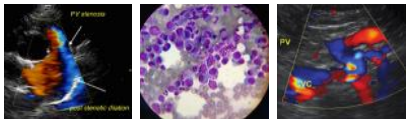
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

6/26/23

PATIENT

Jasper Geyser-Stoops

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2/1/2008

WEIGHT

12.64 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

North Laurel AH

REFERRING VET

Dr. Nelson

INVOICE

23090

PRESENTING CLINICAL SIGNS

History: Weight loss, early CKD, new hypercalcemia (12.3 total calcium)

Current Medications: None, kidney diet
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Alfaxone & Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (3.48 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (3.52 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A chronic infarct is noted in the caudal pole of the right kidney.

Adrenal Glands

Left adrenal gland is normal in size (0.57 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is a mildly enlarged (0.4 cm) thick hypoechoic rounded lymph node noted in the cranial abdomen, adjacent to the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Chronic infarct in the right kidney
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mild lymphadenopathy in the cranial abdomen, adjacent to the pancreas. This is likely reactive, however, infiltrative neoplasia cannot be definitively ruled out without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

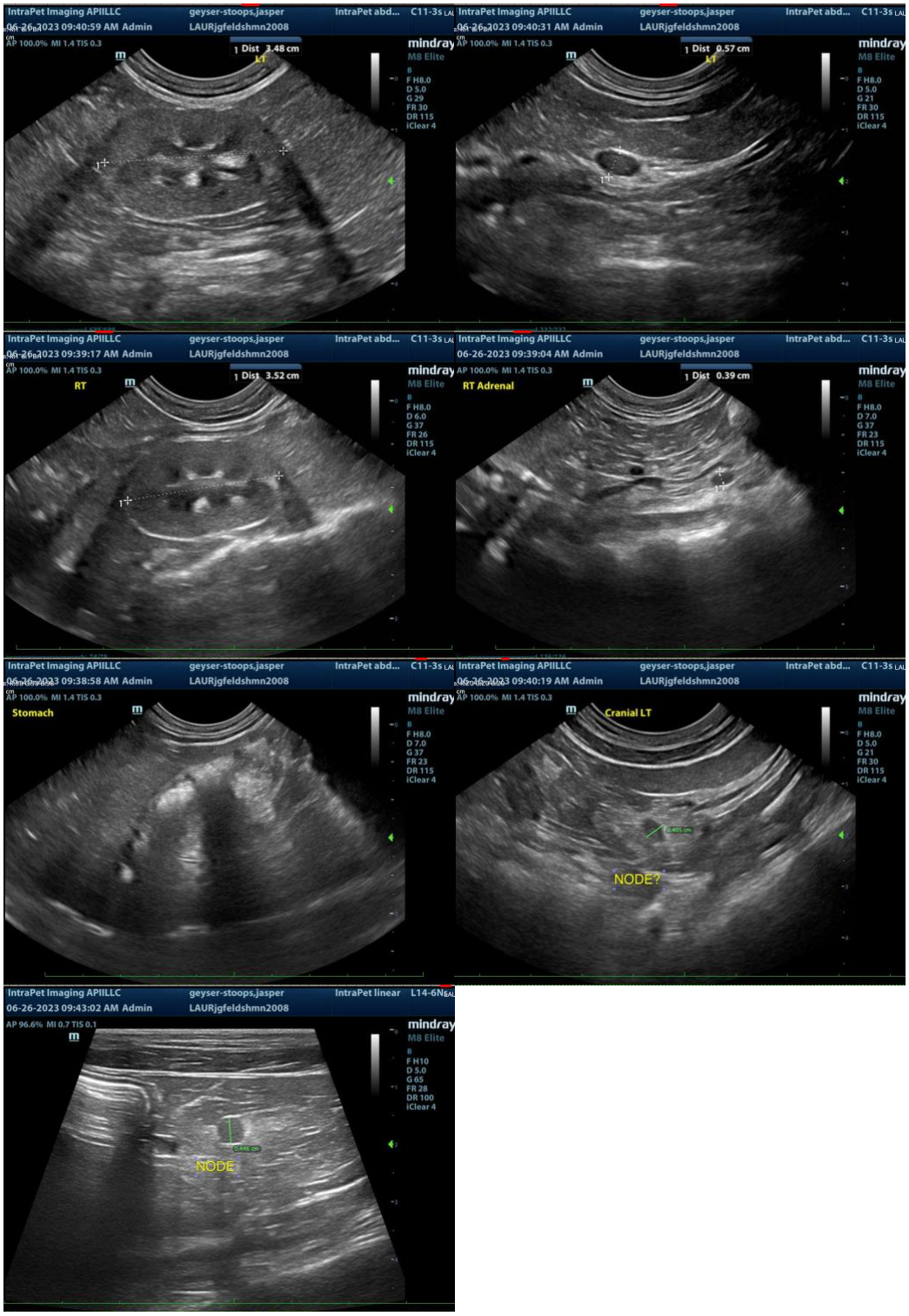
Further evaluation of this patients newly reported hypercalcemia is recommended, beginning with a malignancy panel to include ionized calcium, PTH and PTHrP.

Fine needle aspirates of the pancreas and the mildly enlarged node, adjacent to the pancreas, could be considered if it can safely be reached and if patients coagulation status is appropriate, especially if the malignancy panel is suggestive of hypercalcemia of malignancy. Having said this, the lymph node is very small and likely unable to be reached for fine needle aspirate at this time.

Beyond that change, there is not a definitively obvious explanation ultrasonographically, to explain this patients weight loss. Further investigation for the weight loss is dependent on patients appetite. If the weight loss can be blamed on a decreased appetite, then the above work up may help determine the underlying cause. If the decreased appetite is secondary to the hypercalcemia or whatever is causing the hypercalcemia, and/or potentially related to the chronic kidney disease, etc., if this is the case, then supportive/symptomatic medical management of possible gastritis is recommended in the form of antiemetics, gastroprotectants, as well as an appetite stimulant, etc. If, however, weight loss proceeds, despite a good appetite or even an increased appetite, further evaluation of hyperthyroidism is recommended, if not already evaluated.

Finally pending results of the above, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI

and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.



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.

Beth Johnson, DVM DACVIM
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