

**DATE PRESENTING CLINICAL SIGNS**

9/23/21

History: Presented for pu/pd on 9/2. chronic herpes, alopecia on abdomen and back legs, ~3# weight loss in 6months, gr 3/6 heart murmur noted.

**PATIENT**

Tinkerbell Warman

Current Medications: Amlodipine 2.5mg 1/4 tab PO q24hr.

**SPECIES**

Feline

Lab Results: bun 40, creat 2.0 usg 1.017, ca 12.4 (ionized calcium 1.31), alt 136. Attached separately. T4 is normal.

Radiographs: Not provided by the veterinarian.

**BREED**

Domestic Shorthair

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Butorphanol administered prior to scan.

**SEX**

Female Intact

Stat Report: STAT report not requested by the veterinarian.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

8/8/06

**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**

8.8 lbs.

The left kidney is normal size (3.33 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. Mild to moderate pyelectasia is present (0.40 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

The right kidney is normal size (3.45 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. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

**HOSPITAL NAME**

Everhart Veterinary  
 Center

**Adrenal Glands**

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Betta

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.87 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.

**INVOICE**

11886kk

**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. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### ***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 most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The right limb of the pancreas is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 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:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

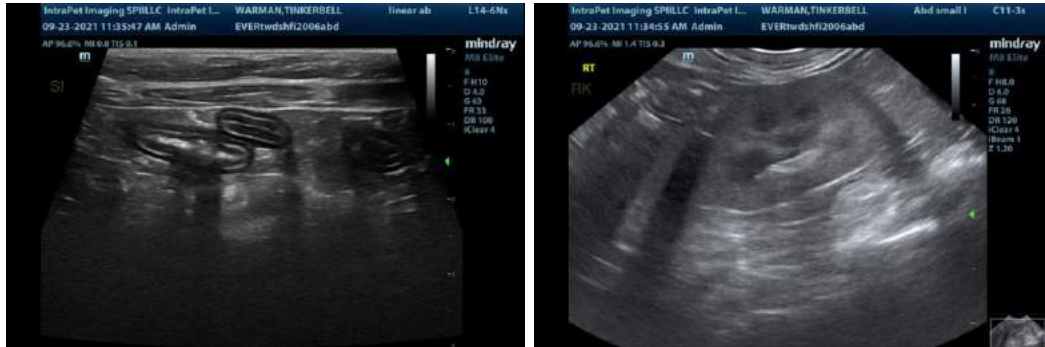
### **Secondary Findings:**

- The pancreatic changes may be a normal variant for this patient or may represent low-grade pancreatitis. Correlation with clinical findings is recommended.
- Bilateral, age-related renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Given the patient's weight loss, three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
2. Given the PU/PD, a urine culture and sensitivity is recommended to assess for pyelonephritis.
3. Other diagnostic considerations include the following:
  - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
  - b. A fecal evaluation for ova/Giardia
  - c. +/- endoscopic or surgical gastrointestinal biopsies.





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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