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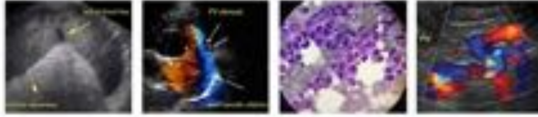


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Lita Ayers

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Female, spayed

AGE
16 Years

WEIGHT
6 Pounds

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

IMAGING PERFORMED BY
Loetitia Saint-Jacques, RVT

HOSPITAL NAME
Donner Truckee VH

REFERRING VET
Dr. Vannini

INVOICE
12378

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Recheck CRF. Hx of CKD diagnosed ~1.5 yrs. Not on a prescription diet, but is on Phosphate binder (PhosBind). Patient also gets transdermal Mirtazapine PRN. Records not available at this time. Last labs with previous vet ~6 mo ago. Fair appetite/energy. Mild PU/PD. Very mild cough after drinking large amounts of water. No S/V/D. Has had multiple UTIs in the past. No other historical problems/current medications reported. Indoor only and up to date on vaccines per owner.1) Hx CRF and recurring UTI - r/o: hyperthyroidism, pyelonephritis, ope sTARTED k/d DIET and Pradofloxacin course.... No improvement on kidney labs so rec abdominal ultrasound-
Abnormal PE/Chem/CBC/UA Results: not sedated- most recent labs : CREA = 4.1 BUN = 82 BUN/CR = 20 PHOS = 4.6 mg/dL Ca = 10.5 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. In the region of the trigone/neck a 0.57 x 0.33 cm irregular echogenic nodule is arising from the wall. The remaining bladder wall is normal and thickness with mucosal surface. No cystic calculi are observed.

The left kidney is borderline small (3.16 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic to heterogeneous in appearance. There is poor corticomedullary distinction. A 0.70 cm nephrolith is observed in the region of the renal pelvis. There is no evidence of pyelectasia or hydroureter.

The right kidney is small in size (2.28 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic to slightly heterogeneous in appearance. There is poor corticomedullary distinction. A 0.29 cm cortical cyst is seen. A few nephroliths are visualized. Trace pyelectasia (0.16 cm in the transverse plane) is present. There is no evidence of hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.28 cm length; 0.56 cm width). Normal shape and glandular echogenicity. Surrounding vasculature appears normal.

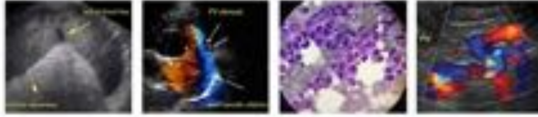
The right adrenal gland is mildly enlarged (1.16 cm length; 0.55 cm width). Normal shape and glandular echogenicity. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.60 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 gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. In the region of the pylorus, there is a prominent muscularis layer. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.29 cm)with a normal layering pattern and appropriate mural detail. Within a segment of small intestinal lumen, hyperechoic shadowing material is observed. However, luminal distention is not seen in this region. There is slight disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in some segments. 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 of the left limb is isoechoic relative to surrounding omental fat and subtly mottled in appearance. In the right limb, the parenchyma is hyperechoic to mottled in appearance with a few small, ill-defined hypoechoic nodules. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. A prominent (0.74 cm) lymph node is observed in the cranial abdomen. A few visible mid-abdominal lymph nodes are also seen.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

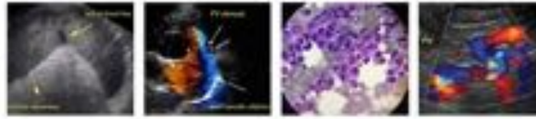
- Bilateral nephropathy with non-obstructive nephrolithiasis.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging neoplasia. However, correlation with clinical findings is recommended. The shadowing material within the small intestinal lumen likely represents transient non-obstructive foreign material.

