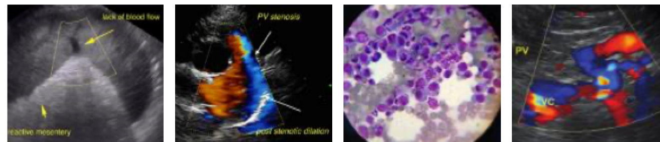

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1-800-838-4268 info@sonopath.com

PATIENT
Cooper Nordby

SPECIES
Feline

BREED
DMH

SEX
Neutered Male

AGE
13 years

WEIGHT
N/A

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Ringwood AH

REFERRING VET
Dr. Wilkes

INVOICE
11866

DATE
10.20.22

PRESENTING CLINICAL SIGNS

History: Decreased appetite and weight loss. PU/PD, owner says cat was monocryptorchid and believes both testicles were removed. Current meds: mirtaz ointment.

Abnormal PE/Chem/CBC/UA Results: RBC 6.77, SDMA 16, creat. 2.6, BUN 55, rest WNL. U/A: pH 6.5, USG 1.018.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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 borderline small in size (3.06 cm in length); with a slightly irregular shape. The cortex is variably thickened and mildly heterogenous. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A 0.37 cm cortical cyst is observed at the cranial pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The **right kidney** is small in size (2.64 cm in length); with a slightly irregular shape. The cortex is variably thickened and mildly heterogenous. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is observed at the caudal pole. A few, small, nonobstructive nephroliths are seen. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands
The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen
The **spleen** is not definitively visualized in the available images.

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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/not seen.

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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction

and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely visualized/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The pancreatic duct is mildly dilated (0.25 cm in diameter). (See also "Other" category).

Free Abdomen

There is no obvious evidence free fluid.

Lymph nodes

(See "Other" category).

Other

A 0.52 cm round, echogenic nodule is observed in the cranial aspect, just caudal to the liver.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma, however, neoplasia is considered unlikely at this time.
- The pancreatic changes are consistent with mild, chronic pancreatitis.
- Bilateral degenerative renal changes with nonobstructive nephrocalcinosis and a right cortical infarct

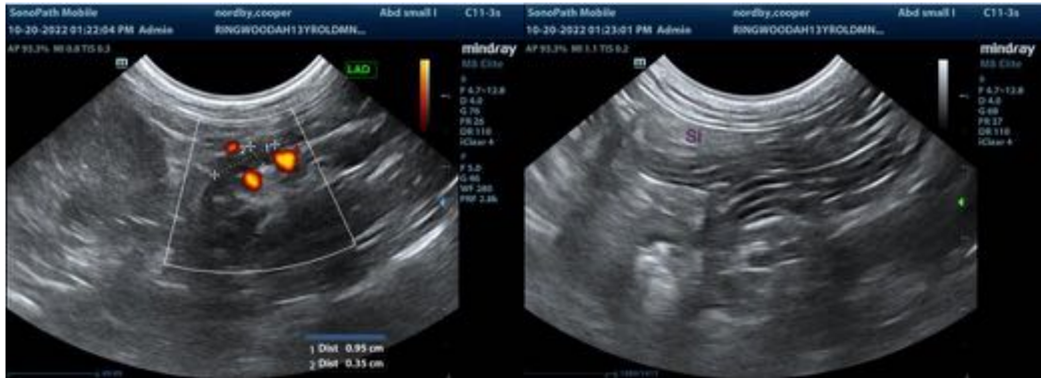
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the azotemia and the bilateral renal changes, consider the following:

1. Urine culture and sensitivity
2. UPC (if proteinuria is present in the absence of infection)
3. Blood pressure measurement
4. Transition to a prescription renal diet when the patient's appetite resumes
5. Serial monitoring of the patient's renal values to assess for progression

Regarding the GI signs, consider the following:

