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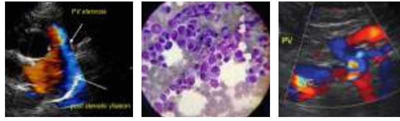

SonoPath
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DATE

10/6/21

PATIENT

Chloe Penn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

2007

WEIGHT

7.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

PetVet of Clarksville

REFERRING VET

Dr. Olney

INVOICE

11962kk

PRESENTING CLINICAL SIGNS

Further investigation of anemia and azotemia. Weight loss, vomiting (controlled with Cerenia). Patient first noted to have elevated crea (1.7) and BUN (57) in 6/25/2021 pre dental BW. HCT was 35% at this time. neutrophilia 9360, usg 1.022, 1+ protein but 11-20 RBC, T4 0.8, NEG felv/fiv. Repeat bloodwork 9/3/21-HCT 19 L, MCHC 29 L, MCV 56, neuts 12.9k, crea 3.3, bun 94, USG 1.013. Repeat pcv today - 18%, ts 7.0. Recommend retic ct & path review, urine culture, and AUS for further investigation.

Current Medications: Cerenia 6mg PO q 72h, renal diet. Owner is planning to add phos bind and may add Omeprazole (2.5mg PO SID).

Lab Results: elevated crea (1.7) and BUN (57) in 6/25/2021 pre dental BW. HCT was 35% at this time. neutrophilia 9360, usg 1.022, 1+ protein but 11-20 RBC, T4 0.8, NEG felv/fiv. Repeat bloodwork 9/3/21-HCT 19 L, MCHC 29 L, MCV 56, neuts 12.9k, crea 3.3, bun 94, USG 1.013. Repeat pcv today - 18%, ts 7.0. Recommend retic ct & path review, urine culture, and AUS for further investigation.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedation not required.

Stat Report: Stat report not requested by DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***A portion of the right abdomen is obscured by gas within the colonic lumen.*

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 normal size (3.65 cm in length) with a normal shape and smooth peripheral contours. The cortex is diffusely thickened and slightly irregular and there is poor corticomedullary distinction. Several nephroliths are visualized including a 1.24 cm stone in the region of the renal pelvis. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter.

The right kidney is small in size (2.64 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several nephroliths are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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.

Liver
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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 suspended, echogenic debris is observed within the lumen. 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 is normal to moderately thickened (up to 0.49 cm) with a normal layering pattern. There is disruption in the normal 1:3 muscularis to mucosal ratio with a 1:1 ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The left limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. 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, one of which appears slightly cystic. The largest node measures 1.30 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nephropathy with non-obstructive nephroliths.
- Bowel pattern consistent with inflammatory bowel disease or emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- 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 hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

**An obvious cause for the patient's anemia is not identified in this study. However, gastrointestinal blood loss, reduced red blood cell production, and hemolysis are considerations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

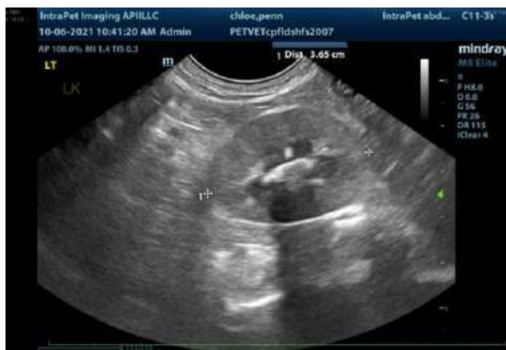
1. Three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.
2. Given the renal disease, a UPC and baseline blood pressure measurement are recommended along

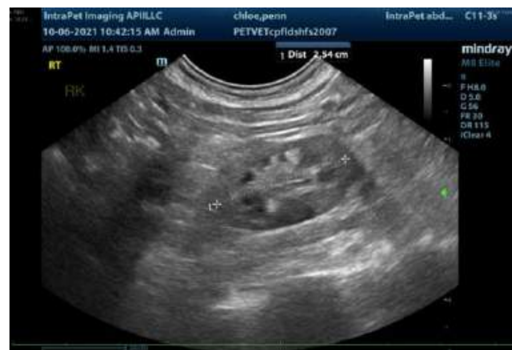
with supportive care for renal failure.

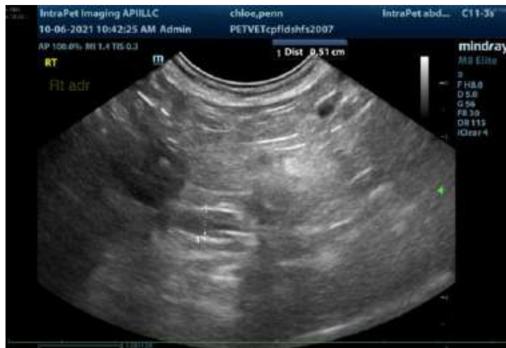
3. Given the bowel changes, a malabsorption panel is recommended.

