

**DATE PRESENTING CLINICAL SIGNS**

1/19/2022

History: Hx of chronic constipation- bowel motility issues, will strain to defecate, hx of chronic renal disease.

PATIENT

Leeloo Jerome

Current Medications: lactulose, gabapentin given in December to help with pain and constipation, pet is on prescription renal diet.

SPECIES

Feline

Lab Results: CBC/chem in 12/16/21 showed mild azotemia, SDMA mildly elevated.
Radiographs 12/16 showed plump kidneys, small amount of stool and gas in colon no other abnormalities.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Female Spayed

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The wall is diffusely and severely thickened (up to 0.17 cm) and irregular/scalloped in appearance. There is no evidence of cystic calculi. The mesentery of the effacing serosal surface at the apex is isoechoic.

AGE

11-30-2010

The left kidney is small in size (3.07 cm in length); with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is slightly hypoechoic relative to the liver. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

5.51 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is small in size (2.85 cm in length) with a normal shape and smooth peripheral contours. There is moderate loss of corticomedullary distinction. The cortex is mildly hyperechoic relative to the liver. Several hyperechoic shadowing diverticular foci are observed. A small amount of obstructive nephroliths are visualized. Mild pyelectasia is visualized (up to 0.22 cm) in the transverse plane. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Banfield Pet Hospital
of Westminster

Adrenal Glands

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

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Jantz-Stephis

Spleen

The spleen is normal in size (0.90 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.

INVOICE

10160

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.55 cm irregular anechoic cyst is observed on the right side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. A bi-lobed conformation is present. The wall is normal in thickness. A small amount of aggregated echogenic debris is observed within the lumen, The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to moderately thickened (up to 0.32 cm) with a normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosal ratio in most segments. A line of mucosal fibrosis is also seen in some regions. Discreet masses are not identified. The ileocolic junction is normal. The proximal colonic wall is borderline thickened (up to 0.28 cm) with a normal layering pattern. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic 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.

Free Abdomen

There is no evidence of There is no evidence of free fluid. Two to three prominent colic lymph nodes are visualized, the largest measuring 0.53 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel wall changes consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The bladder wall pathology could be consistent with polypoid cystitis. Alternatively, infiltrative neoplasia (i.e., transitional cell carcinoma), is possible. Correlation with clinical findings is recommended. Caudal retroperitonitis is present, likely secondary to bladder pathology.

