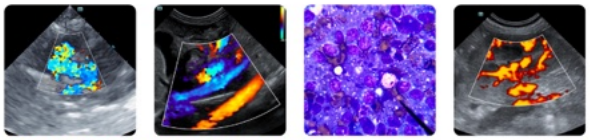

PATIENT

Bandit Capouellez

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

13 years

WEIGHT

10.9 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Brian Hougentogler

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Bouch

INVOICE

72265

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PRESENTING CLINICAL SIGNS

- Organs of interest kidneys, GI tract
- 2 weeks or decreased appetite, oral discomfort, and PU/PD.
- Significant calculus on teeth, but no signs of oral infection; otherwise exam is unremarkable.
- Started Aluminum hydroxide; fluids - patient is a little better
- SDMA - 57, Crea - 7.4, BUN - 77, Phos - 7.5, TP - 11.2, Alb - 2.4, Glob - 8.8, Alb:Glob - 0.3, BNP - 493, Urine SG - 1.011, Proteinuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is turbid with abundant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney measures 4.78×2.70 cm, and the thickness of the cortex is 0.49 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney measures 4.65×2.85 cm, and the thickness of the cortex is 0.45 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A medullary rim sign is present. Small amounts of mineralized sediment are noted within the calyceal region. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

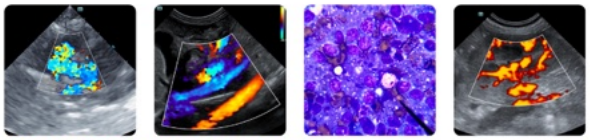
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are within normal limits. The left adrenal gland measures 0.30 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.31 cm at the caudal pole.

Spleen

Splenic thickness measures 0.93 cm. A focal splenic mass measuring 1.11×1.75 cm is identified arising from the ventral splenic extremity and causing capsular contour deformation.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to the falciform fat, with normal echotexture. A small hepatic cyst measuring 4.9×5.1 mm is identified. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.83 mm and preserved wall layering. The pylorus measures 4.18 mm.

The duodenum measures 1.79 mm.

The jejunum measures 2.01 mm. Within the jejunal wall, the mucosa measures 1.19 mm, the submucosa 0.42 mm, and the muscularis propria 0.31 mm.

The ileum measures 1.48–1.64 mm. Within the ileal wall, the mucosa measures 0.57 mm, the submucosa 0.57 mm, and the muscularis propria 0.34 mm. Wall layering is preserved.

The ileocecal junction measures 3.05 mm, with the muscularis measuring 1.36 mm.

No signs of ileus, obstruction, or foreign material are identified.

The colon measures 0.72 mm in the transverse segment and 0.69 mm in the descending segment, with formed fecal material present within the lumen.

Pancreas

Pancreatic thickness measures 5.54 mm. The pancreatic parenchyma appears mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.16 mm in diameter. No ultrasonographic evidence of peripancreatic inflammation or local free fluid is identified.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. No lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with preserved renal size and medullary rim sign.
- Focal splenic nodule arising from the ventral splenic extremity and causing deformation of the splenic capsule.
- Turbid urinary content with abundant suspended echoes within the urinary bladder.

SECONDARY FINDINGS

- Small hepatic cyst (4.9×5.1 mm), likely incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kidney ultrasonographic pattern is most compatible with renal parenchymal disease such as interstitial nephritis or immune-complex glomerulonephritis. These findings are not specific for a single etiology. Renal appearance is not typical of renal lymphoma, as there is no renomegaly, architectural effacement, or focal infiltrative lesions; however, lymphoma cannot be completely excluded based on ultrasonographic findings alone.

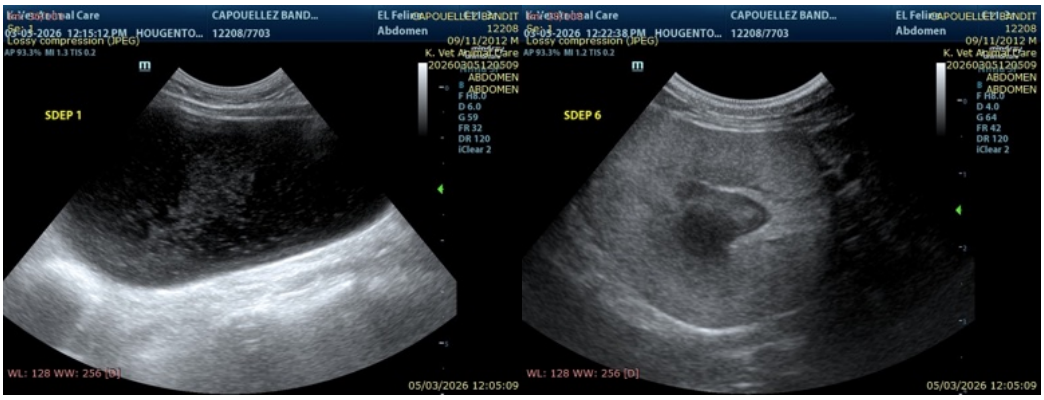
A focal splenic nodule measuring 1.11×1.75 cm is identified arising from the ventral splenic extremity and causing deformation of the splenic capsule. Differential considerations for this lesion include granulomatous disease, lymphoma, mast cell tumor, or nodular hyperplasia.

Given the marked hyperglobulinemia and low albumin-to-globulin ratio, systemic inflammatory, infectious, or neoplastic diseases should be considered.

