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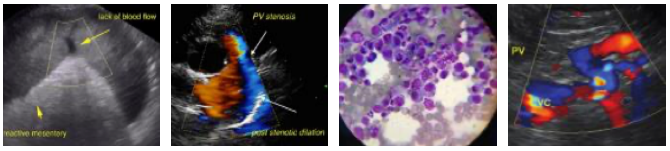

**PATIENT**
Leo Baker

**SPECIES**
Feline

**BREED**
Domesitc shorthair

**SEX**
Male, netuered

**AGE**
11 Yrs.

**WEIGHT**
21.5 lbs.

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

**IMAGING PERFORMED BY**
Dr. Sheldon

**HOSPITAL NAME**
Advanced PetCare of Oakland

**REFERRING VET**
Dr. Sheldon

**INVOICE**
14916

**DATE**
5/9/23

## PRESENTING CLINICAL SIGNS

History: Weight loss noted. Normal appetite and energy level. Vomiting once monthly since October but has increased to 2 x this past week. At times he has sounded wheezy and is sneezing. He also has an occasional cough. Was recently seen by cardiologist for HCM and is on atenolol. His heart disease is stable at this point. Nodules were previously noted on rads in 1/7/21 pet was referred for CT scan, had serial scans done and there was no significant change in size so continued observation was elected instead of surgery. The nodules have since increased in size on radiographs owner is considering repeating CT.
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4: elevated T4 will be starting on Methimazole.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small 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 (4.98 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.92 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The region of the adrenal glands is evaluated. The glands are not definitively visualized. However, no obvious abnormalities are observed.

### *Spleen*

The spleen is normal in size (0.92 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. There is no evidence of an obstructive pattern.

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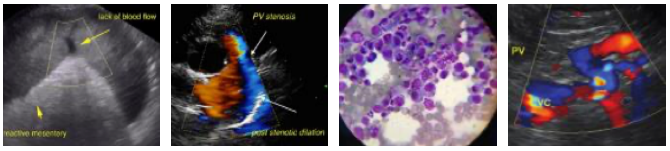

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## *Pancreas*

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*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

Minor bilateral chronic renal changes.

An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, dysbiosis, food allergy/intolerance, infectious/parasitic disease), occult neoplasia, underlying metabolic issue (i.e., hyperthyroidism), other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's clinical signs do not improve with treatment of the hyperthyroidism, further workup may be warranted and could include the following:

1. Three-view thoracic radiographs, if not already performed
2. A fecal evaluation for ova/Giardia
3. GI panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M)
4. Limited antigen or hydrolyzed protein diet trial
5. Initiation of a probiotic
6. +/- endoscopic or surgical GI biopsies


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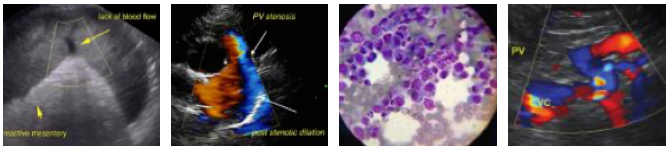

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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