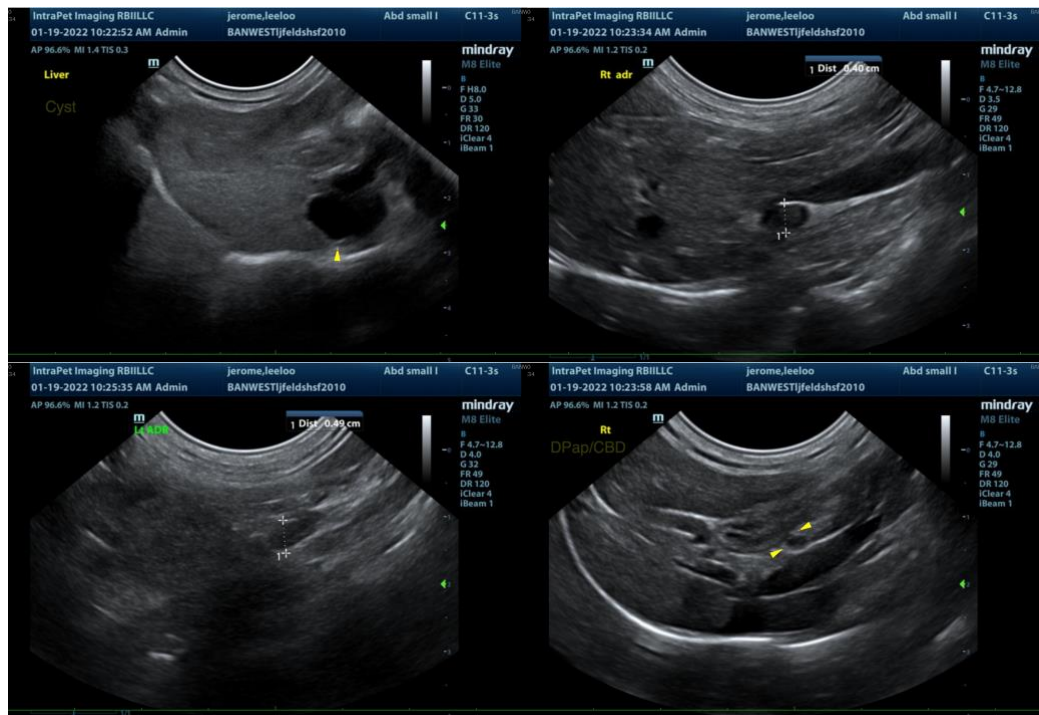
Secondary Findings

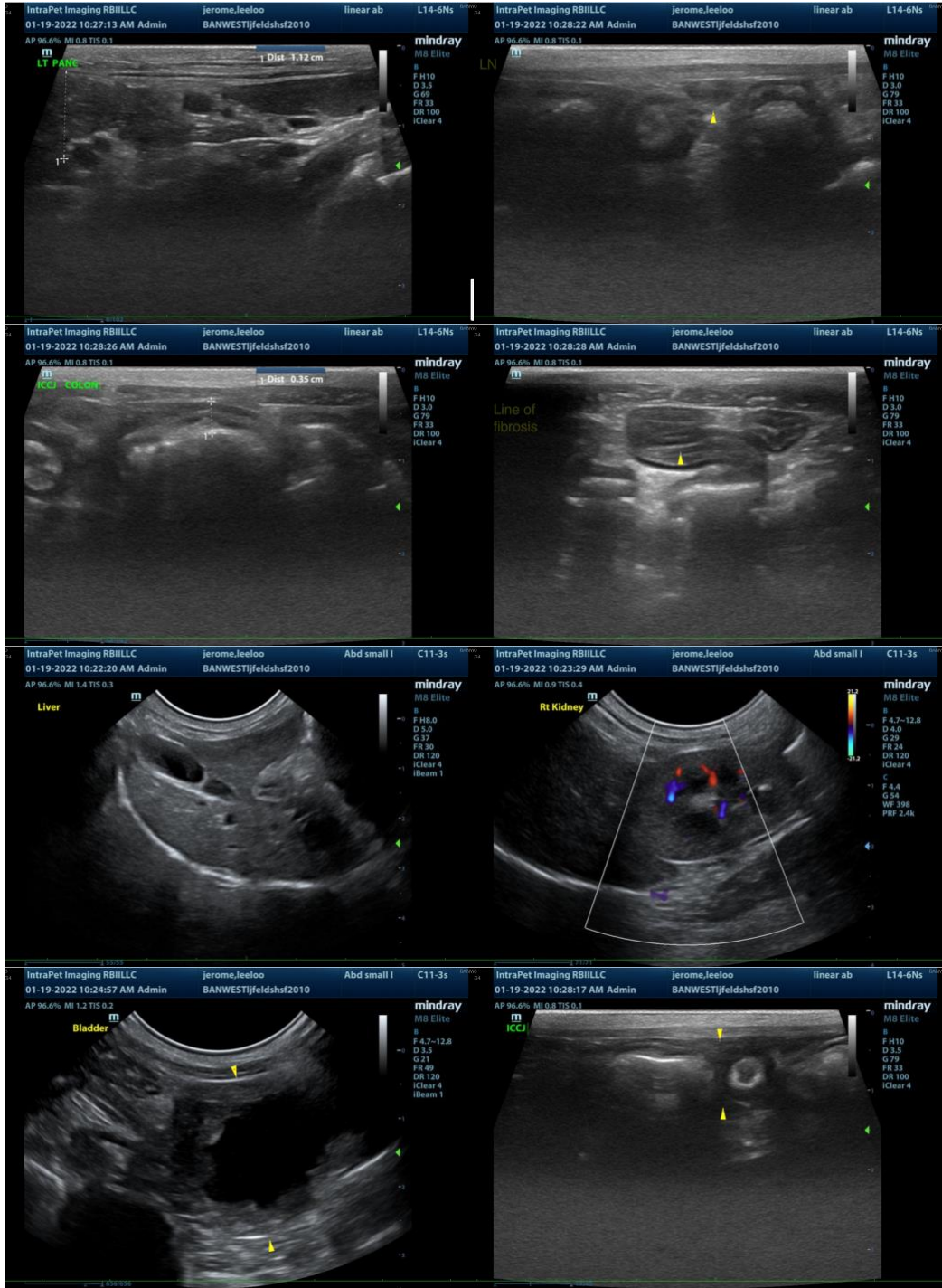
- Bilateral age-related renal changes with dystrophic mineralization and nonobstructive right nephrolithiasis
- Right hepatic cyst, likely benign
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bi-lobed gall bladder/incidental