1. A fecal evaluation for ova and Giardia
2. Malabsorption including serum cobalamin and folate, TLI and PLI
3. Thoracic radiographs to assess for occult neoplasia
4. +/- GI biopsies (i.e., endoscopic or surgical)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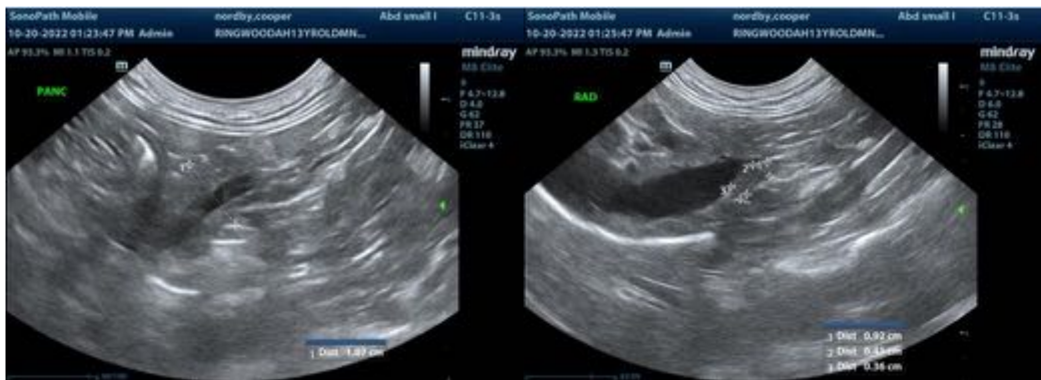
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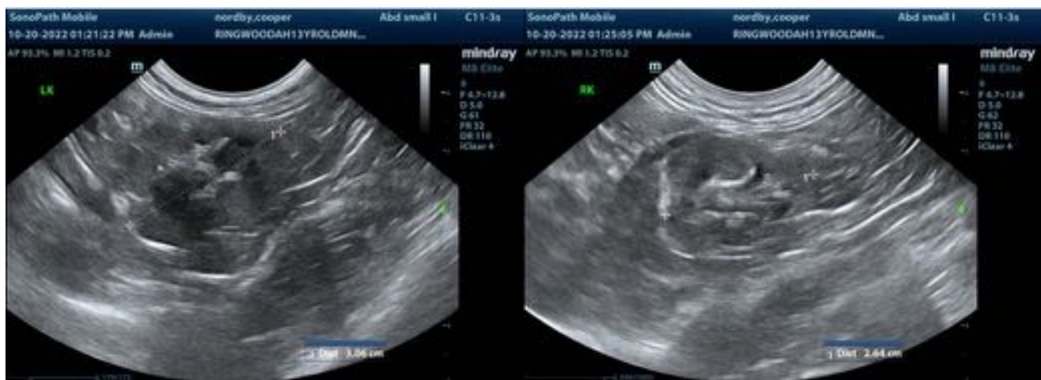
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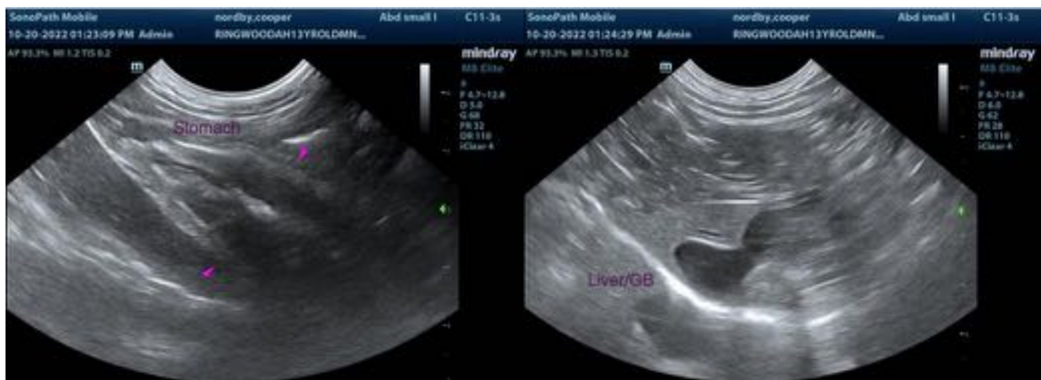
RK
1 Dist 2.64 cm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mindray
Liver/GB

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)
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