**DATE PRESENTING CLINICAL SIGNS**

9/15/21

History: Weight loss, poor appetite.

PATIENT

Lucy Anderson

Current Medications: Not provided by the veterinarian.

Lab Results: CBC chem normal, USG 1.049 with trace proteinuria, inactive sediment. T4 normal. Fecal negative

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Feline

Sedation: not needed

Stat Report: not requested

BREED

Domestic shorthair

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 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

Female, spayed

The left kidney is normal size (3.85 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 hydronephrosis. Renal vasculature is normal.

AGE

9/2/2009

WEIGHT

8.25 lbs.

The right kidney is normal size (3.76 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 hydronephrosis. 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 (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

HOSPITAL NAME

Timonium AH

Spleen

The spleen is normal in size (0.49 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small hyperechoic nodules are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Stephens

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. A bi-lobed confirmation is present. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

INVOICE

12096

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 is normal to

moderately thickened (up to 0.42 cm). In some segments there is suspected loss of the normal layering pattern. In the remaining segments there is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

Portions of the mesentery in the mid-abdominal cavity are hyperechoic. Trace free fluid is observed. A few prominent lymph nodes are observed adjacent to the ileocolic junction, the largest measuring 1.61. Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

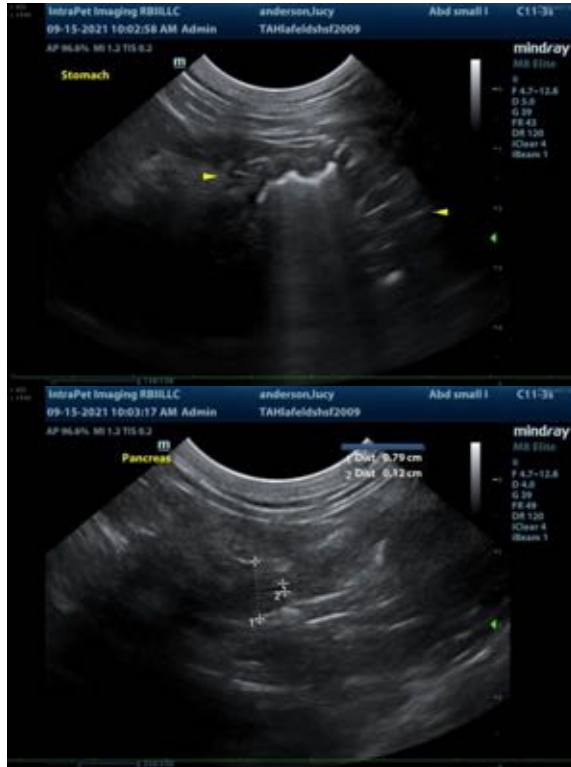
- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic active pancreatitis.
- Peritonitis, likely secondary to bowel and/or pancreatic pathology.

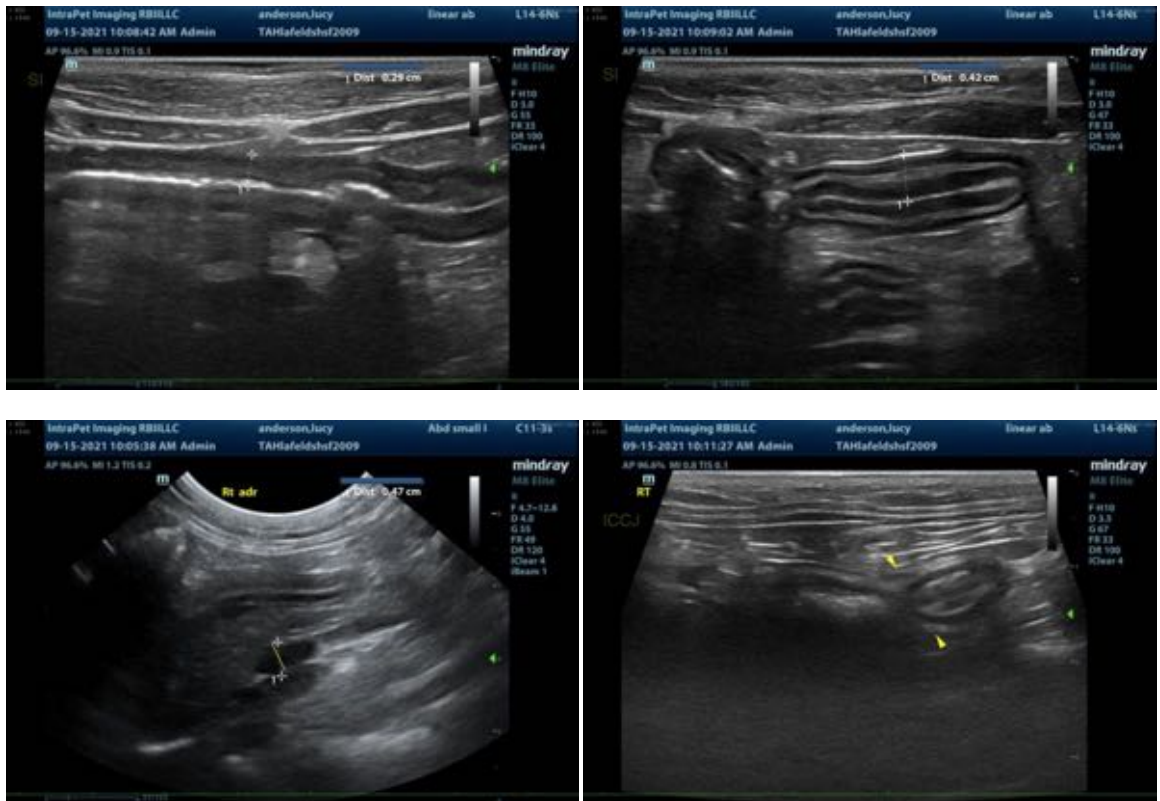
Secondary Findings:

- Bilateral age-related renal changes.
- Bi-lobed gallbladder- incidental.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- A malabsorption panel should also be considered.
- Surgical gastrointestinal biopsies are necessary to obtain a definitive diagnosis.





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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