Secondary Findings:

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The nodule in the urinary bladder wall may represent a prominent trigone, an inflammatory polyp or emerging neoplasia. This lesion should be monitored for growth.
- The pancreatic changes are most consistent with age-related remodeling/fibrosis with concurrent nodular hyperplasia +/- chronic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for chronic renal failure is recommended including subcutaneous fluids, phosphorus binder, prescription renal diet and symptomatic therapy. A baseline blood pressure measurement is also recommended.



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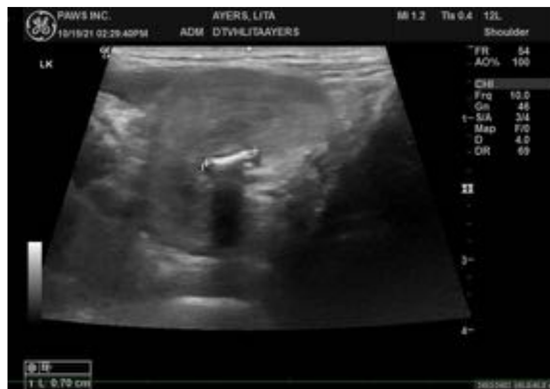
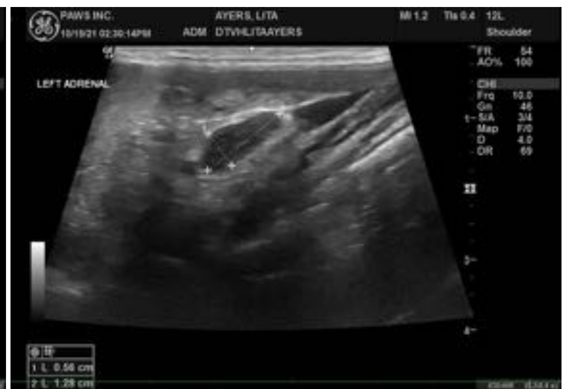
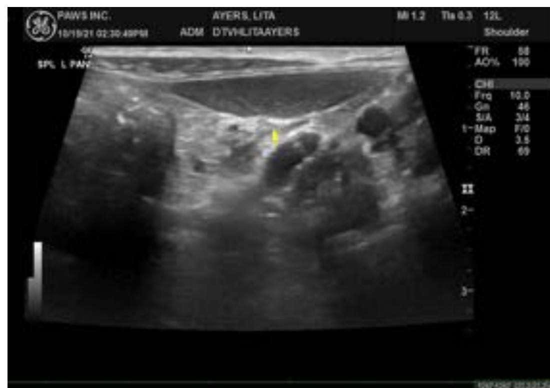
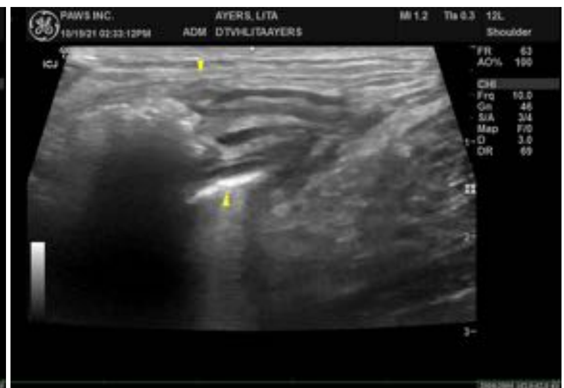
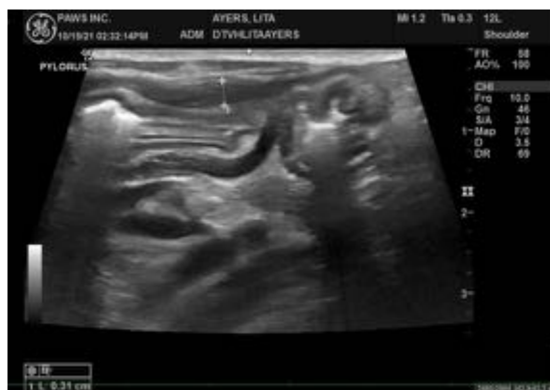
- Consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if fluid therapy is to be initiated.
- If the patient is exhibiting GI signs, consider a malabsorption panel +/- more advanced GI workup.
- Given the urinary bladder wall changes, a recheck ultrasound is recommended in 4-6 weeks to assess for progression of the nodule.

