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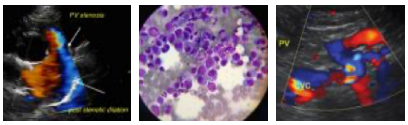

SonoPath
Clinical Sonography & Telecytology
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DATE

10/12/21

PATIENT

Ginger Van Dyke

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

6/1/2006

WEIGHT

10 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

12349

PRESENTING CLINICAL SIGNS

History: Ginger has been having intermittent decreases in her appetite and some increase in vomiting. Her bloodwork shows probable borderline kidney insufficiency. Suspicious that she might have some intestinal disease present. Ginger has a heart murmur, and she was checked out in March 2021 by CVCA. It was noted that she had mild aortic and tricuspid valve regurgitations but no heart disease.

Current Medications: Started on Cerenia 4mg sid starting on 9/24/21.
Lab Results: CBC chem, T4 WNL in July, chemistry panel in August showed a mildly elevated SDMA.
Radiographs: Lateral abdominal radiograph WNL.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor/Torbugesic and Midazolam.
Stat Report: Not requested.

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 small 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.

The left kidney is normal in size (3.67 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.67 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are 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 minimally fluid 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 thickness is normal with a

normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. 2 prominent jejunal lymph nodes are observed medial to the spleen, the largest measuring 0.73 cm in length.

Other

A 1.77 cm hernia is observed near the mid line. Falciform fat is herniating through the defect.

ULTRASONOGRAPHIC FINDINGS

- Bilateral age-related renal changes with dystrophic mineralization.
- 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.
- Urinary bladder debris
- Hernia near the midline. This may be umbilical, depending on its location.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal (i.e., food allergy, inflammatory bowel disease) or pancreatic disease, underlying metabolic issue, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- Other diagnostic/therapeutic considerations include the following:
    1. GI panel including serum cobalamin, folate, TLI and PLI
    2. A fecal evaluation for ova/Giardia
    3. A 6-week hypoallergenic diet trial +/- endoscopic or surgical gastrointestinal biopsies.
- Given the renal insufficiency, a urinalysis +/- urine culture and sensitivity +/- UPC (if proteinuria is present) should also be considered.


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Spleen


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Liver


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Stomach


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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.

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