**DATE PRESENTING CLINICAL SIGNS**

8/23/23 Presenting for progressive weight loss and increased appetite.

PATIENT

Chet Manly Halpern

Current Medications: None.
 Lab Results: T4= 2.6, Chemistry wnl, CBC wnl. Mild to moderate isosthenuria with crystalluria.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

SEX

Neutered Male

AGE

8/5/15

WEIGHT

9.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Halpern

INVOICE

44883

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.82 cm in width at the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very small, ill-defined hypoechoic nodule visualized towards the periphery of the spleen near the mid body.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is mildly prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Small hypoechoic nodule visualized associated with the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mild fluid and gas distention of the small bowel with a slightly prominent muscularis layer – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

SECONDARY FINDINGS

- Mildly prominent/mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

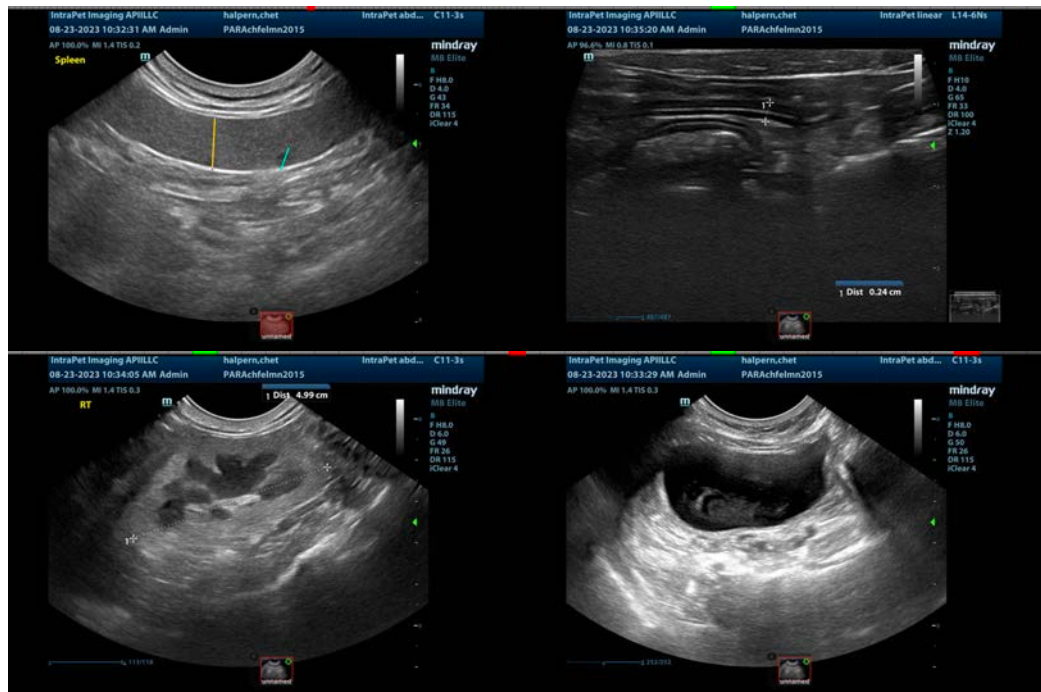
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

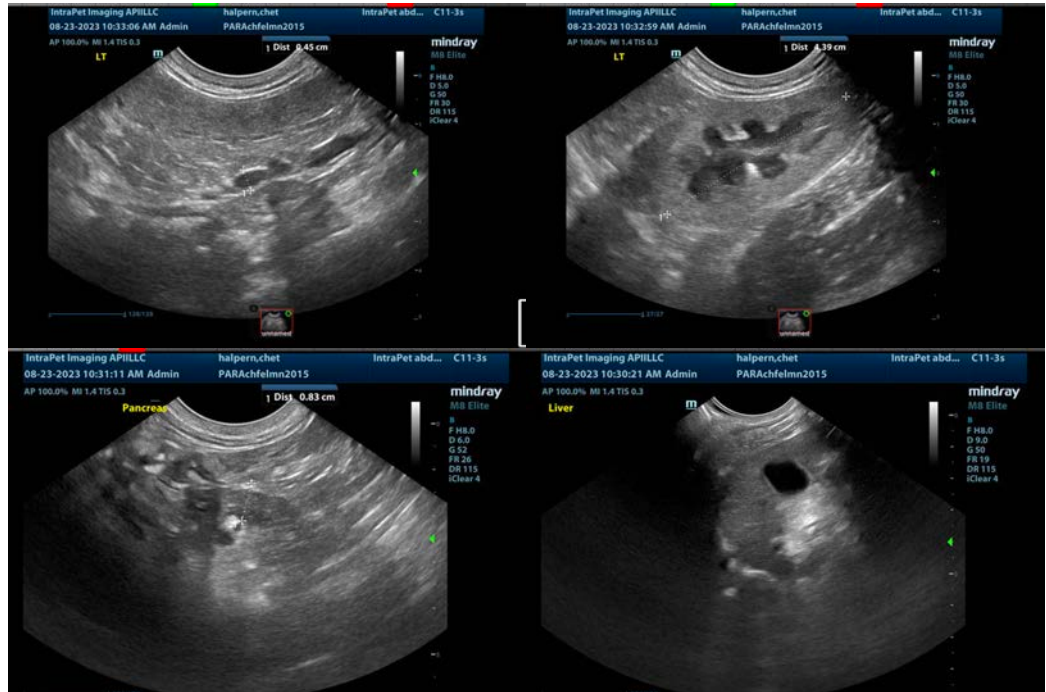
Today's scan appears relatively normal. There is a very small, hypoechoic nodule visualized associated with the spleen. Options moving forward would include continued monitoring of this lesion or a fine needle aspirate. The nature of this small lesion is uncertain at this time.

The small intestine is variably dilated with a mild amount of fluid and gas. In some areas the muscularis layer appears somewhat prominent. This can be a normal finding in some older cats. It can also be associated with a primary enteropathy.

Primary differentials for increased appetite with weight loss would be hyperthyroidism, diabetes, or a malabsorptive problem. Given that lab work is normal, consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for additional evidence of underlying gastrointestinal disease, exocrine pancreatic insufficiency, etc. You could consider a novel protein or hydrolyzed protein prescription diet, probiotic therapy, etc. If symptoms are persistent and a primary enteropathy is thought very likely, you could consider obtaining GI biopsies. Additionally consider repeat imaging (radiographs +/- ultrasound) if symptoms are persistent.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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 can be of any further assistance please contact me.

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