

**DATE**

11/15/2021

PRESENTING CLINICAL SIGNS

History: decreased appetite for the past 2 weeks; per O, P makes a "gulping sound" when she drinks water and sometimes when she eats; no v/d; was previously dx'd w/ kidney disease, idiopathic hypercalcemia, constipation, and hyperthyroidism.

PATIENT

Rose Lyon

Current Medications: Amlodipine 2.5mg - 1/2 SID, Methimazole 2.5mg BID, Lactulose prn.

Lab Results: USG = 1.011, Ca = 11.3, Renal tech Index – positive.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required for a full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is minimally distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is borderline small (3.18cm 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. A cortical infarct is suspected at the lateral aspect. Hyperechoic shadowing diverticular foci are visualized as well as hyperechoic to mineralized foci within the cortex. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

AGE

6/8/2004

The right kidney is borderline small (3.02 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. Hyperechoic shadowing diverticular foci are visualized as well as hyperechoic to mineralized foci within the cortex. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

6.31 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.81 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. A 0.53 x 0.52 cm cystic lesion is observed at the left caudal aspect. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 thickness is normal with a normal layering pattern and appropriate mural detail. 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 minimal deviation from the normal peripheral contours. The parenchyma

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INVOICE

12526

is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary 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.
- Bilateral age-related renal pathology with dystrophic mineralization and a left cortical infarct.

Secondary Findings:

- The small hepatic cyst is likely a benign, incidental finding.

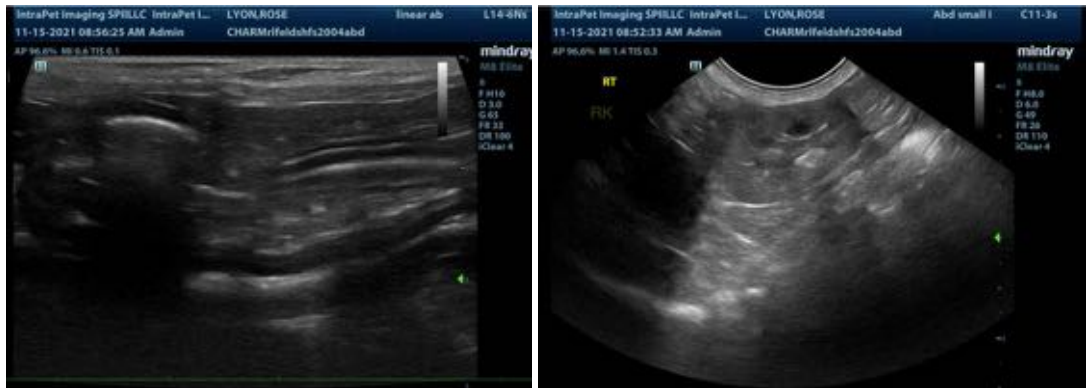
*An obvious cause for the patient's clinical signs is not identified in this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for esophageal disease. Cervical radiographs should also be considered to assess for lesions in the region of the larynx/pharynx.
- An oral exam under sedation is recommended to evaluate for lesions/masses, particularly in the back of the throat.
- Depending on the results of the above diagnostics, a more advanced GI workup (i.e., malabsorption panel, endoscopic or surgical gastrointestinal biopsies) may be warranted. Endoscopy may be preferable to surgery in that the upper GI tract mucosa can be more closely evaluated for small lesions (i.e., ulcers) compared..







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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