- Granulomatous conditions such as dry feline infectious peritonitis could theoretically explain both the splenic lesion and immune-complex renal disease, although no additional ultrasonographic findings typically associated with FIP (such as abdominal effusion, lymphadenopathy, or multifocal organ lesions) are identified in this examination.
- Other systemic infectious diseases capable of producing granulomatous splenic lesions and marked hyperglobulinemia, such as systemic mycoses (histoplasmosis) should also be considered.

Recommendations

- Fine-needle aspiration of the splenic nodule.
- Given the marked hyperglobulinemia and low A:G ratio, serum protein electrophoresis may help determine whether this represents polyclonal inflammatory disease or monoclonal gammopathy.
- Consultation with a veterinary internal medicine specialist may help integrate the imaging and laboratory findings and guide further diagnostics.
- Clinical management of the severe renal disease should be guided by the attending veterinarian.



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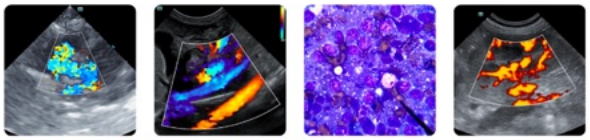

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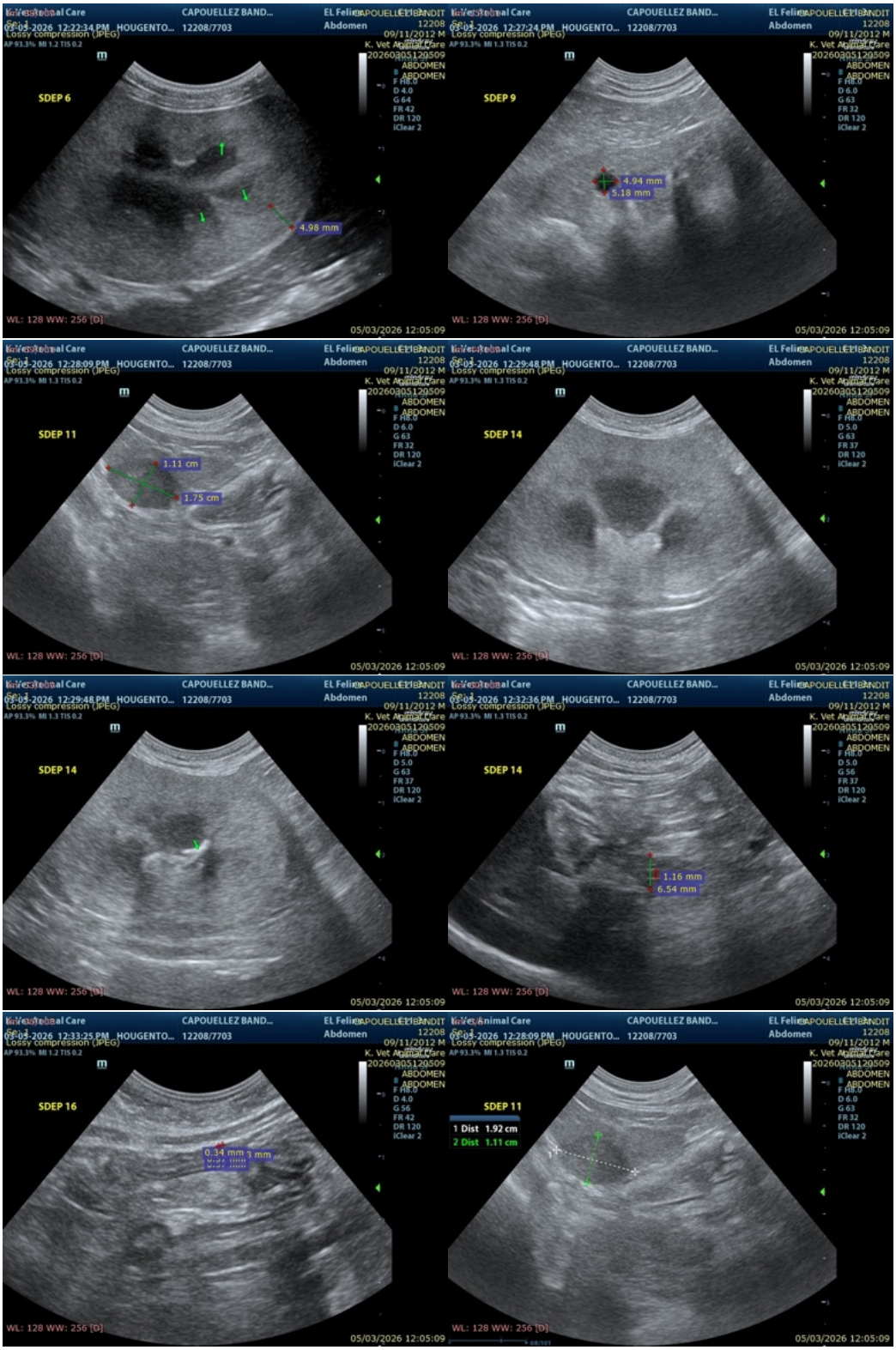

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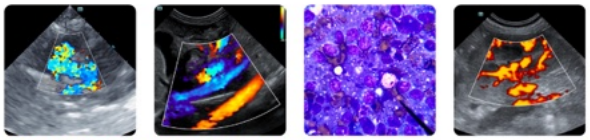

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com