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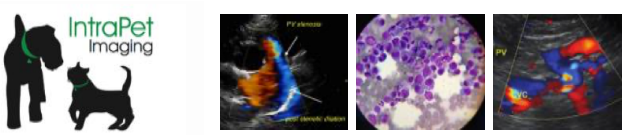

SonoPath
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DATE

10/7/2021

PATIENT

Norman Ritter

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

2007

WEIGHT

8.88 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

INVOICE

12310

PRESENTING CLINICAL SIGNS

Tech appt for labwork early September showed worsening kidney disease. At DVM appointment to assess for cardiac status to start SQF, detected new arrhythmia and ongoing heart murmur. Pet has history of vomiting also. Lungs clear on auscultation.

Current Medications: None
Lab Results: crea 3.3, BUN 38, USG 1.026, 1+ protein, 3+ RBC
Radiographs: N/A.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Sedation not required.
Stat Report: Stat report not requested by DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. A small amount of aggregated echogenic suspended 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 (3.72 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is poor corticomedullary distinction. Ill-defined hyperechoic to mineralized areas are observed. Moderate to severe pyelectasia is present (0.84 cm in the longitudinal plane). The proximal ureter measures 0.23 cm in diameter.

The right kidney is normal size (3.71 cm in length) with a slightly irregular shape. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

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

Spleen

The spleen is subjectively normal in size (0.96 cm in width at the level of the hilus) with mild scalloping of the medial contour. Using the high frequency probe, the parenchyma is diffusely mottled bordering on a “moth eaten” appearance. Splenic vasculature appears normal with no evidence of thrombosis.

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 moderate amount of aggregated echogenic sludge is observed within the lumen, some of which is gravity-dependent and some of which is adhered to the wall. The cystic and common bile ducts are normal.

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 0.46 cm) with apparent retention of the normal layering pattern. There is

disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in some segments. There is also thickening of the submucosal layer. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The body/right limb of the pancreas is prominent to enlarged with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is dilated (0.41 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- The splenic parenchymal changes are concerning for infiltrative neoplasia (i.e., round cell neoplasia). However, benign pathology such as lymphoid hyperplasia or extramedullary hematopoiesis cannot be completely excluded.
- The pancreatic changes are consistent with chronic active pancreatitis.
- Bilateral non-specific nephropathy. The left pyelectasia/mild hydroureter may be secondary to ureteral strictures, small stone or tumor, other.

Secondary Findings:

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal disease, a urine culture and sensitivity, UPC and baseline blood pressure measurement are recommended along with supportive care for chronic renal failure.
- Three-view thoracic radiographs are recommended if not already performed, particularly if fluid therapy is to be initiated.
- Consider a splenic aspirate to further assess for round cell neoplasia along with a malabsorption panel. To further evaluate the bowel, endoscopic or surgical gastrointestinal biopsies would be necessary. However, given the patient's renal status, it may not be safe to administer anesthesia at the current time.


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Pancreas
Stomach
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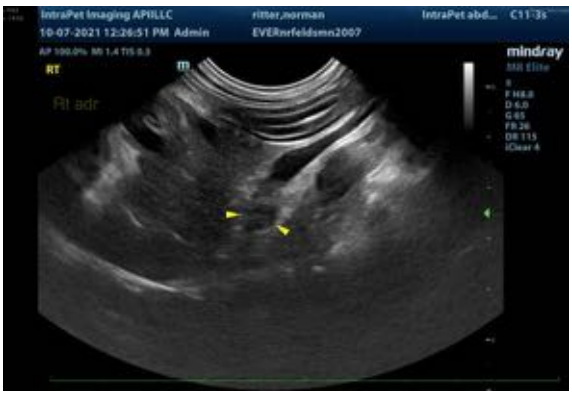

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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