

**DATE PRESENTING CLINICAL SIGNS**

9/1/21

History: 1.5 lb weight loss since 12/2020. Good appetite, no vomiting, owner unsure about diarrhea. Grade III/VI systolic murmur.

PATIENT

Loki Cvengros

Current Medications: No current medications. Owner considering I-131.

SPECIES

Feline

Lab Results: Elevated liver values, electrolyte abnormalities, low proteins, low neutrophils, elevated UPC, elevated T4 and FT4. Sp gravity 1.044. ph 8.0, protein 2+, urob normal, wbc uam 0-2 hpf 0 - 5, rbc uam 50-75 hpf, bacteria none seen, occasional ammonium mg phosphate (0-1)/hpf. U pro/crea 1.1. Mild neutropenia. ALT 327, ALP 68. Attached separately.

BREED

Domestic Shorthair

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SEX

Male Neutered

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

AGE

12/3/07

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 mildly 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.

WEIGHT

12 lbs.

The left kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

The right kidney is normal size (5.24 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Frederick Road
Veterinary Hospital

Adrenal Glands

The left adrenal gland is normal size (0.52 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Bayer

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

INVOICE

11744kk

Spleen

The spleen is normal in size (1.02 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 gall bladder lumen is mildly to moderately distended. The wall is

normal in thickness. A small amount of suspended, echogenic debris is observed within the lumen. 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. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter). There is no evidence of peripancreatic 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

Primary Findings:

- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling/fibrosis.

Secondary Findings:

- Bilateral nephropathy with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the proteinuria, consider an ACE inhibitor or an angiotensin receptor blocker (off-label) and transition to a prescription renal diet, if tolerated. A urine culture and sensitivity should also be considered
2. Treatment of the hyperthyroidism is recommended with close monitoring of the patient's liver and kidney values and neutrophil count. Consider a Methimazole trial prior to initiating 1-131 therapy to determine the metabolic effects of a euthyroid state on the patient.
3. Given the history of a heart murmur, an echocardiogram, three-view thoracic radiographs, a baseline blood pressure and an ECG should also be considered.





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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com