

**DATE** PRESENTING CLINICAL SIGNS

9/13/2021

History: Not doing well/ falling over.

Current Medications: Methimazole suspension 0.25ml BID.

Lab Results in March: ALT 201, ALKP 128, CBC WNL, T4 18.7

**PATIENT**

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Ariel Smith

Sedation: Not needed.

Stat Report: Not requested.

**SPECIES**

Feline

## 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 moderately distended. A scant amount of 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 2 cm, are normal.

**BREED**

Domestic shorthair

**SEX**

Female, spayed

The left kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

3/24/2007

The right kidney is normal size (4.06 cm in length); normal shape and architecture with smooth peripheral margins. 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.

**WEIGHT**

7.9 lbs.

## Adrenal Glands

The left adrenal gland is normal in size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**Animal Clinic of  
Southgate

## Spleen

The spleen is normal in size (0.83 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. Alexander

## Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. A 1.32 x 0.51 cm hypoechoic nodule is observed deep on the right side adjacent to the diaphragm. 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 small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The gall bladder lumen is moderately distended. A bi-lobed confirmation is suspected. The wall is normal in thickness. A scant amount of aggregated echogenic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

12069

## Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 left limb of the pancreas is prominent in size with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A 1.22 x 1.11 cm fluid filled cyst is observed in this region. A small amount of aggregated and suspended echogenic debris is observed within the cystic area. The pancreatic duct is borderline dilated (0.23 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

#### Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.38 cm in length. Surrounding mesentery is hyperechoic.

### ULTRASONOGRAPHIC FINDINGS

#### Primary Findings:

- The pancreatic changes are consistent with chronic active pancreatitis with a suspected pancreatic cyst or, less likely, abscess.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The hypoechoic hepatic nodule could be consistent with an inflammatory focus, granuloma, early neoplastic lesion, other.

#### Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral age-related renal changes.

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary neurologic disease (i.e., cerebral vascular accident, tumor), hepatic encephalopathy, systemic hypertension, primary cardiac disease, other.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Repeat baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
- Also consider baseline blood pressure measurement, pre and post prandial serum bile acids, +/- echocardiogram and ECG.
- A thorough neurologic examination +/- referral to a board-certified veterinary neurologist should 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.

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