

**DATE PRESENTING CLINICAL SIGNS**

9.29.2022 Weight loss of 2.2lbs in 2 months, hypercalcemia, anemia and generalized muscle atrophy.

PATIENT

Jasper Robert

Current Medications: None.

Lab Results: SDMA 17, Calcium 12.4, WBC 2.7, RBC 5.26, Hematocrit 23.2.

Non-regenerative anemia. Leukopenia. T4 normal. Feline leukemia, FIV, heartworm negative. USG 1.043. 1+ proteinuria. Inactive sediment.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Persian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, 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.

AGE

6/1/2008

The **left kidney** is normal size (3.47 cm in length); normal shape and smooth peripheral contours. The cortex is hyperechoic to slightly heterogenous. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

6.4lbs

The **right kidney** is normal size (3.65 cm in length); normal shape and smooth peripheral contours. The cortex is hyperechoic to slightly heterogenous. There is moderate loss of corticomedullary distinction. A 0.28 cm nonobstructive nephrolith is visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro,
DMV, Diplomate
DACVIM (Small
Animal
Internal Medicine)

Adrenal Glands

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

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

HOSPITAL NAME

Cat Hospital at
Towson

Spleen

The **spleen** is subjectively normal in size (0.68 cm in width at the level of the hilus) with a slightly irregular medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Cottrell

Liver

The **liver** is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen, and subtly mottled in appearance. Hepatic vasculature is mildly dilated (likely due to sedation). Intrahepatic biliary tracts are of normal volume.

INVOICE

11742

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The **pancreas** is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. A 0.54 x 0.30 cm irregular, cystic area is observed in the right limb. The pancreatic duct is visible but not overtly dilated (0.81 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A few colic and mesenteric **lymph nodes** are visible, the largest measuring 0.66 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are most consistent with inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral degenerative renal changes with a right nonobstructive nephrolith
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

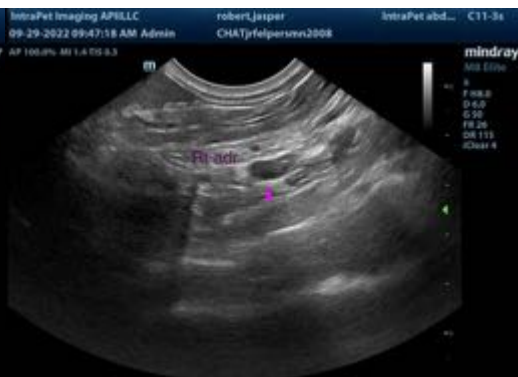
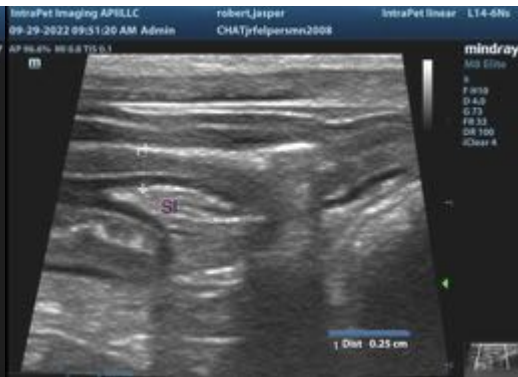
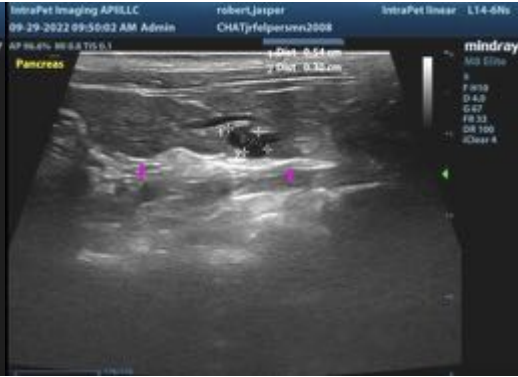
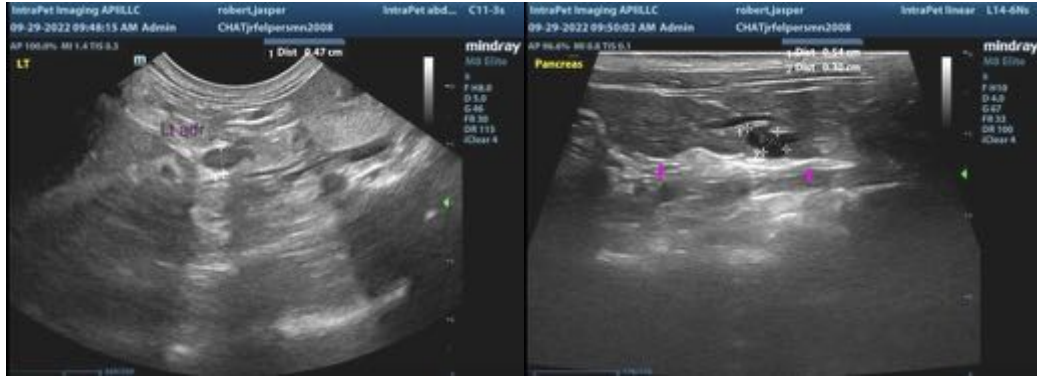
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of weight loss, consider the following:

1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
2. A fecal evaluation for ova and Giardia
3. Malabsorption panel including serum cobalamin and folate, TLI and PLI

Regarding the hypercalcemia, an ionized calcium +/- PTH/PTHrP should be considered.

Given the bicytopenia, consider a bone marrow aspirate, +/- core biopsy along with an immunofluorescence assay for feline leukemia on the bone marrow.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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