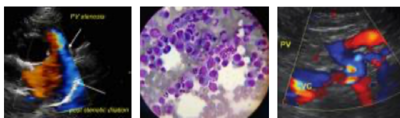
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

**DATE**

10.27.2022

**PATIENT**

Mr. Valentine Caraco

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9/11/2006

**WEIGHT**

9.6lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Eastern AH

**REFERRING VET**

Dr. Parrish

**INVOICE**

11905

## PRESENTING CLINICAL SIGNS

Dental disease, dental 3mo ago, but worsening last month again.
Hyporexia. Urinary concerns over last couple of days (hospitalized and Ucath placed on 10/23). Has not had bowel movement in 3 days and had mucoid discharge before that.

Current Medications: Supposed to start 50mg of gaba on 10/24
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*
The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended, echogenic debris is observed within the lumen. 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 normal size (4.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*
The **left adrenal gland** is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*
The **spleen** is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. Using the high-frequency probe, the parenchyma appears subtly mottled. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*
The **liver** is normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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. The duodenal papilla is normal in size (0.39 cm in width).

### *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 0.30 cm) 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. No obstructive disease is noted.

### *Pancreas*
The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

### *Free Abdomen*
There is no evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 0.92 cm in length. Surrounding mesentery is mildly hyperechoic. A 0.82 cm sublumbar lymph node is also seen.

### *Other*
A **brief echocardiogram reveals** no evidence of pericardial effusion or obvious right atrial/auricular mass.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.
- Bilateral chronic, degenerative renal changes

### Secondary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, normal variant, or other hepatopathy.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic or infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

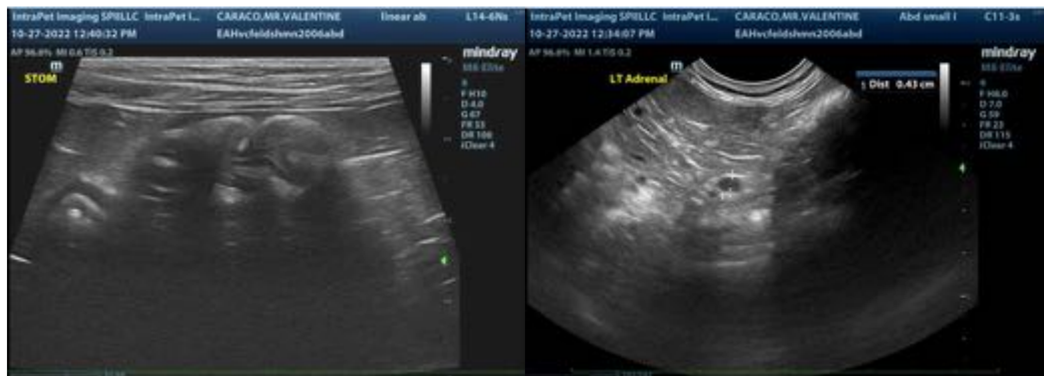
*An obvious cause for the patient's urinary issues is not identified in this study.

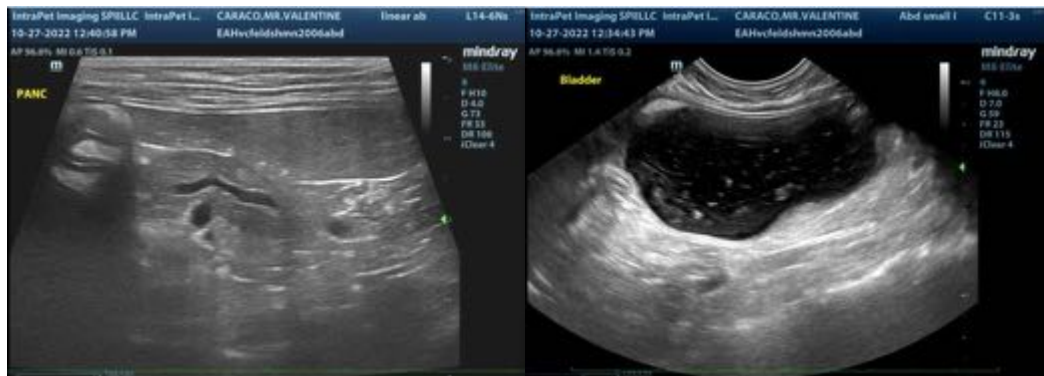
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

