



**PATIENT**

Dexter Kuefner

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

15 Yrs.

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

VCA Blirstown AH

**REFERRING VET**

Dr. Zeliff

**INVOICE**

14870

**DATE**

5/1/23

**PRESENTING CLINICAL SIGNS**

History: Chronic weight loss, normal attitude.  
Abnormal PE/Chem/CBC/UA Results: T4 2.9, Free T4 47, mild increase in renal parameters. stress hyperglycemia.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. An irregular cortical cyst is suspected at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

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

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

*Spleen*

The spleen is normal in size (0.73 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. A small amount of aggregated, echogenic debris 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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.



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**Pancreas**

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The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Feline

**Free Abdomen**

There is no obvious evidence of free fluid. A few prominent colic lymph nodes are also seen, the largest measuring 0.62 cm in diameter. A few prominent mesenteric lymph nodes are also seen, the largest measuring 1.65 cm in length. Surrounding mesentery is mildly hyperechoic.

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## ULTRASONOGRAPHIC FINDINGS

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral chronic age-related renal changes.

## AGE

15 Yrs.

\*An obvious cause for the patient's weight loss is not definitively identified in this study. Considerations include sarcopenia, maldigestion/malabsorption, occult neoplasia, underlying metabolic issue, brain tumor, other.

## WEIGHT

10.3 lbs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult neoplasia in the chest.
- A neurologic examination is recommended to assess for deficits as primary brain tumors can sometimes present with weight loss as the sole clinical sign.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Further tests should be based on the results from the above diagnostics.

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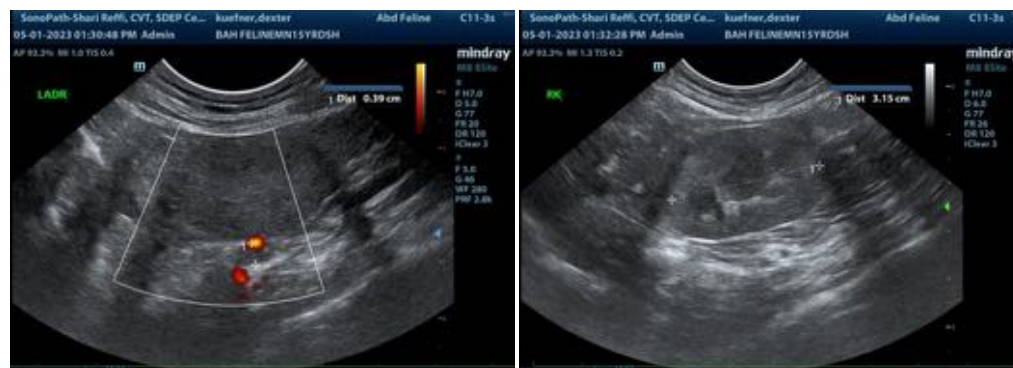
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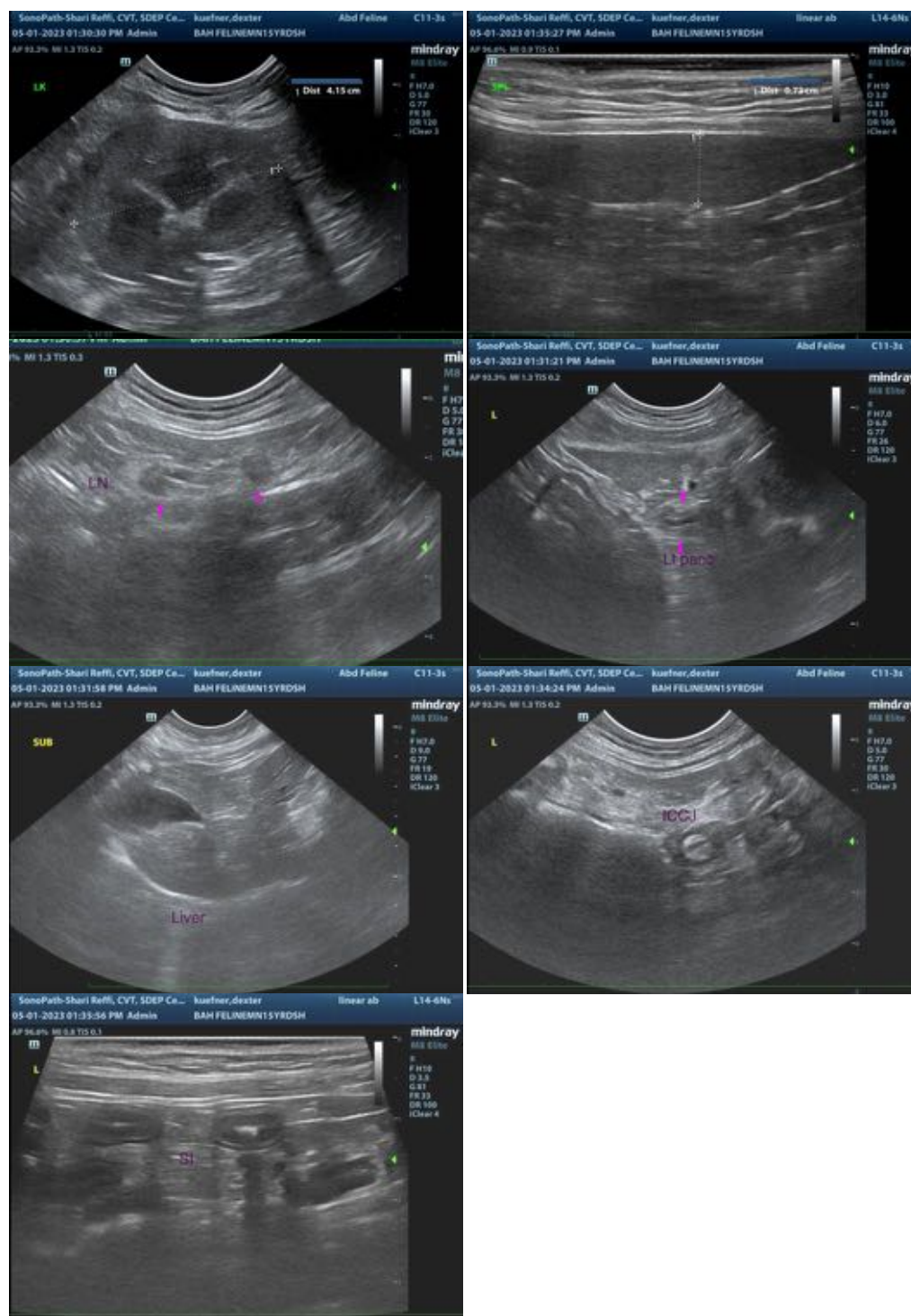
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

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can be of any further assistance please contact me.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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