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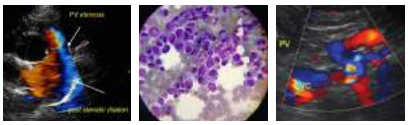

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DATE

9/9/21

PATIENT

Jamshid Klingensmith

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

7/22/12

WEIGHT

14.10 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Glen Burnie Animal Hospital

REFERRING VET

Dr. Shah

INVOICE

11785kk

PRESENTING CLINICAL SIGNS

History: Cat is consistently losing weight, depressed appetite. X -rays indicated soft tissue descending colon. Bloodwork is non diagnostic.

Current Medications: Mirtazapine 1/2 tab every 72 hours.

Lab Results: Non-diagnostic per veterinarian.

Radiographs: indicated soft tissue descending colon.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Isoflurane gas administered and maintained prior/during sca

Stat Report: STAT report not requested by the veterinarian.

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 mostly 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.

The left kidney is normal size (4.56 cm in length) with a normal shape and smooth peripheral contours. The cortex is slightly thinner than normal and there is slight loss of corticomedullary distinction. Hyperechoic, shadowing diverticular foci are visualized. Hydronephrosis is present (1.05 cm) in the longitudinal plane. There is no evidence of nephroliths or infarcts. The ureter is dilated (0.62 cm proximally) and tapers after several centimeters to a diameter of 0.10 cm after which it can no longer be visualized. A small amount of echogenic debris is observed within the proximal ureteral lumen. There is no obvious evidence of stones or tumors within the distal ureter.

The right kidney is normal size (4.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

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

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 mostly 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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes, the largest measuring 1.19 cm in length, are observed adjacent to the descending colon. A few prominent nodes are also observed adjacent to the ileocolic junction. The mesentery surrounding all nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Left hydronephrosis/hydroureter, the cause of which is unclear. A distal ureteral stricture is suspected with a lower possibility of a small ureterolith or tumor.
- Bilateral, age-related renal pathology.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenitis or less likely, infiltrative neoplasia.

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, occult neoplasia, and other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the left renal changes, a urine culture and sensitivity is recommended.
2. Other diagnostic considerations include:
    a. Three-view thoracic radiographs to assess for occult neoplasia
    b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    c. A fecal evaluation for ova/Giardia
    d. Thorough neurological examination to assess for deficits, as brain tumors can sometimes present with weight loss as the sole clinical sign.
    e. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgical biopsies are pursued, the. prominent abdominal lymph nodes should also be biopsied.


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Liver
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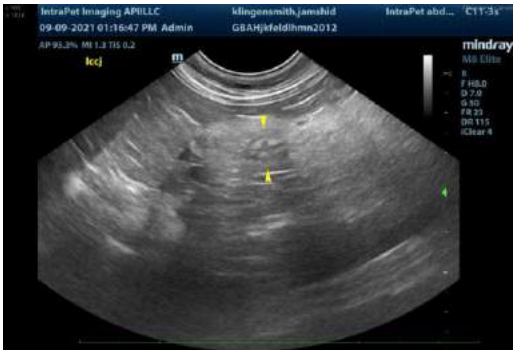
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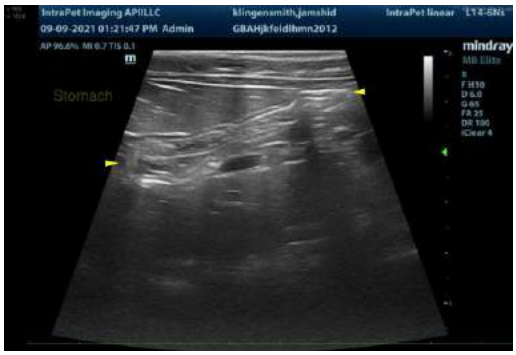

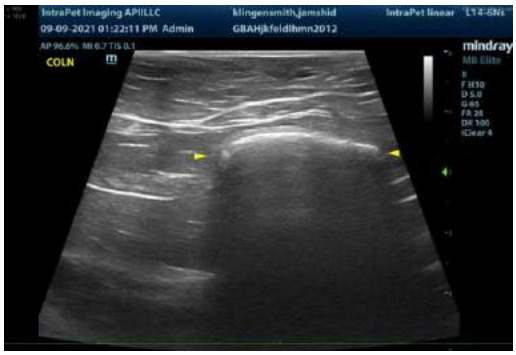

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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