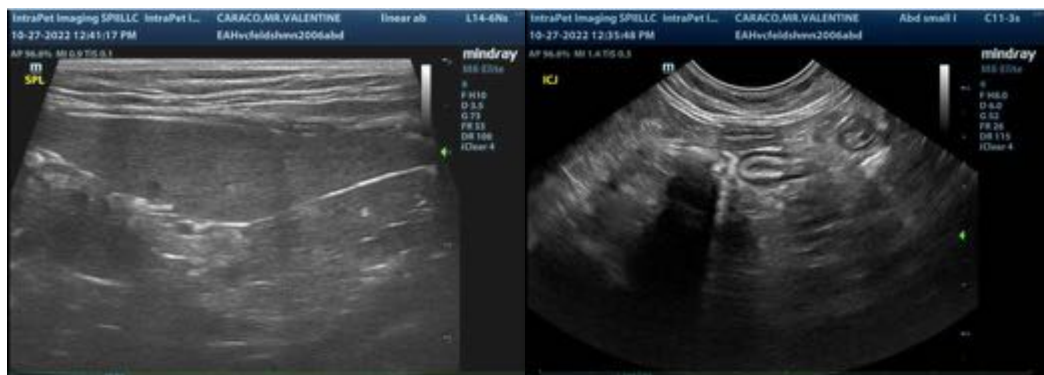
Baseline lab-work including CBC chemistry panel, urinalysis and T4 is recommended, if not already performed. A urine culture and sensitivity should also be considered to assess for infection.

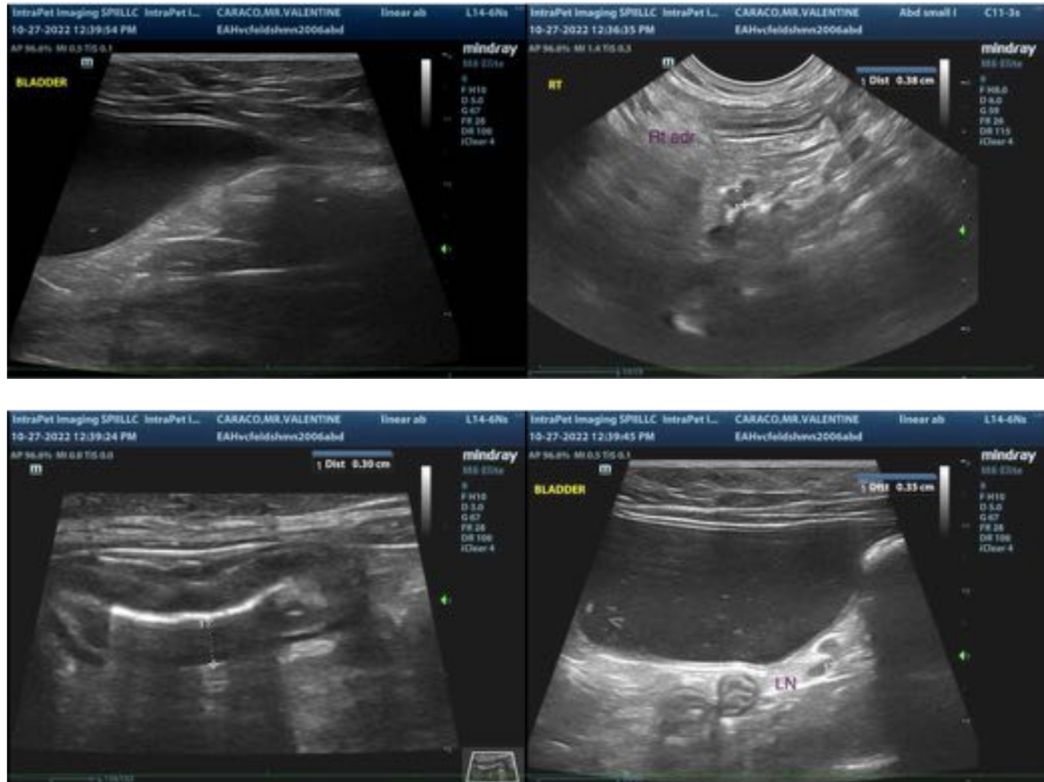
Given the hyporexia and sonographic bowel changes, also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.

While awaiting test results, initiation of an appetite stimulant and gastric protectants is recommended. Nutritional support (i.e., via a temporary feeding tube) should also be considered to help prevent/treat hepatic lipidosis.






**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