

**DATE PRESENTING CLINICAL SIGNS**

9/15/21 History: lethargic, possible blood clot?

PATIENT Current Medications: Not provided by the veterinarian.

Sparkle McCrory Lab Results: Attached separately.

SPECIES Radiographs: Not provided by the veterinarian.

Feline Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED Sedation: IM sedation utilized for AUS

Domestic Shorthair Stat Report: not requested

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMENFemale Spayed *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.

AGE

11/1/08

WEIGHT

17.7 lbs.

The left kidney is normal size (3.86 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (3.71 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Padonia Veterinary
 Hospital

The right adrenal gland is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Youssef

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal.

INVOICE

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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. There is disruption in the normal 1:3 muscularis:mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb and body of the pancreas are prominent in size with slightly irregular peripheral contour at the tip of the left limb. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. A 1.21 x 0.79 cm irregular, hypoechoic to anechoic nodule is observed at the tip of the left limb. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A prominent (1.15 cm) mesenteric lymph node is visualized.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The diffuse pancreatic changes could be consistent with low-grade pancreatitis with concurrent age-related remodeling/fibrosis. The pancreatic nodule in the left limb may represent a cyst, abscess, regenerative nodule, or an early neoplastic process.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings:

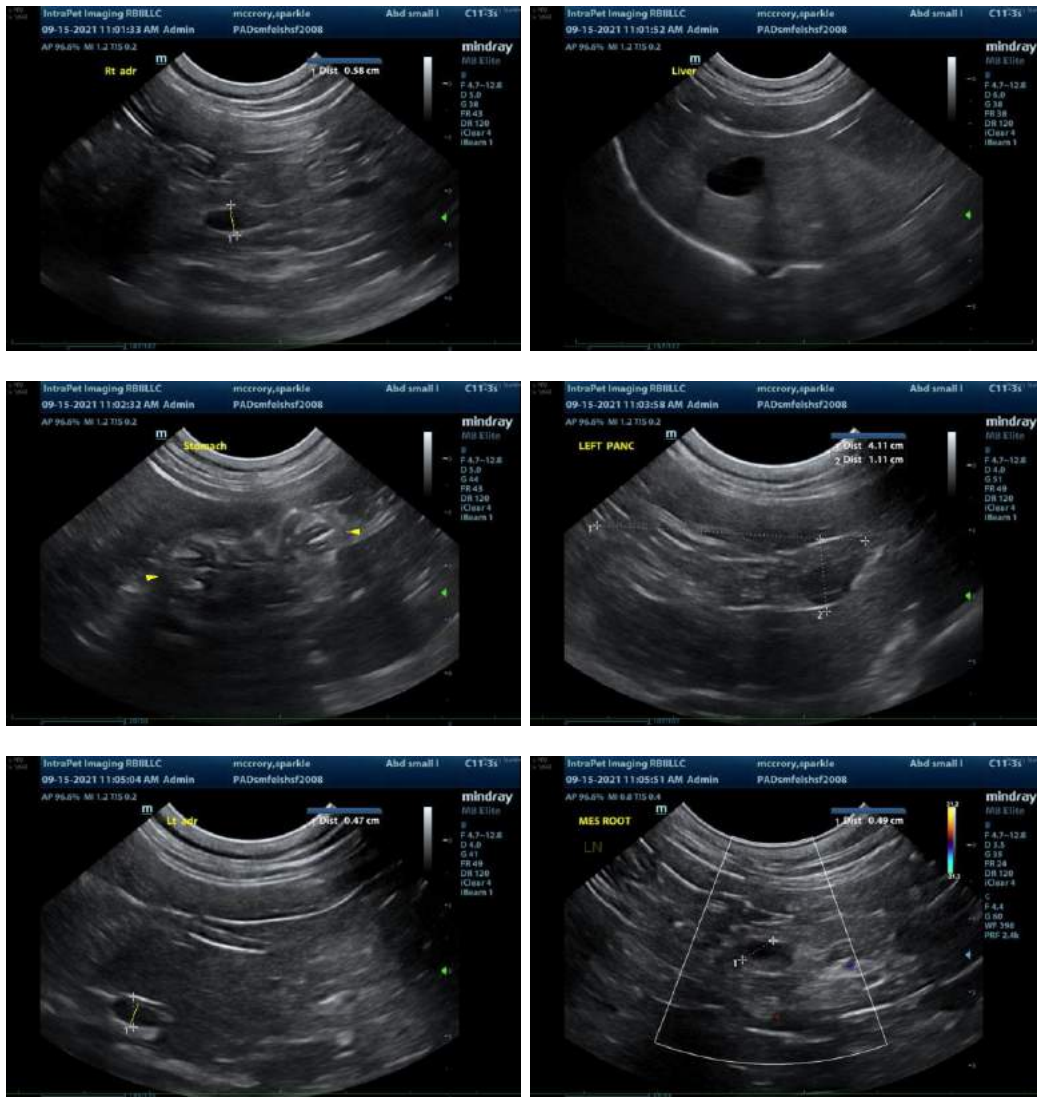
- The prominent mesenteric lymph node likely represents reactive change.
- Bilateral, age-related renal changes.

