

**DATE PRESENTING CLINICAL SIGNS**

9/9/21

History: Madison presented for annual PE, lab work/update vaccines, weight loss present and increased hunger/stealing food if possible. No other significant clinical signs currently. Grade II/VI heart murmur- has been evaluated by a cardiologist and will see in October due to recent elevation with Cardio Pro BNP. Recently treated UTI (no clinical signs).

**PATIENT**

Madison Haworth

Current Medications: No current medications.

**SPECIES**

Feline

Lab Results: Hypokalemic 3.3 mmol/L, Cardio Pro BNP - 1 74; remainder CBC/CHEM/UA/t4- NSF.

Radiographs: Not provided by the veterinarian.

**BREED**

Domestic Shorthair

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin administered prior to scan.

**SEX**

Female Spayed

Stat Report: STAT report not requested by the veterinarian.

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

9/3/10

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of aggregated, echogenic debris is suspended 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.

**WEIGHT**

6.8 lbs.

The left kidney is normal size (3.48 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 corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

The right kidney is normal size (3.58 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 corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**HOSPITAL NAME**

Noah's Ark Veterinary &  
Boarding Resort

**Adrenal Glands**

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

**REFERRING VET**

Dr. Martinez-Hernandez

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.74 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**

11786kk

**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. A scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is distended with ingesta. 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 ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. 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**

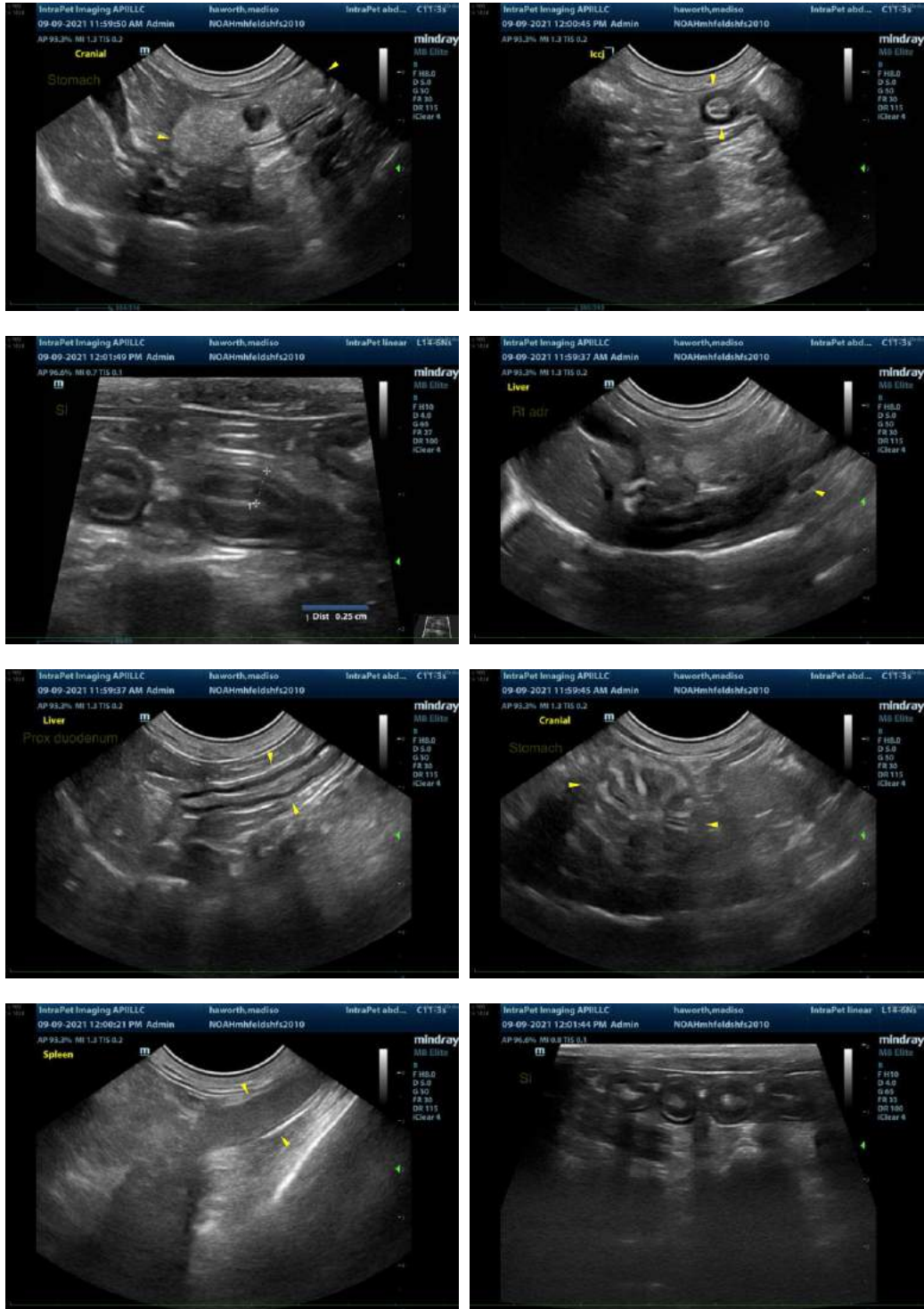
- Minor, age-related renal changes.
- Urinary bladder debris.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

\*\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, or other), low grade pancreatitis, underlying metabolic issue, occult neoplasia, other.

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

1. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
2. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
3. A thorough neurologic evaluation is recommended, as weight loss can be the sole clinical sign in patients with brain tumors.
4. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get 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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