

**DATE PRESENTING CLINICAL SIGNS**

10/18/22

CKD IRIS stage III, gross hematuria present, weight loss/reduced BCS/MCS, chronic vomiting. PE-thin (BCS 3/9, MCS 1.5/3), prominent small intestines, small and irregular kidneys bilaterally.

PATIENT

Franklin O'Donnell

Current Medications: Gabapentin 12.5mg BID PRN

Lab Results: 9/10: SDMA 15, creat 2.9, BUN 51, USG 1.020, pH 5.5, 3+ protein, 3+ blood, >100 RBC, 6-10 WBC. Normal T4 1.7

Today: BP 160mmHg (owner is a vet tech and will repeat at home), GI panel pending

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Male, neutered

The urinary bladder wall is 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 is normal.

AGE

3/31/2006

The left kidney is normal size (3.44 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

4.03 kg.

The right kidney is borderline small in size (3.04 cm in length) with a normal shape and architecture and smooth peripheral contours. The cortex is mildly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

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

HOSPITAL NAME

Nexus Veterinary
Specialists

Spleen

The spleen is normal in size (0.59 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. Steele

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. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

14108

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio

in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. A 0.28 cm hypoechoic nodule is visualized within the parenchyma. The pancreatic duct is borderline dilated (up to 0.24 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

Several ring down lesions are visualized within the thorax. A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral degenerative renal changes.
- Small intestinal wall changes are most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are suggestive of mild chronic pancreatitis. However, correlation with the patient's clinical history is recommended. The hypoechoic nodule is most consistent with benign nodular hyperplasia with a lower possibility of emerging neoplasia.

Secondary Findings:

- The ring down lesions within the thorax are suggestive of pulmonary parenchymal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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