

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Neo Remelman  
History: Sedated alfaxalone/Butorphanol IM Breed: Domestic Shorthair History: Weight loss in last 2 months. PU/PD. Physical exam findings: Mild constipation, irregular L kidney, dental disease.  
Reason for Ultrasound: Evaluate kidneys and for other causes for weight loss

**SPECIES** Feline  
Abnormal PE/Chem/CBC/UA Results: Abnormal CBC values: NNN anemia - r/o secondary to renal disease, or other chronic disease RBC 6.57 Hematocrit 30.8 Hemoglobin 9.0 % Reticulocytes 0.2% Reticulocytes 13 Abnormal Chemistry Values: moderate elevation in SDMA 20, BUN 38 and CRE 2.3 T4: 2.6 - grey zone

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** Domestic Shorthair  
*Urinary System*

**SEX** Neutered Male  
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

**AGE** 13 Years  
The left kidney is normal size (3.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild to moderate pyelectasia is present (0.50 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT** 8.86 Pounds  
The right kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Mild to moderate pyelectasia is present (0.40 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is normal in size (0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Loetitia Saint-Jacques, RVT

*Spleen*

**HOSPITAL NAME**

The spleen is normal in size (0.67 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.

Alpine AH

**REFERRING VET**

*Liver*

Dr. Lindsay Sjoloin

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly heterogeneous in appearance with a few ill-defined slightly hypoechoic areas. In addition, a 0.53 cm ill-defined septated cystic area is 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*

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**PATIENT**

Neo Remelman

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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

**SPECIES**

Feline

*Pancreas*

**BREED**

Domestic Shorthair

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*

**SEX**

Neutered Male

There is no evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 0.76 cm in diameter. Surrounding mesentery is mildly hyperechoic.

*Other*

**AGE**

13 Years

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

**WEIGHT**

8.86 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Bilateral, age-related degenerative renal changes. The bilateral pyelectasia may be secondary to age-related remodeling, pyelonephritis, PU/PD or some combination thereof.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**Secondary Findings:**

- The hepatic parenchymal changes are most consistent with age-related remodeling with a lower possibility of an underlying hepatopathy. The hepatic cyst is likely benign with a lower possibility of emerging neoplasia.

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Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Alpine AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the clinical history and sonographic renal changes, consider the following:

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Dr. Lindsay Sjoloin

1. Urinalysis
2. Urine culture and sensitivity
3. UPC (if proteinuria is present)
4. Baseline blood pressure measurement
5. Transition to a prescription renal diet if the patient will tolerate it.

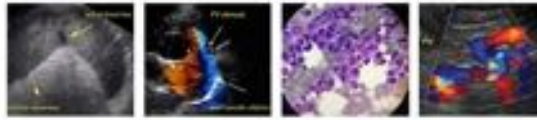
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- To assess for other causes of weight loss, consider the following:



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Neo Remelman

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**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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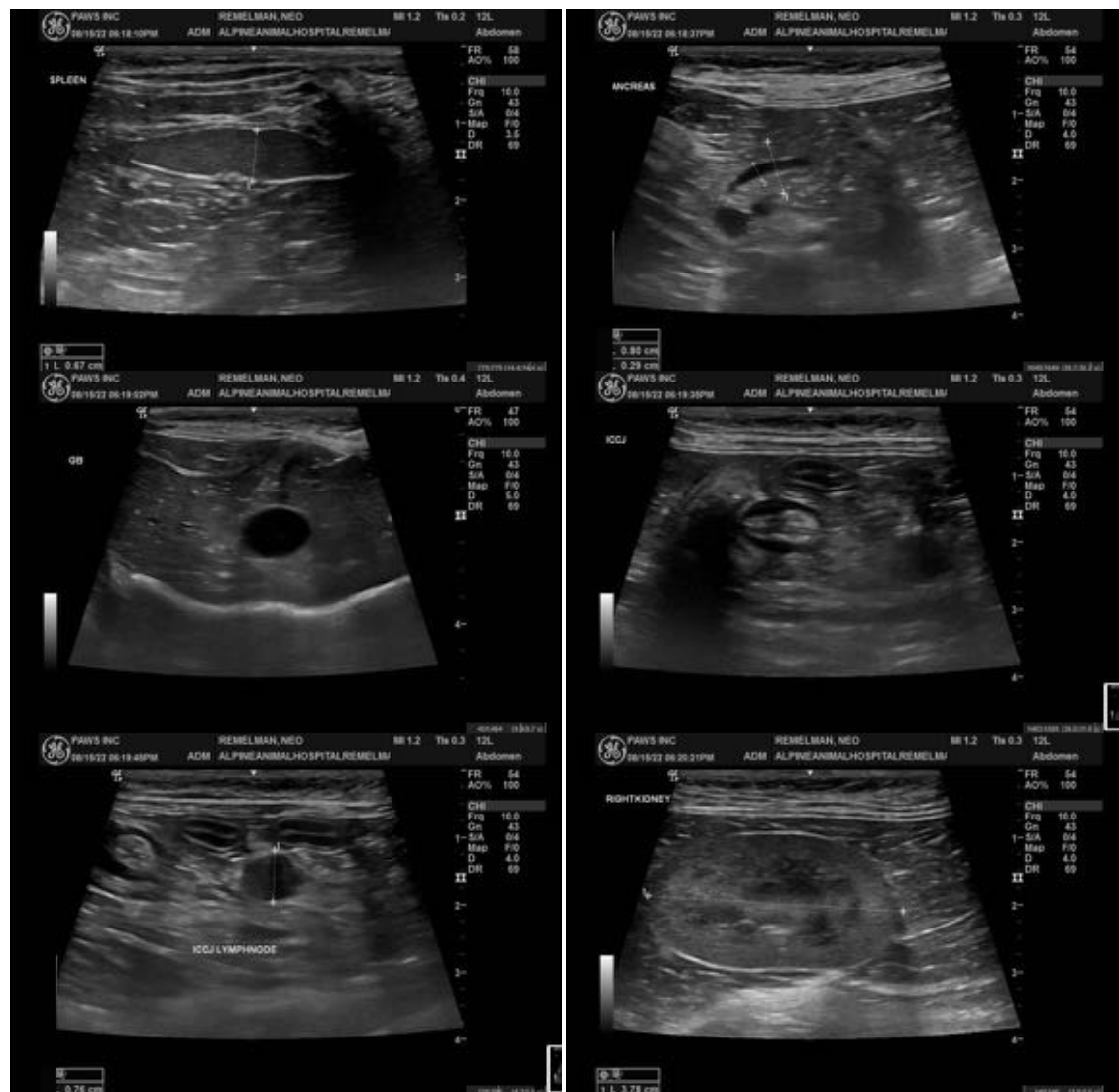
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1. Three-view thoracic radiographs to evaluate for occult neoplasia in the chest
2. A fecal evaluation for ova/Giardia
3. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
4. Neurologic examination, as weight loss is sometimes the sole clinical sign in patients with brain tumors