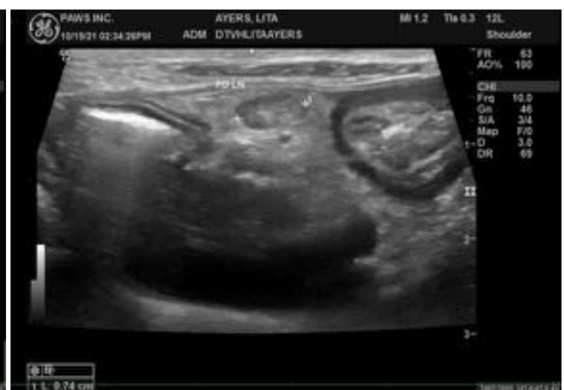












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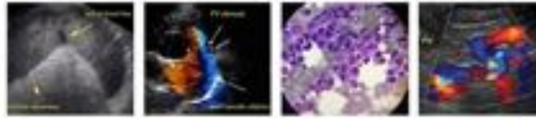

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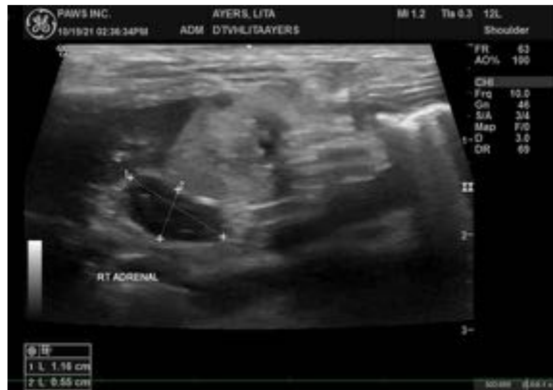

