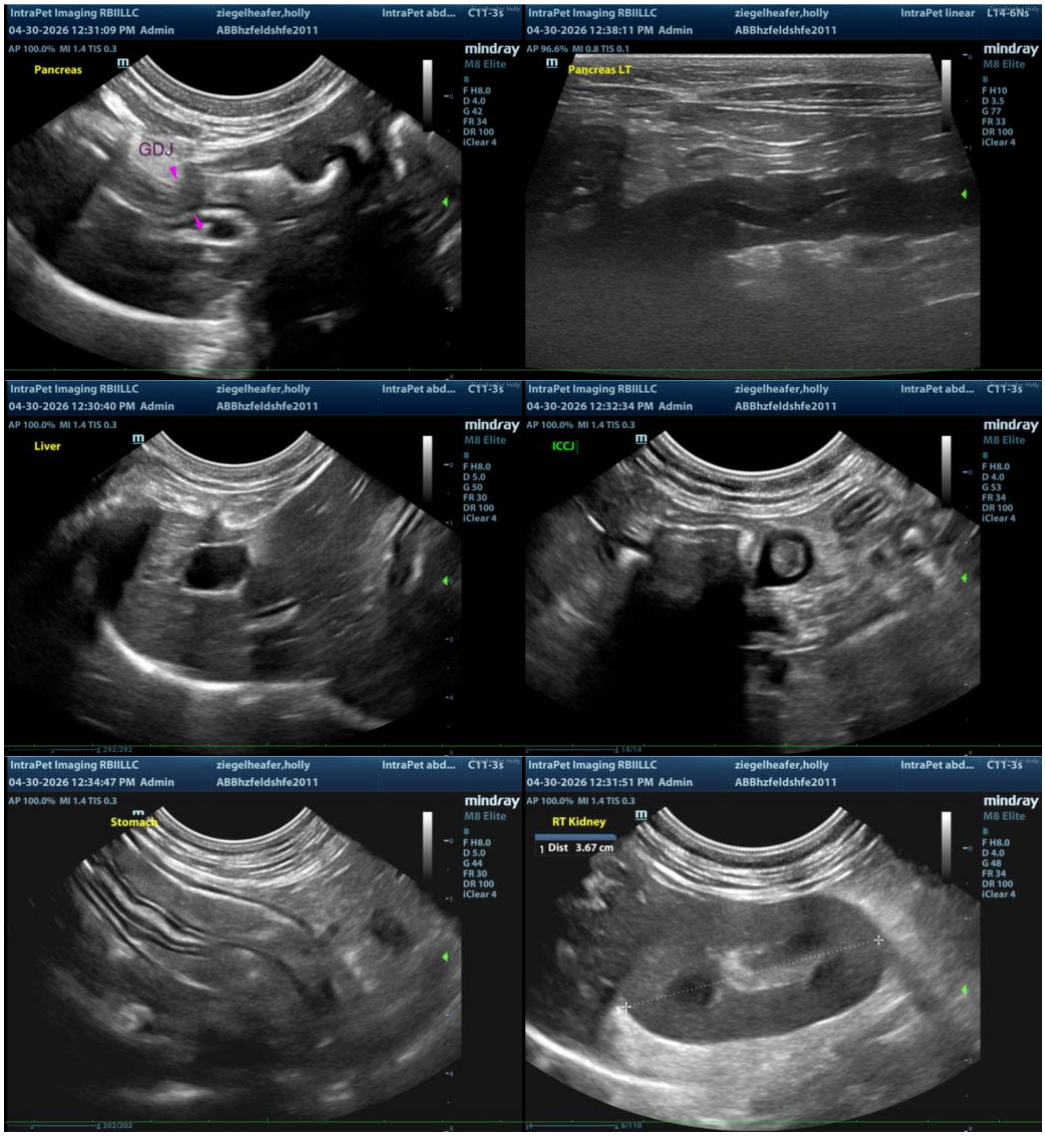

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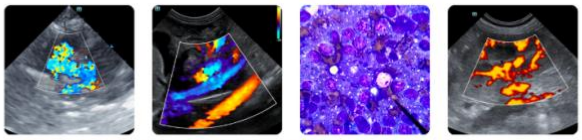

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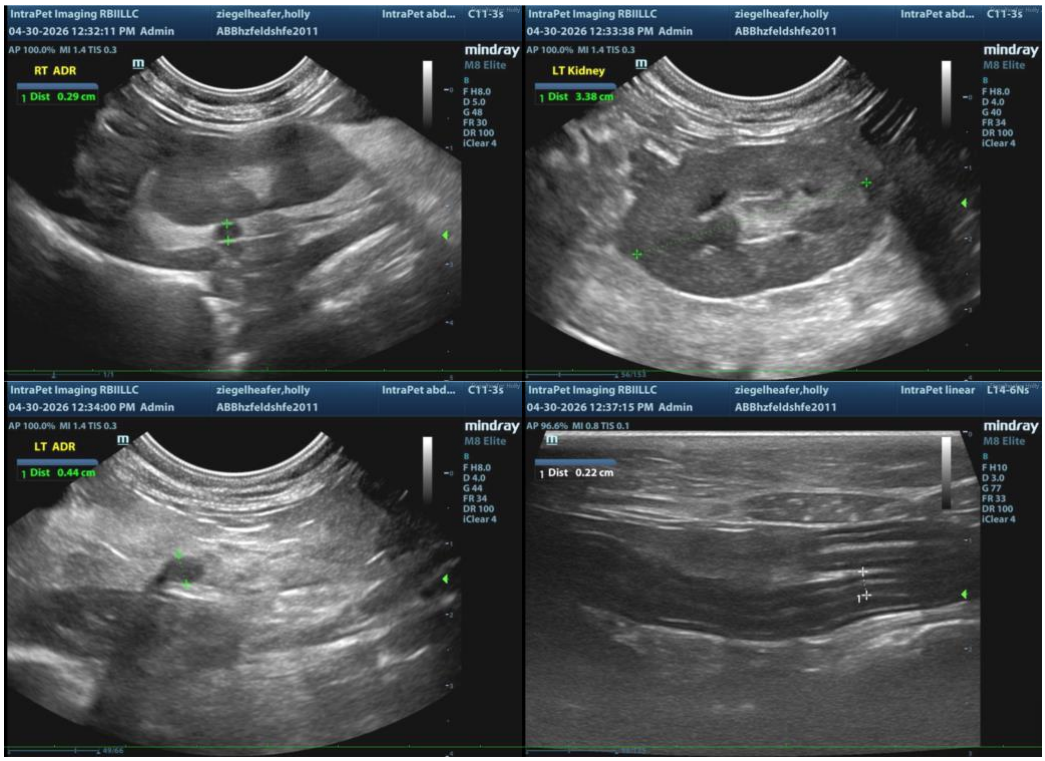

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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