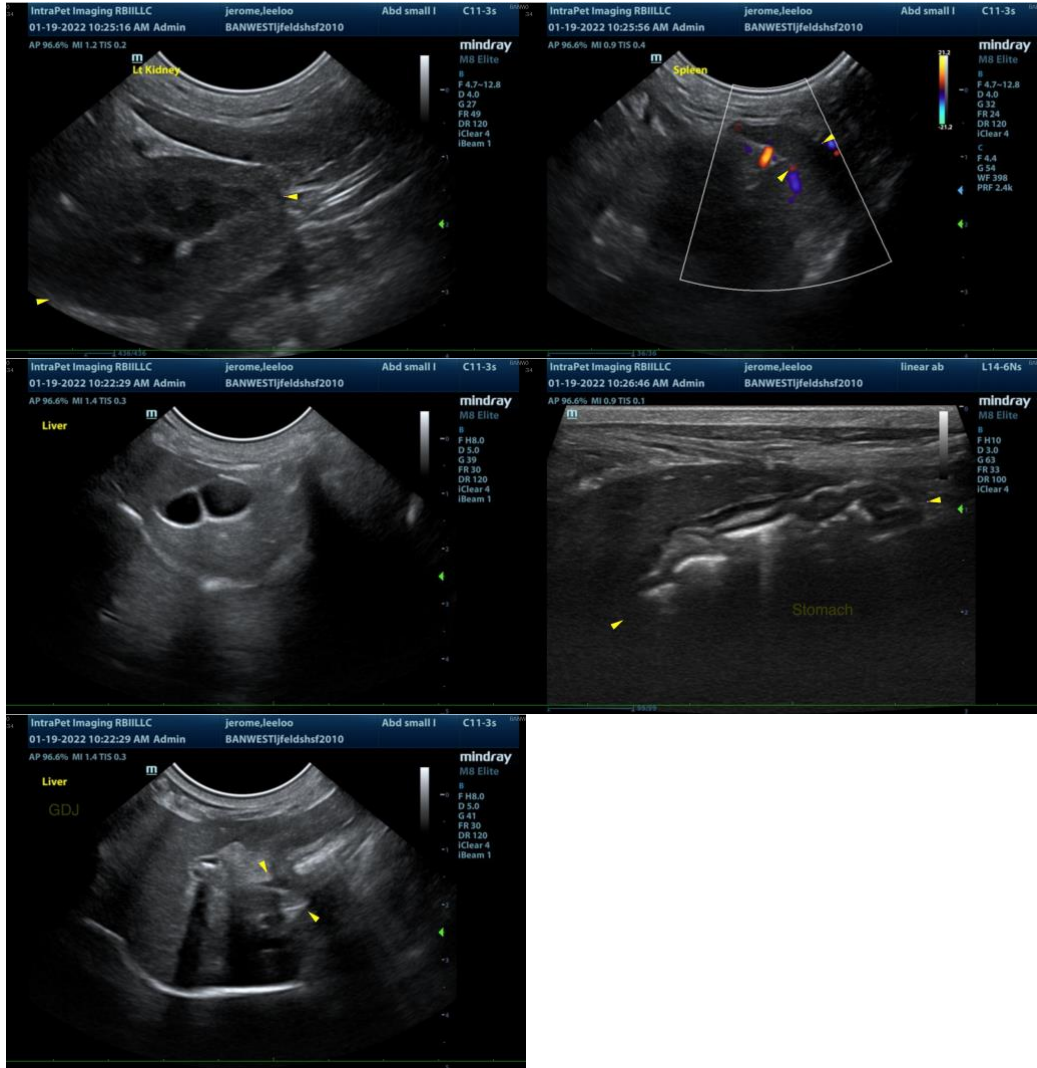
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is experiencing vomiting, inappetence and/or weight loss, consider further GI workup, including the following:

1. Malabsorption panel (send to Texas A&M)
 2. Fecal evaluation for ova and Giardia
 3. +/- gastrointestinal biopsies (i.e., endoscopic or surgical)
- Regarding the renal disease, consider the following:
 1. Urine culture and sensitivity to assess for occult pyelonephritis
 2. UPC (if proteinuria is present)
 3. Baseline blood pressure measurement to assess for systemic hypertension
 - Given the patient's age, thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is to be initiated for the renal disease at any point







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.

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