

**DATE PRESENTING CLINICAL SIGNS**

8/16/22

8/10/22 presented for weight loss, picky appetite. no v/d per owner. NR on physical. BW submitted, T4 mildly elevated (6.0)

**PATIENT**

Caesar Boegner

Current Medications: None listed.

Lab Results: T4 6.0.

Date of Previous IntraPet Ultrasound: 4/13/21. See attached.

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 wall is 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Male, neutered

**AGE**

1/1/2011

The left kidney is normal size (4.24 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.

**WEIGHT**

13 oz.

The right kidney is borderline small in size (3.17 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A 0.52 cm hyperechoic to mineralized area is observed near the caudal pole. There is no evidence of pyelectasia or hydroureter.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.50 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) with a normal shape and smooth peripheral contours. A few hyperechoic to mineralized foci are observed. The remaining parenchyma is homogeneous with normal glandular detail. Surrounding vasculature is normal.

**HOSPITAL NAME**

Chadwell AH

**Spleen**

The spleen is normal in size (0.84 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. Oliveri

**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.

**INVOICE**

13837

**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 pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. 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. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis (previously observed).

### **Secondary Findings:**

- Bilateral degenerative renal changes (previously observed).
- The mineralized foci in the right adrenal gland are likely a benign, age-related incidental finding.

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

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

- A malabsorption panel including serum cobalamin, folate, TLI and PLI is recommended along with a fecal evaluation for ova and Giardia.
- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Treatment for hyperthyroidism is also recommended.
- If the patient's clinical signs do not improve with treatment of the hyperthyroidism and the above diagnostics are inconclusive, GI biopsies (i.e., endoscopic or surgical) 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.

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