

**DATE PRESENTING CLINICAL SIGNS**

10.17.2022

Found lying down and limp when owners got home - unsure of what happened, did appear normal and was walking around earlier in the day Owner noted does have a history of urinary obstruction but did not act this way - owner noted that rDVM expressed concerns for renal failure at this time but values normalized

PATIENT

Pearl Diffenbaugh

Current Medications: Calcium Gluconate, Cerenia.

Lab Results: See attached.

Bloodwork: leukocytosis with a neutrophilia and suspected bands. Lymphocytosis. Azotemia. ALT 652.

Hyperkalemia. USP 1.020 2+ proteinuria. B1 94. Creatinine 4.9. tBili 1.2.

Radiographs: Urolith in bladder.

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Stat Report: STAT Requested.

DLH

Imaging Performed By: Rachel Brillhart, RDMS.

SEX**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Spayed Female

Urinary System

The **urinary bladder** is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity dependent mineralized sand +/- tiny calculi, are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

3/3/2014

The **left kidney** is normal size (3.89 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.6lbs

The **right kidney** is normal size (3.93 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is enlarged (0.97 cm width) with a rounded shape and hypoechoic parenchyma. Surrounding vasculature appears normal.

HOSPITAL NAME

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

Animal EH

Spleen

The **spleen** is normal in size (0.68 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.

REFERRING VET

Dr. Nacke-Horney

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.

INVOICE

11837

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 **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. In one segment of bowel, a >6.00 cm hypoechoic, expansive mass effect is visualized. The wall in this region is severely thickened (up to 1.00 cm) with complete loss of the normal layering pattern. The mass appears to rupture through the serosal surface of the bowel. Surrounding mesentery in this region is hyperechoic. In the remaining small intestinal segments, the wall is normal in thickness with a normal pattern and appropriate mural detail. The ileocecolic junction and colonic wall are normal.

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

Trace free fluid is observed. At least two enlarged, rounded, hypoechoic **lymph nodes** are observed adjacent to the bowel mass, the largest measuring 2.61 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion. A 1.40 x 1.07 cm slightly heterogenous, cranial mediastinal lymph node is visualized. Trace pleural effusion is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Expansive bowel mass with adjacent peritonitis. Neoplasia (i.e., adenocarcinoma, lymphoma, other) is suspected with a lower possibility of a severe focal inflammatory process. The adjacent lymphadenopathy could be consistent with metastatic disease, lymphoid hyperplasia, or reactive lymphadenitis.
- Cranial mediastinal lymphadenopathy. This could be consistent with neoplasia or, less likely, benign/reactive change.

Secondary Findings

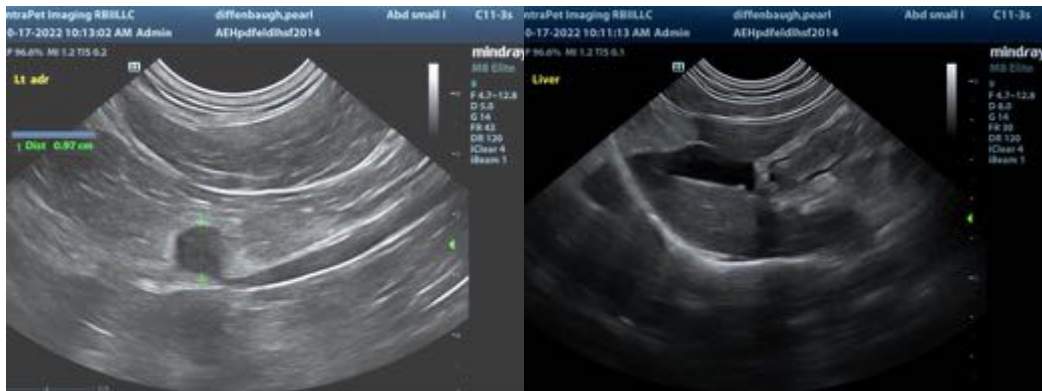
- Left adrenal enlargement/mass effect. Differentials include hyperplasia or neoplasia.
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. The pyelectasia in the right kidney could be consistent with age-related remodeling, pyelonephritis, fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

A fine-needle aspirate of the bowel mass can be considered if clotting status is appropriate and if the patient can be stabilized. If cytology results are inconclusive, more advanced diagnostics (i.e., flow cytometry, PARR, or surgical biopsies) may be necessary to get a definitive diagnosis.

Also consider a malabsorption panel including serum cobalamin and folate, TLI and PLI.





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com