



**PATIENT PRESENTING CLINICAL SIGNS**

Eva Kurtz History: Patient presents for cause of gradual weight loss.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline *Urinary System*

**BREED** Domestic shorthair  
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of aggregated echogenic suspended 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.

**SEX** Female, spayed  
The left kidney is normal size (3.54 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.

**AGE** 12 Yrs.  
The right kidney is normal size (3.69 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.

**WEIGHT** *Adrenal Glands*

9.11 lbs.  
The left adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY** Andrea Nicastro, DVM, Diplomate ACVIM  
(Small Animal Internal Medicine)  
The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.77 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.

**IMAGING PERFORMED BY**

Kelly Vazquez

*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 mildly distended. The wall is diffusely thickened (up to 0.19 cm) and hyperechoic. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. The common bile duct measures 0.26 cm in diameter. The cystic and common bile duct walls are subjectively thickened.

**HOSPITAL NAME**

Animal Paradise Hospital

**REFERRING VET**

Dr. ElShafie

*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

**DATE**  
9/6/22



**PATIENT**

Eva Kurtz

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. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Feline

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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.

**BREED**

Domestic shorthair

**Free Abdomen**

**SEX**

Female, spayed

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 Yrs.

**Primary Findings:**

- The gallbladder and common bile duct wall changes are most consistent with cholecystitis/cholangitis. However, benign age-related hyperplasia cannot be completely excluded.
- Age-related pancreatic remodeling with probable fibrosis. Chronic mild pancreatitis may also be present, particularly if the patient's clinical history fits with this diagnosis.

**WEIGHT**

9.11 lbs.

**Secondary Findings:**

- Minor, bilateral, age-related renal changes.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
- Also consider three-view thoracic radiographs to assess for occult disease in the chest.
- A neurologic examination is also recommended as primary brain tumors can occasionally present with weight loss as the sole clinical sign.
- Depending on the results of the above diagnostics, additional testing (i.e., GI panel, fecal evaluation for ova and Giardia, +/- GI biopsies) may be necessary to get a definitive diagnosis.

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**SPECIES**

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**BREED**

Domestic shorthair

**SEX**

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**AGE**

12 Yrs.

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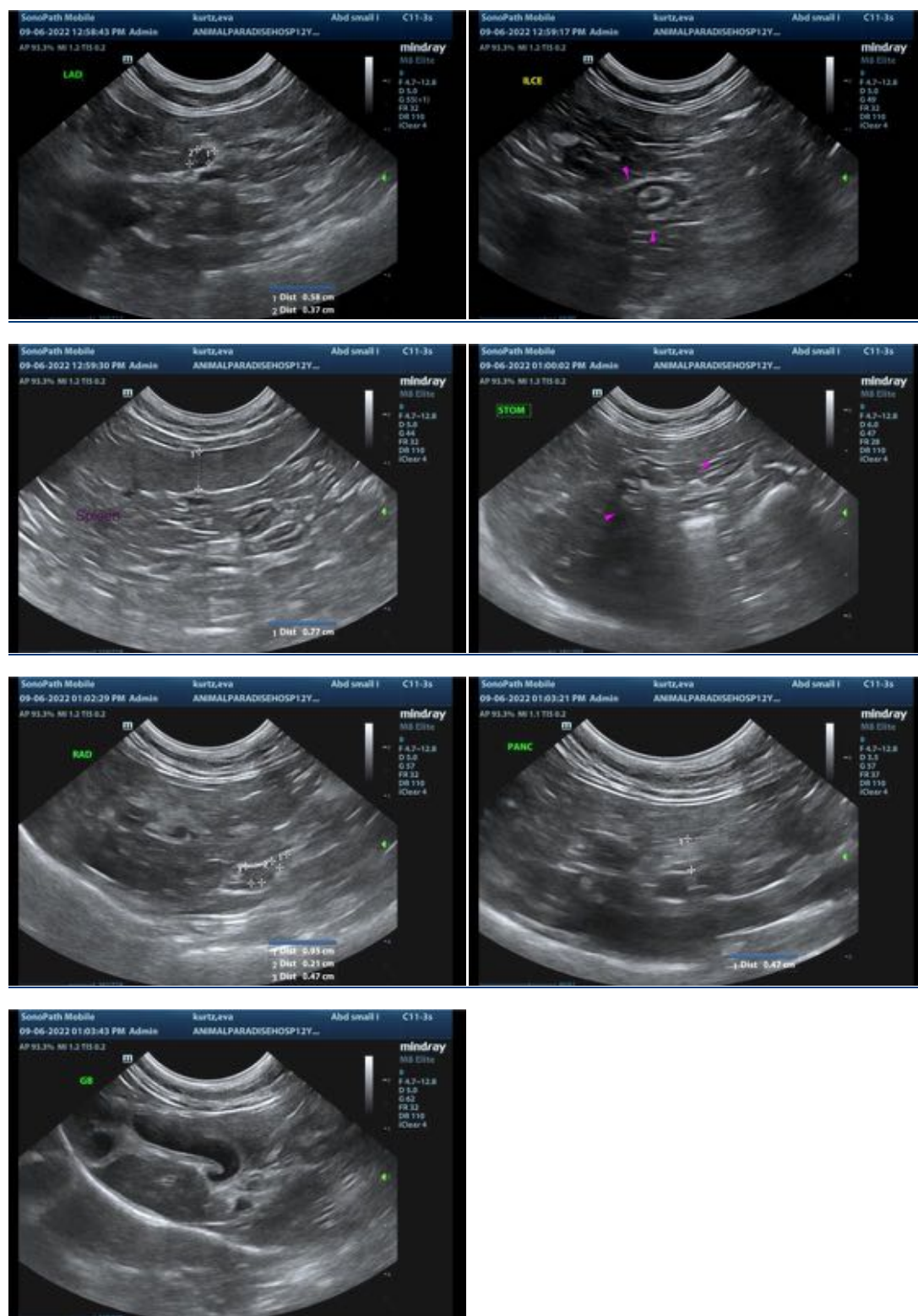
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Eva Kurtz

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.

**SPECIES**

Feline

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com

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**SEX**

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**AGE**

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