

**DATE PRESENTING CLINICAL SIGNS**

1/17/2022

History: Presented for exam. Urinating outside litter pan since Thanksgiving. O states that pet seems painful in the hind legs will not jump into top loader litter pan. E/D well. O states that pet seems ravenous. However, pet has been losing weight. PU/PD, no coughing/sneezing, vomiting/diarrhea, energy normal.

PATIENT

Fritter Ruiz

Lab Results: IOF - CREA 2.6 H, Glob 7.2 H, BUN 53 H, SDMA 15 H, CBC - WBC 16.8 H, RBC 3.9 L, Hem 5.7 L, HCT 16 L, Neutrophils (High) 10080, UA(Cysto) - Protein- trace, blood- 2+, USG -1.018,

SPECIES

Feline

Urine culture and MIC – Negative, TT4- 1.9 (RR 0.8-4.0), FT4- 41.3 (RR 10-50).
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Domestic shorthair

Sedation: Gabapentin PO.
 Stat Report: Not requested.
 Imaging Performed By: Stephanie Pearce RCDS, RVT.

SEX

Male, neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended echogenic 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.

AGE

7/10/2016

WEIGHT

9.7 lbs.

The left kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Banfield Pet Hospital
 of City Plaza

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen**REFERRING VET**

Dr. Roberts

The spleen is normal in size (0.88 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

12854

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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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 is normal to mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

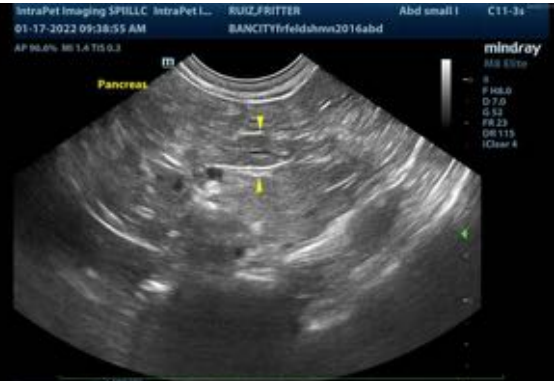
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. 2-3 prominent lymph nodes are observed just lateral to the left kidney, the largest measuring 1.12 cm in length.

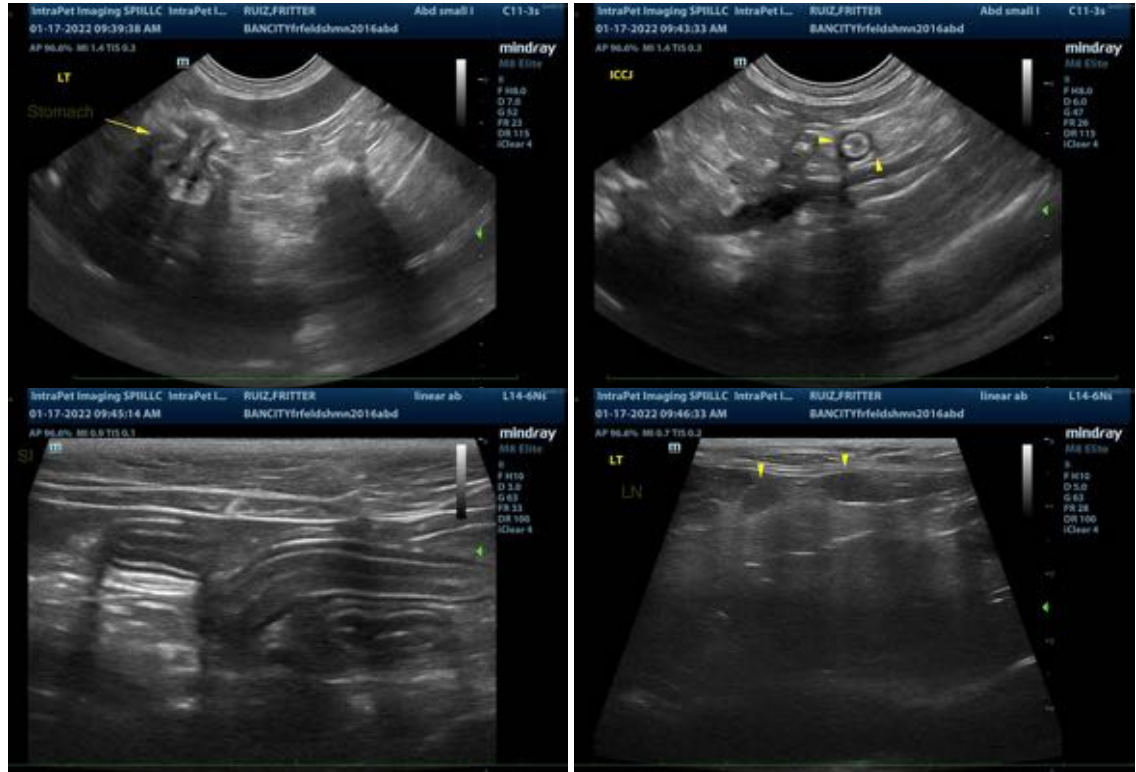
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic, non-specific nephropathy. Possible causes include prior insult (i.e., toxin, infection), renal dysplasia (less likely), other.
- Small intestinal wall pattern consistent with inflammatory bowel disease. Emerging lymphoma is possible but considered unlikely at this time.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- UPC
- Baseline blood pressure measurement
- Transition to a prescription renal diet, if the patient will tolerate it.
- Serial monitoring of the patient's kidney values and blood pressure is recommended to assess for progression.
- Also consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.





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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