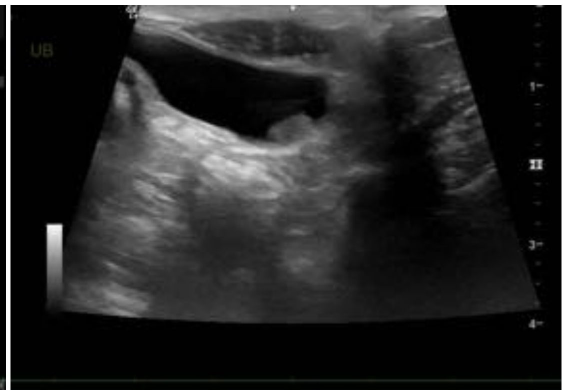

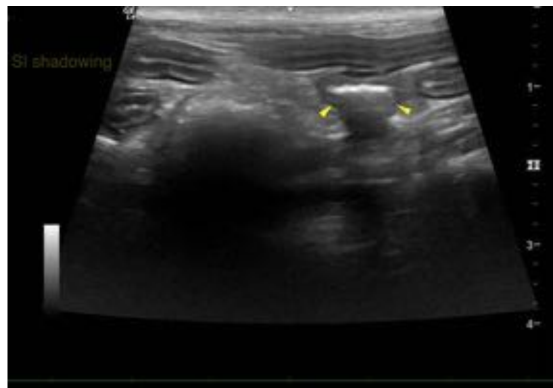

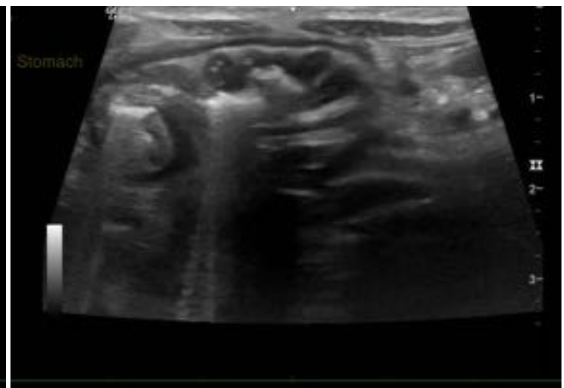

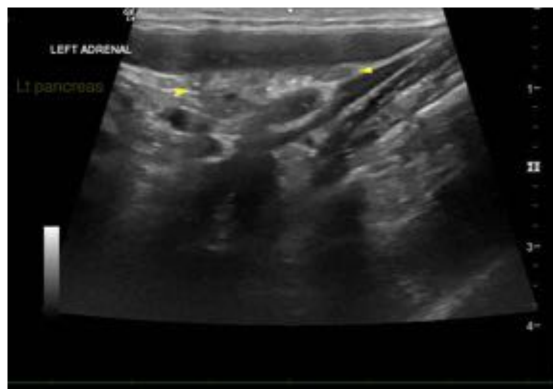

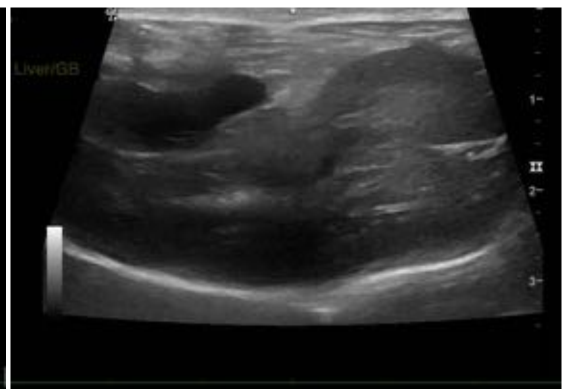

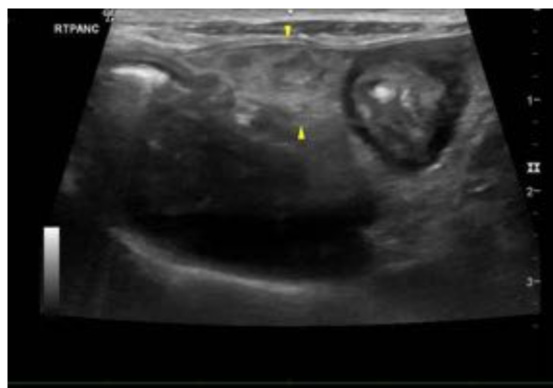

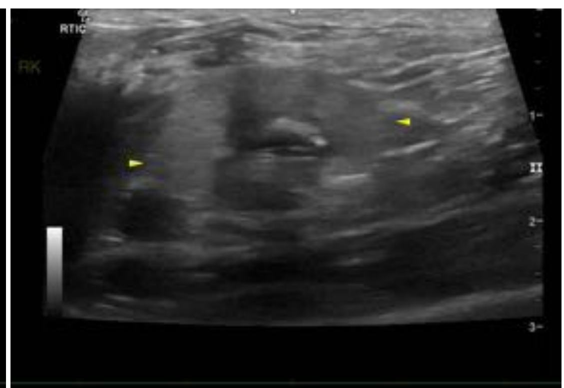

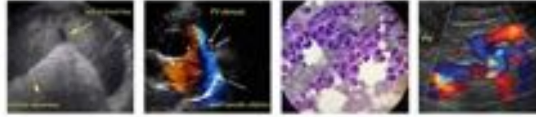

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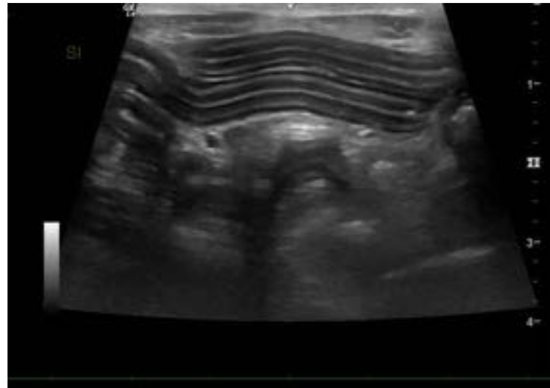

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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