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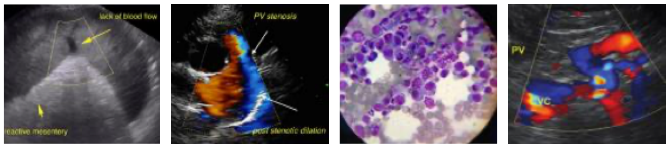


PATIENT
Cramer Boyd

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
10 years

WEIGHT
4.4 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Vet Emerg Ctr

REFERRING VET
Dr Moser

INVOICE
12113

DATE
1.27.23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating well for 1 month after being placed on renal food from rDVM in late December when bloodwork showed early renal disease. Since then, not eating well and last 7 days hardly eating and vomiting 2-3 times a week. Lethargic and not doing much for 3 days. rapid weight loss
Previous Health Concerns: chronic gastritis
Current Medications: Pepcid 10mg ½ SID
Appetite/When did they eat last: not eating well for 1month but worse last week

Abnormal PE/Chem/CBC/UA Results: Abdominal: doughy abd, sig thickened intestines, irregular thickening mid-cranial abd – kidney vs mass
EPOC – iCa 1.16; Radiograph – thickened/swollen intestines, no obvious soft tissue masses etc, stomach empty; BP – 220/171 (188), 228/171 (194), 210/163 (180)

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 with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.42 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.72 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.

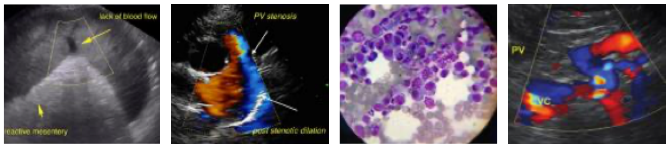
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. 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 diffusely thickened (up to 0.33 cm) with retention of the normal layering



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pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a > 1:1 ratio in several segments. Discreet masses are not identified. The wall is normal. The lumen of the descending colon contains gas. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. Numerous enlarged, rounded, slightly heterogenous lymph nodes are observed in the cranial to midabdominal (the largest measuring 3.39 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The abdominal lymphadenopathy is most concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous).
- The small intestinal wall changes could be consistent with lymphoma or severe inflammatory bowel disease.
- Diffuse peritonitis (likely secondary to bowel and lymph node pathology).

Secondary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilateral chronic nephropathy with nonobstructive nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia and FIV testing is recommended (if not already performed).
- Thoracic radiographs should also be considered to assess cardiopulmonary status.
- Fine needle aspirates of the enlarged abdominal lymph nodes are recommended (if clotting status is appropriate). Twenty-five gauge-needles should be used. If results are inconclusive, more advanced testing (i.e., flow cytometry, PARR or biopsies) may be necessary to get a definitive diagnosis.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended.

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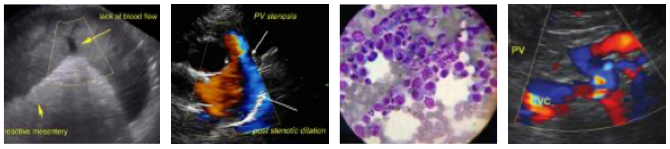

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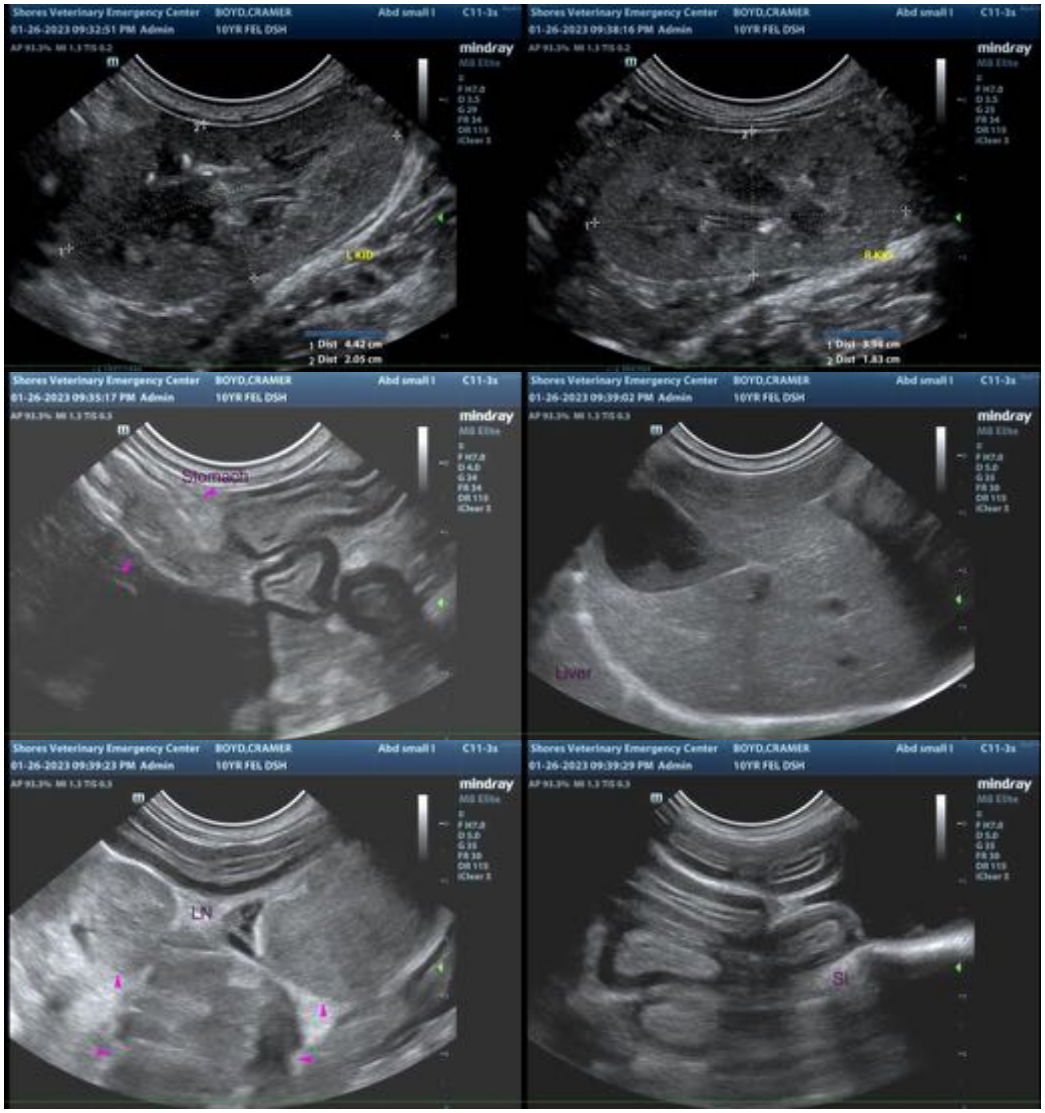

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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