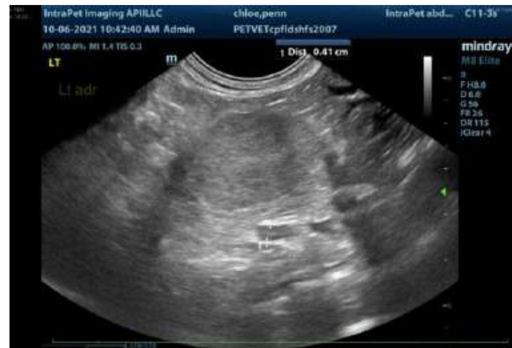
4. Consider empirical treatment for gastric ulceration including a proton pump inhibitor and Sucralfate.

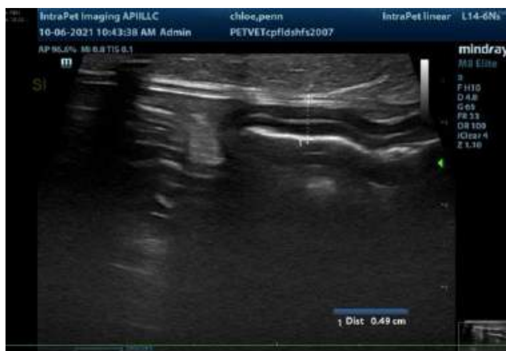
5. If the patient's condition stabilizes and an aggressive approach is desired, endoscopic, or surgical gastrointestinal biopsies can be considered. Endoscopy would be more beneficial in assessing for gastric ulcers.

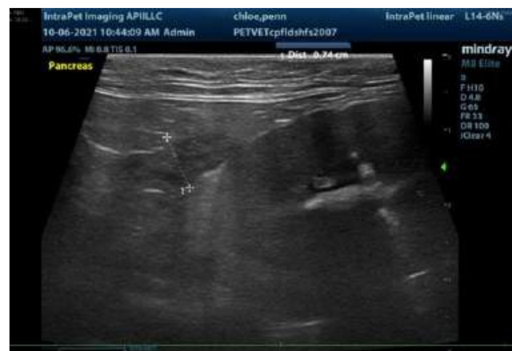


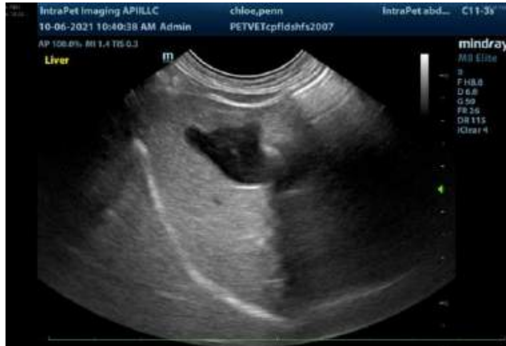


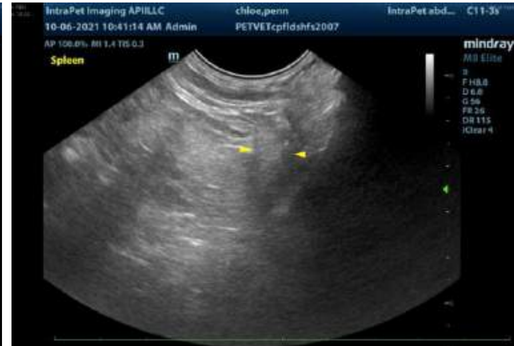


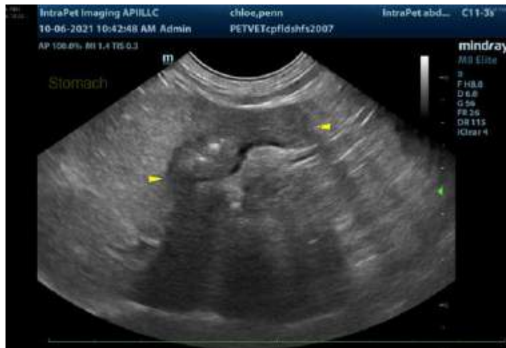


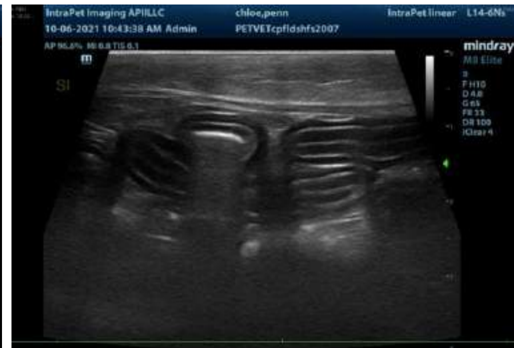


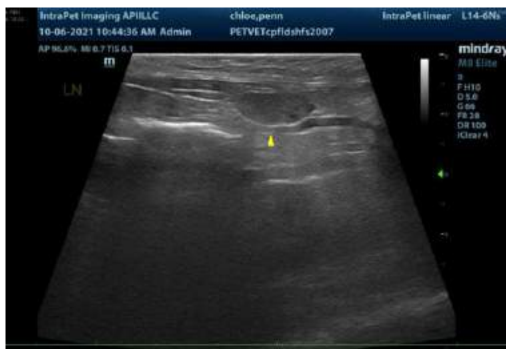












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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