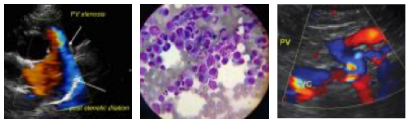
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

8.8.2022

PATIENT

Liz Stillman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7/22/11

WEIGHT

9.5 lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Nexus Veterinary Specialists

REFERRING VET

Dr. Steele

INVOICE

11370

PRESENTING CLINICAL SIGNS

Weight loss. Approximately 2-year history of weight loss, currently stable weight but underweight. Marked inter-cat aggression started around the same time as weight loss, after owner moved to a smaller apartment with both cats. Owner does see her eating but is unable to quantify intake. History of hypercalcemia (maybe idiopathic) that was resolved on most recent labs in Feb. Updated labs pending.

Current Medications: None.
Lab Results: Labs in Feb unremarkable except total Ca of 11.7 (high normal), previous total Ca of up to 12.3. Malignancy panel reportedly performed Aug 2021 and "normal", but I do not have the actual results.
Date of Previous IntraPet Ultrasound: 3/14/22
Sedation: Patient was sedated with Dexdomitor.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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.

The **left kidney** is normal size (3.20 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Numerous cortical infarcts are visualized. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter.

The **right kidney** is normal size (3.18 cm in length); with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Numerous cortical infarcts are visualized. A focus of mineralization is seen. There is no evidence of pyelectasia, or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The **spleen** is normal in size (0.90 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 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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.

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. There is no evidence of an obstructive pattern.

Pancreas

The left limb and base of the **pancreas** are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Two, prominent cranial **lymph nodes** are visualized, one measuring 1.45 x 0.45 cm, the other measuring 0.60 x 0.45 cm. The nodes are normal in size and echogenicity.

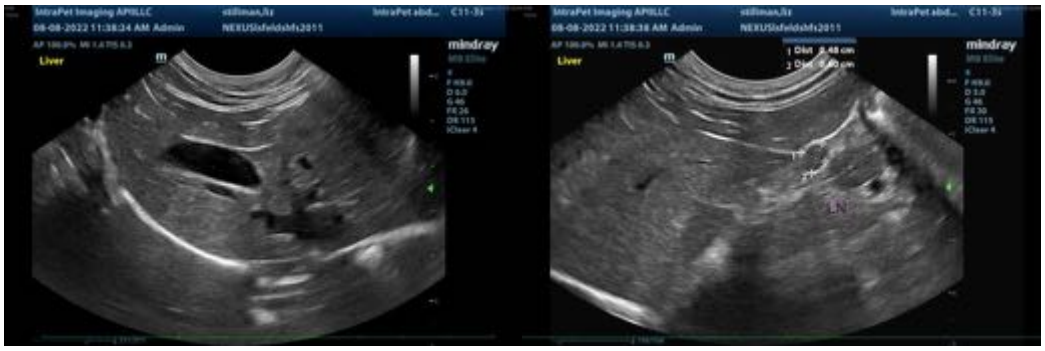
ULTRASONOGRAPHIC FINDINGS

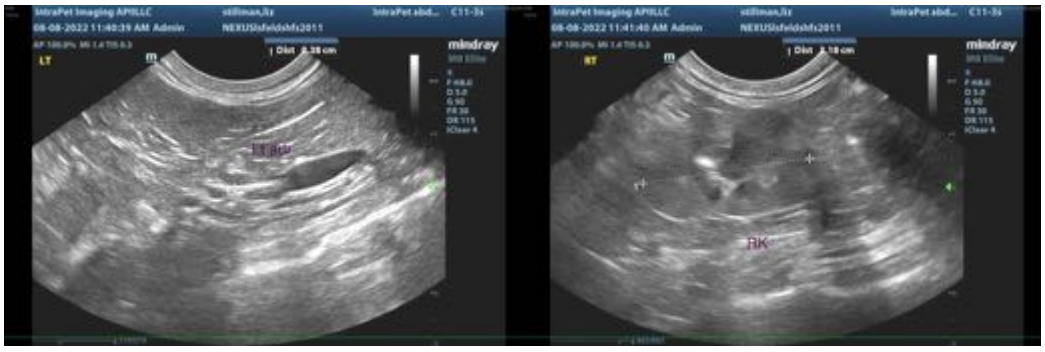
Primary Findings

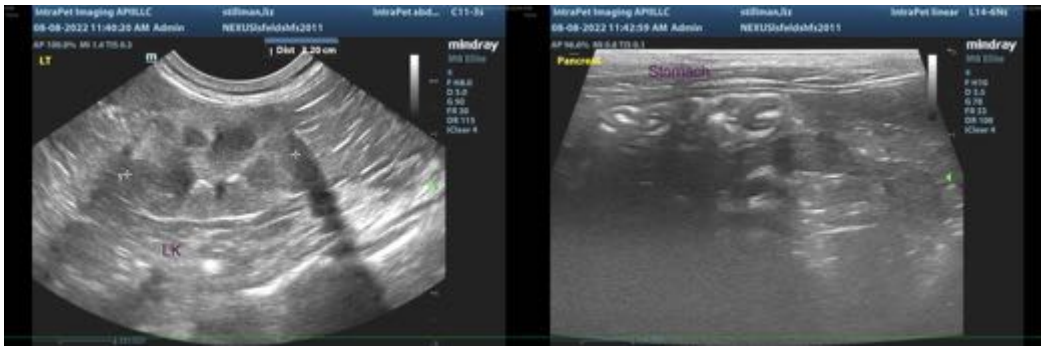
- Bilateral, chronic renal changes with cortical infarcts and right nonobstructive nephrolithiasis. (Changes are similar to the previous sonogram).
- The pancreatic changes are consistent with age-related remodeling, +/- fibrosis. Mild, chronic pancreatitis is also a possibility, particularly if the patient exhibits pain on cranial abdominal palpation. (Changes are similar to the previous sonogram).
- The cranial lymphadenopathy is most consistent with a benign process (i.e., reactive lymphadenitis or lymphoid hyperplasia). However, emerging neoplasia (i.e., lymphoma) cannot be completely excluded. (Changes are similar to the previous sonogram).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.







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)
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