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**AGE**

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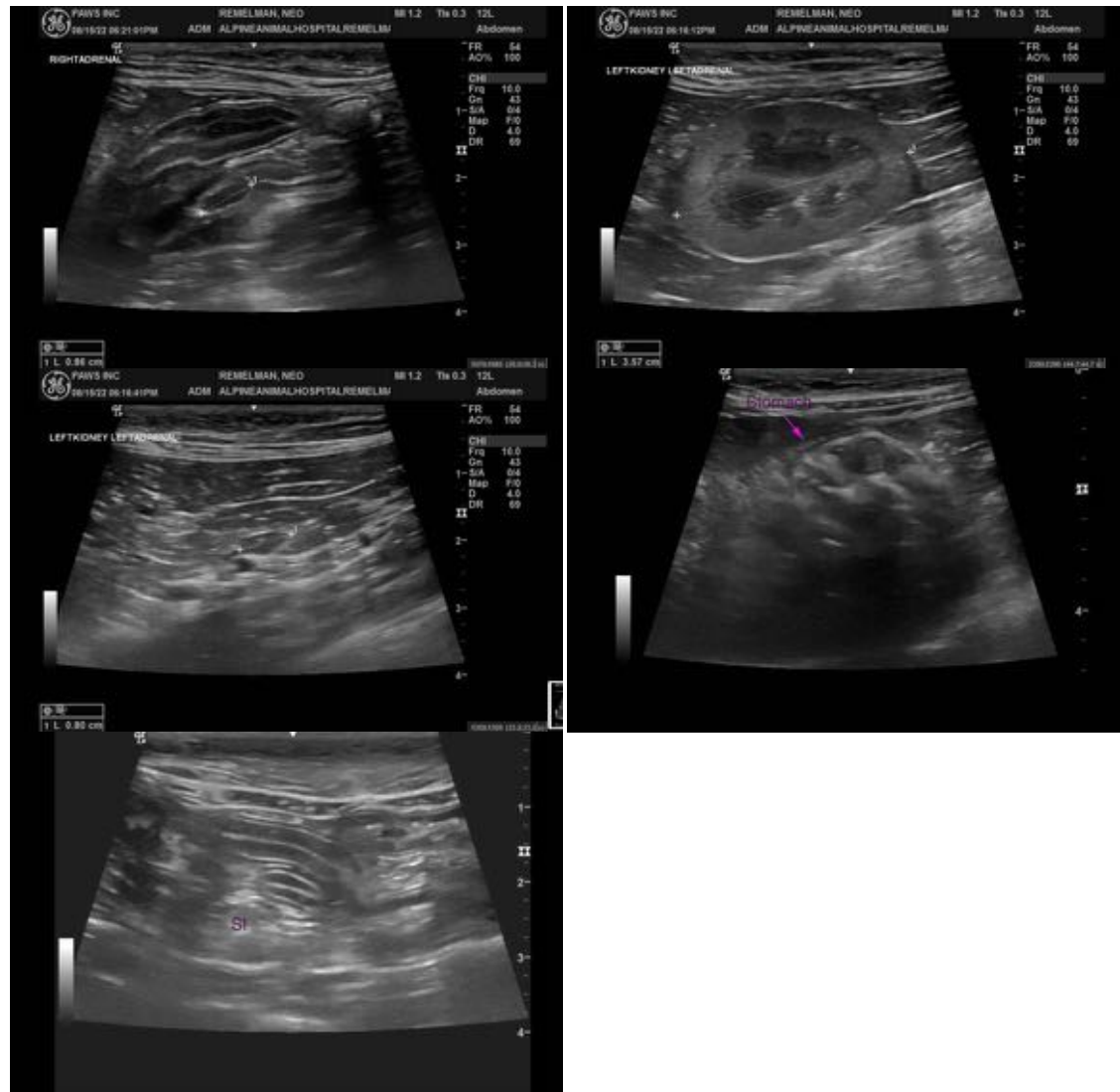
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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