

**DATE PRESENTING CLINICAL SIGNS**

5/1/23

**PATIENT**

Gracie Allen

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

4/17/2015

**WEIGHT**

2.99 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Nexus VS

**REFERRING VET**

Dr. Steele

**INVOICE**

14861

Gracie was presented to the Internal Medicine service for evaluation of anemia, weight loss, and chronic diarrhea. The owner first noted diarrhea around January and it was intermittent. It then got worse and she was seen initially in February. The owner also noted that she was starting to lose weight around this time. The owner was also worried about the teeth at this time. Since changing to HP her diarrhea has really improved. Her stool is now normal for the most part, she has had maybe one or two softer stools. The owner also feels her weight is stabilizing. Her stool is very dark in color and may be black. She is more playful and seems happier overall. When she had diarrhea the owner did not see blood or mucus. The owner did appreciate an increase in frequency when she had it. She will sometimes vomit clear fluid. More recently she will sometimes do a "scarf and barf" but this does not happen if she eats more slowly. The owner feels that she is hungry and will wake her up to eat. She will eat much better with the antibiotic on board and her appetite seems normal if her teeth are feeling OK. She seems to feel much better since the diet change. Gracie also has severe dental disease and has been receiving Convenia injections to keep her mouth comfortable. She was adopted from Petco as a young cat. She was sick at adoption and recovered with antibiotics. She has otherwise been healthy. She is indoor only. She has no travel history.

Current Medications: Convenia injection every 2 weeks., Omeprazole 12 mg/ml suspension 0.25 mls every 12 hours.

Lab Results: Anemia, low normal albumin, elevated BUN w/ normal Creat and concentrated USG, proteinuria.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction.

Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is mildly enlarged (4.58 cm in length) with normal curvilinear peripheral contours. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

**Spleen**

The spleen is normal in size (0.94 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 enlarged with irregular peripheral contours. A >6 cm irregular hyperechoic to heterogeneous multi-septated cystic mass is arising from the left side. The lesion causes capsular expansion. In the remainder of the liver, several small hyperechoic nodules are seen. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended

echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.31 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 with a normal layering pattern and appropriate mural detail. 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 right limb is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.24 cm in diameter).

### ***Free Abdomen***

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

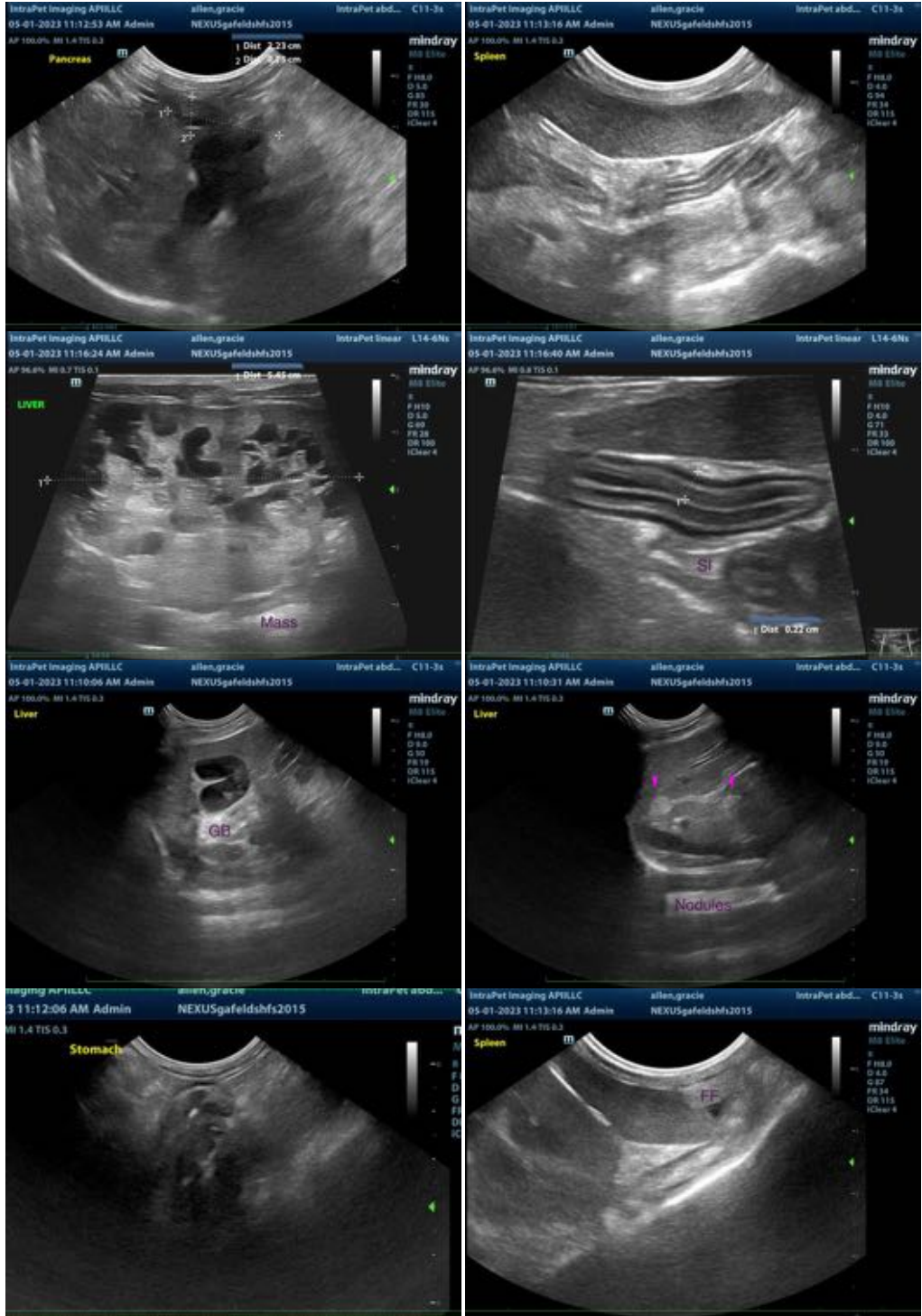
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The left hepatic mass is most consistent with a biliary cystadenoma or biliary cystadenocarcinoma. The hyperechoic hepatic nodules could be consistent with foci of lymphoid hyperplasia, granulomas, inflammatory foci, neoplasia, other.
- Trace ascites.

### **Secondary Findings:**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization. The mild right renomegaly is most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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.

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