

**DATE PRESENTING CLINICAL SIGNS**

5/17/22

Patient presents for evaluation of chronic weight loss - patient is a controlled hyperthyroid cat - PE overall unremarkable with exception of weight loss.

PATIENT

Arlo Bowman

Current Medications: Methimazole 5 mg AM and 2.5 mg PM. Will be on Gabapentin for scan.

Lab Results: Unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Domestic shorthair

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 distended. A scant amount of suspended echogenic debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

The left kidney is normal size (3.53 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

AGE

9/22/2010

WEIGHT

9 lbs.

The right kidney is normal size (3.51 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Perry Hall AH

Spleen

The spleen is normal in size (0.63 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.

REFERRING VET

Dr. Miller

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 mildly distended. The wall is normal in thickness. A small amount of gravity-dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated.

INVOICE

13378

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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few colic lymph nodes are visualized, the largest measuring 0.67 cm in length. Surrounding mesentery is mildly hyperechoic.

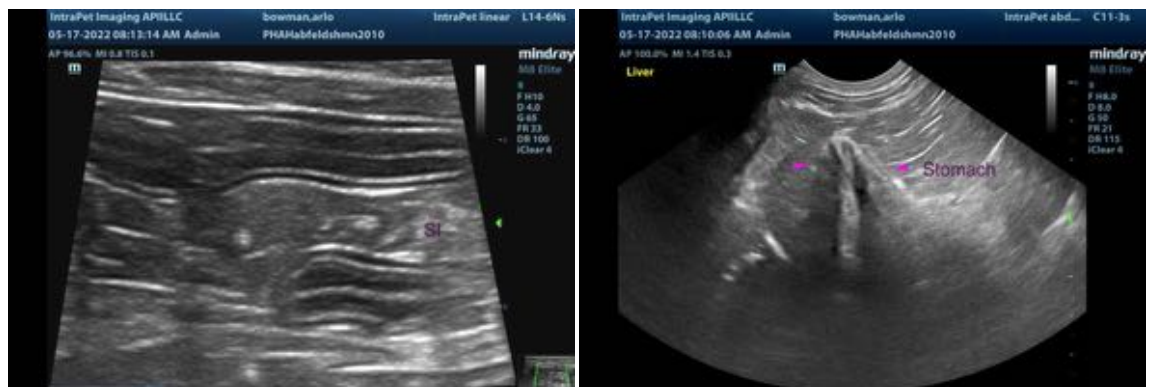
ULTRASONOGRAPHIC FINDINGS

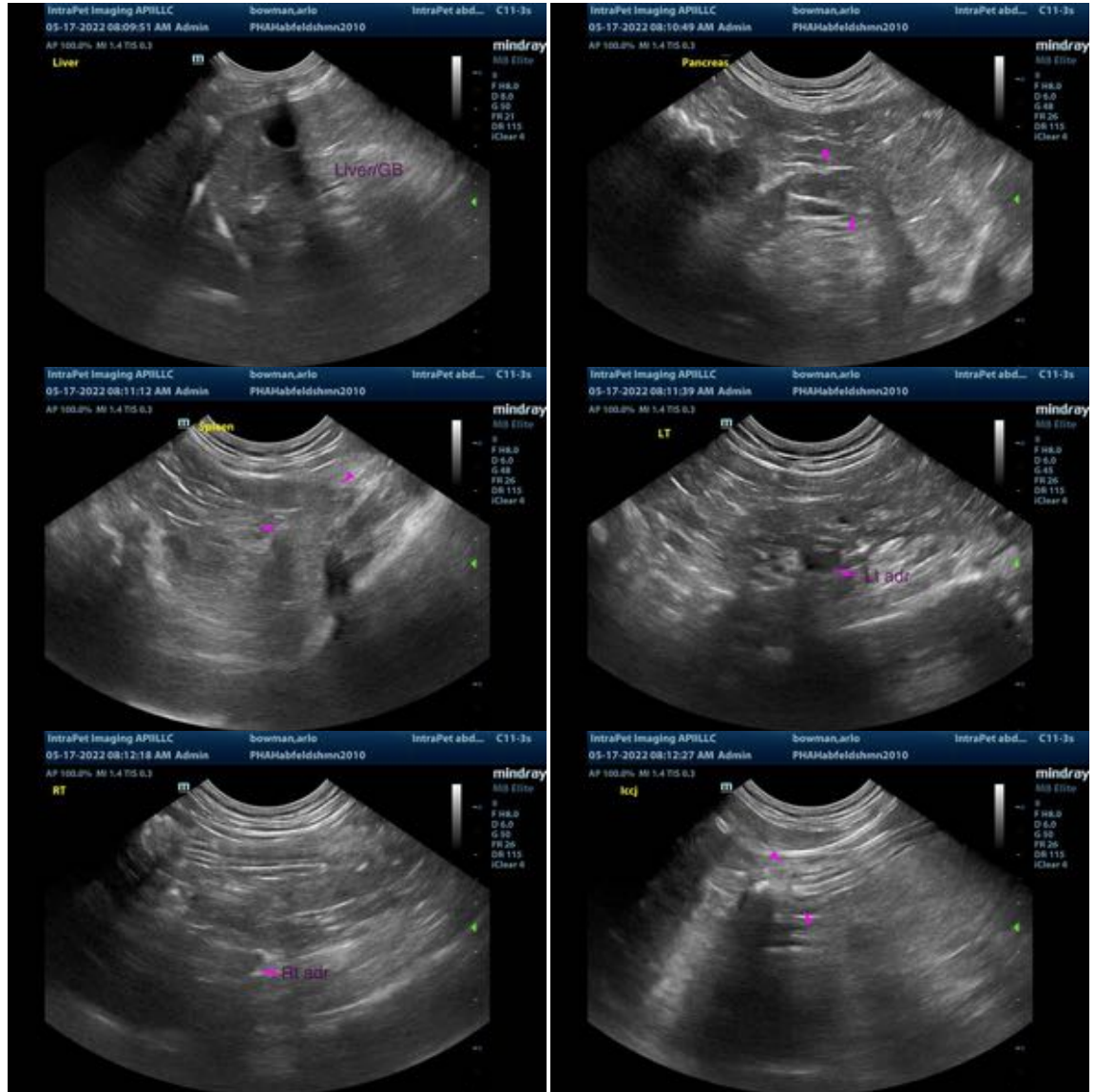
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with dystrophic mineralization.
- Minor, age-related pancreatic remodeling.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's weight loss is not identified in this study. Considerations include occult neoplasia, maldigestion/malabsorption, underlying neurologic or metabolic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A neurologic examination is recommended to assess for subtle deficits, as weight loss can be the sole clinical sign in patients with primary brain tumors.
- Also consider a malabsorption panel (send to Texas A&M).
- If the above diagnostics are inconclusive, gastrointestinal biopsies may be warranted.





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