IMAGING PERFORMED BY

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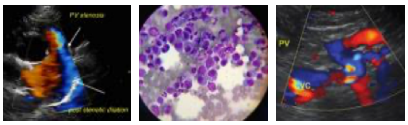

SonoPath
Clinical Sonography & Telecytology
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DATE

10/12/2021

PATIENT

Sofia Koch

SPECIES

Feline

BREED

Domestic longhair

SEX

Female, spayed

AGE

3/27/2007

WEIGHT

5.17 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. McCourt

INVOICE

12344

PRESENTING CLINICAL SIGNS

History: History of renal disease, weight loss. intermittent vomiting. Vomiting increasing in frequency (several times per month). PE WNL.

Current Medications: Not provided by the veterinarian.
Lab Results: hypercalcemia (chronic, mild), elevated BUN, SDMA.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 3-10-2020.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is thickened (up to 0.51 cm) and irregular. A 0.13 cm focus of mineralization is observed. However, it is difficult to tell whether this focus is imbedded within the wall or represents mineralized sand or small calculus within the lumen. Ill-defined hyperechoic areas are also observed within the dorsal wall.

The left kidney is normal in size (3.38 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small cortical cysts are seen. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is small in size (1.76 cm in length) with an irregular shape. The cortex is thin and hyperechoic and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.88 cm in width at the level of the hilus) with mild scalloping of the medial contour. Using the high frequency probe, a light micronodular pattern is observed throughout the parenchyma. 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 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 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely

isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is borderline dilated (0.24 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. Several prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.69 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma (changes are similar to the previous sonogram).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral nephropathy with dystrophic mineralization, more severe in the right kidney (changes are similar to the previous sonogram).
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The urinary bladder wall changes may be artifactual due to lack of repletion. Alternatively, cystitis may be present. Correlation with clinical findings is recommended.
- Possible mineralization within the dorsal bladder wall (vs. small cystic calculus).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease and neoplasia.
- Other diagnostic/therapeutic considerations include:
    1. GI panel (i.e., serum cobalamin, folate, TLI and PLI)
    2. A fecal evaluation for ova/Giardia
    3. Hypoallergenic diet trial
    4. +/- endoscopic or surgical gastrointestinal biopsies
    5. Also consider heartworm testing (i.e., antibody and antigen) as this disease can cause chronic vomiting in cats.


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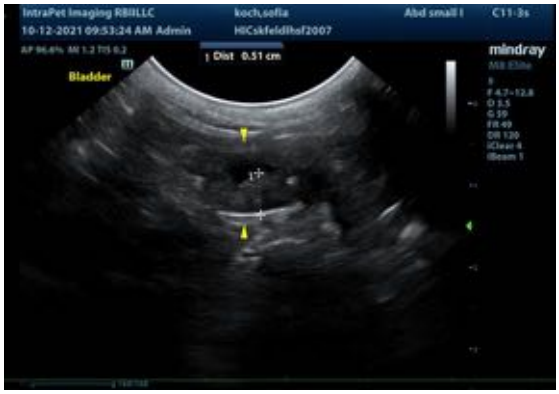
IntraPet Imaging RBIILLC
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IntraPet Imaging RBIILLC
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HICskfeldlhof2007
Stomach
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The information and recommendations provided are based on the images 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*)
Andrea.nicastro@sonopath.com