

**DATE PRESENTING CLINICAL SIGNS**

5/26/2022

P presented for a 4-day history of anorexia and not acting like self on 5/20/22. On physical exam P had mild dental disease and a grade II/VI parasternal murmur. P has a history of hypertension and hyperthyroidism which has been well managed.

PATIENT

Abraham Karavedas-Eibister

Current Medications: Amlodipine 0.625mg minimelt: 1tab SID PO ~2yrs, Felimazole 2.5mg tablets: 2tab AM & 1tab PM PO ~5yr, Cerenia 24mg tab: 1/2tab PO SID starting 5/20/22, Elura 15mL: 0.46mL PO SID starting 5/20/22.

SPECIES

Feline

Lab Results: BW- SDMA-17; otherwise WNL. UA- 1+ protein; otherwise WNL.

Date of Previous IntraPet Ultrasound: 5/8/17. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DLH

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered Male

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 moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

8/24/2007

WEIGHT

10.1lbs

The left kidney is normal size (3.68 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
DMV, Diplomate
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The right kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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.

HOSPITAL NAME

Eastern Animal Hospital

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

REFERRING VET

Dr. Frere

Spleen

The spleen is prominent in size (1.06 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

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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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 0.64 cm colic lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

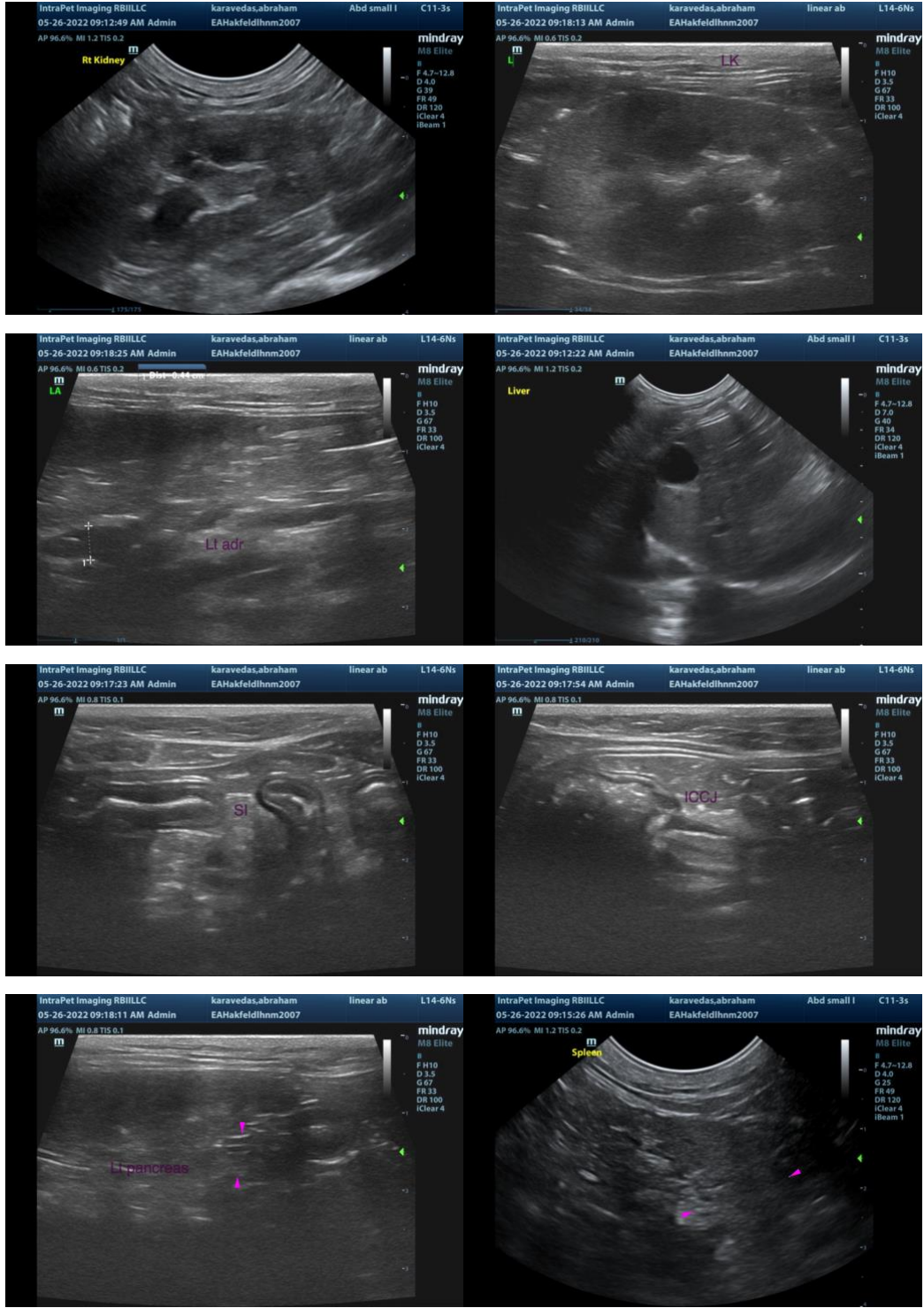
- Bilateral, nonspecific, chronic renal changes
- Mild hypersplenism. This finding is similar to the previous sonograph. Considerations include lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis or less likely, infiltrative neoplasia.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include low-grade pancreatitis, underlying metabolic issue, occult neoplasia, microscopic gastrointestinal disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel (Send to Texas A&M)
- Thoracic radiographs to assess for occult neoplasia in the chest
- Fecal evaluation for ova and Giardia
- Orthopedic and neurologic examinations to assess for nonmetabolic causes for the patient's clinical signs.

Further workup will depend on the result of the above diagnostics.



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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