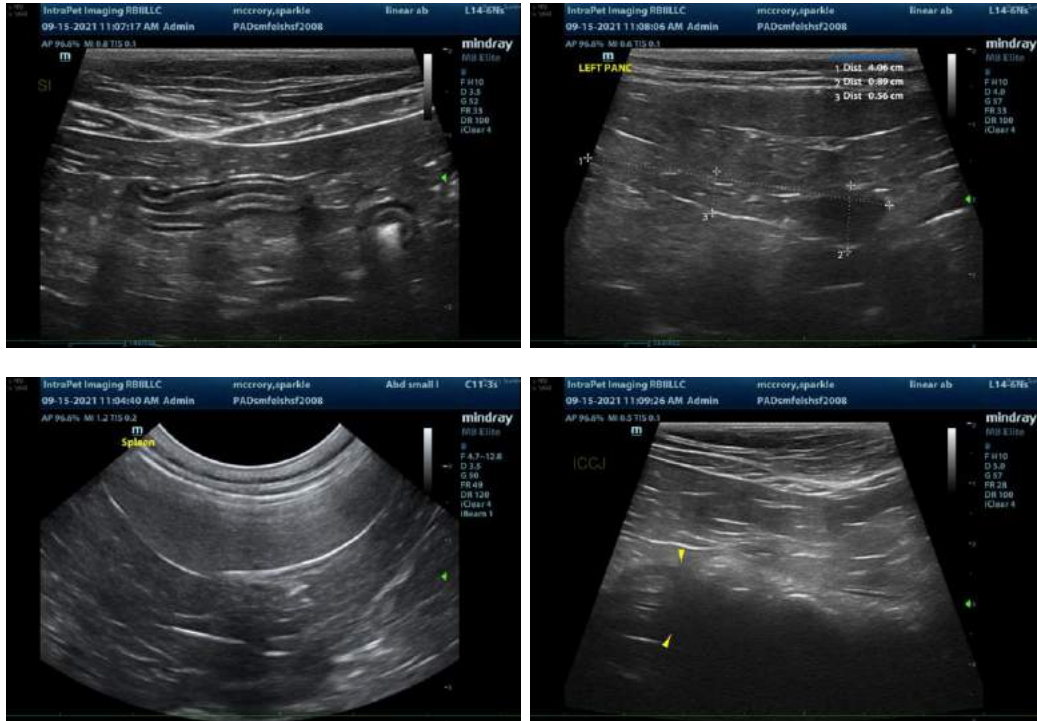
**Given the sonographic changes, "triaditis" is a consideration in this patient. However, correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended if not already performed.
2. Other diagnostic considerations include the following:
 - a. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
 - b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

- c. A fecal evaluation for ova/Giardia
 - d. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal, hepatic +/- pancreatic biopsies may be warranted.
3. A recheck abdominal ultrasound is recommended in 3-4 weeks to assess for progression of the pancreatic nodule.





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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