


PATIENT

Linkin Deryk

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

9 Yrs.

WEIGHT

4.2 kg.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Bridge

INVOICE

12938

DATE

2/1/22

PRESENTING CLINICAL SIGNS

History: Hx of intermittent vomiting/constipation, but now weight loss and hyporexia as well. Was on hypo diet but needs to rotate recently (last 6mo) due to decreased appetite. Hx of barbering and maintaining well on Atopica. PE 1/29/22: Constipation, mild dehydration, dental disease vitals WNL

meds: cyclosporine 25mg q48hr

Abnormal PE/Chem/CBC/UA Results: CBC WNL SDMA 17 (0-14) K 5.4 (3.7-5.2)H Na: K 28 (29-42) L Anion Gap 26 (12-25) TLI pending B12 632 (204-1051) folate >54 (27-46) H TT4 WNL spec 1.0 (0-3.5) Cortisol (Random) pending

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 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 (3.89 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.83 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm length; 0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.51 cm length; 0.24 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.56 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.

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.



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Gastrointestinal

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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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The small intestinal wall changes are suggestive of an inflammatory bowel disease. Emerging lymphoma is also possible but considered unlikely.
- Age-related pancreatic remodeling +/- fibrosis. Low-grade inflammation may also be present, particularly if the patient exhibits cranial abdominal pain on palpation.

Secondary Findings:

- Minor degenerative renal changes.

*It is unclear if the patient's sonographic changes are related to the current clinical signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- Thorough orthopedic and neurologic examinations are also recommended to assess for non-metabolic causes of hyporexia.
- A fecal evaluation for ova and Giardia is also recommended.
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. In the meantime, supportive care with appetite stimulants, gastric protectants and nutritional support is recommended.



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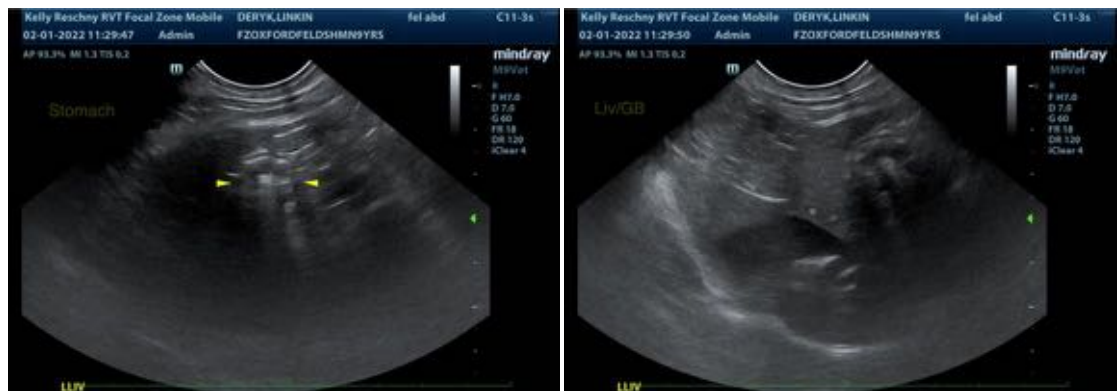
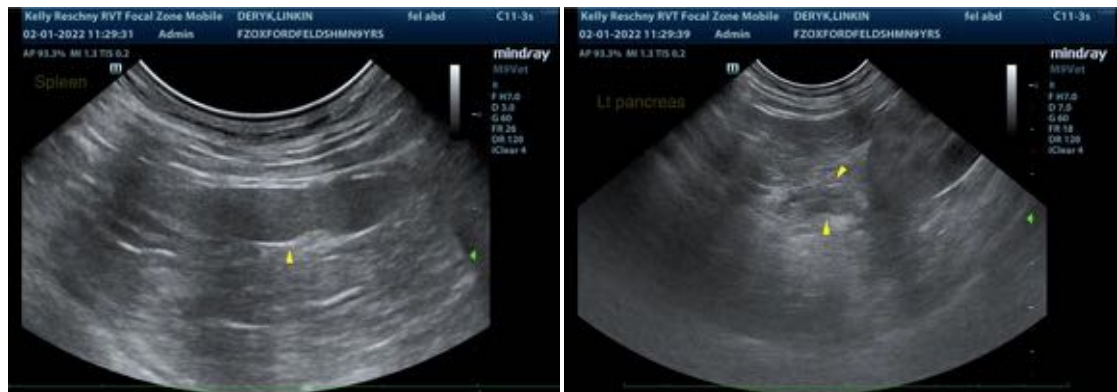
Dr. Bridge

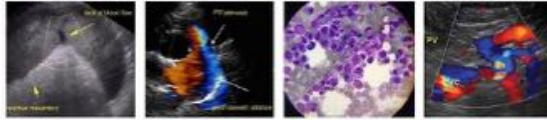
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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