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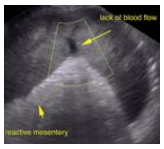
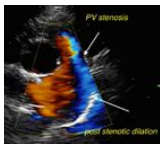
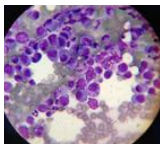
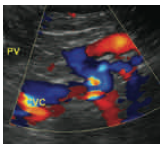

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1-800-838-4268 info@sonopath.com

**PATIENT**
Pepper Belles

**SPECIES**
Feline

**BREED**
Torti

**SEX**
Spayed Female

**AGE**
10 years

**WEIGHT**
3.72 kg

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

**IMAGING PERFORMED BY**
Dr. Stegemoller

**HOSPITAL NAME**
North Idaho AH

**REFERRING VET**
Dr. Mehra

**INVOICE**
4107

**DATE**
6/4/21

## PRESENTING CLINICAL SIGNS

History: Presented with inappetence, lethargic for past 3-4 weeks, and weight loss. Dental prophy on 11/15, symptoms preceded dental and continued afterwards. Has CKD Stage 1-2. Blood Pressure is normal. Small improvement with adding Elura. Also recommended starting hydrolyzed diet, O has yet to do.
Abnormal PE/Chem/CBC/UA Results: HCT 29.3 SDMA 20 Creat 2.1 Alb 2.7TT4 2.1 USG 1.040

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. The luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.14 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is variably thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (2.71 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.29 cm at the cranial, 0.3 cm at the caudal pole and 1.16 cm length;). Normal shape and glandular echogenicity. The phrenic vasculature appears normal.

The right adrenal gland is normal in size (0.42 cm at the cranial pole 0.38 cm caudal pole and 0.98 cm in length). Normal shape and glandular echogenicity. The phrenic vasculature appears normal.

### *Spleen*

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 0.85 cm.

### *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 gall bladder 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.

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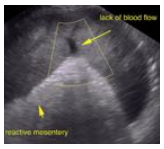

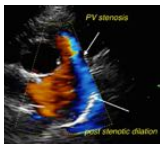

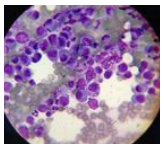
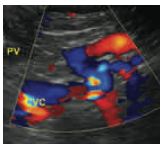


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### *Gastrointestinal*

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 small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

### *Pancreas*

The left and right pancreas is isoechoic and mottled. The pancreatic duct is normal. No focal lesions are observed. There is no evidence of peripancreatic inflammation or 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:**

- Bilateral non-specific age related renal changes with right dystrophic mineralization.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- * An obvious cause for the patient's recent clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, occult neoplasia, other.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended to assess for occult neoplasia in the chest. Other diagnostic considerations include the following:

1. Fecal evaluation for ova and Giardia.
2. GI panel including serum, cobalamin, folate, TLI and PLI.
3. Urine culture and sensitivity (to assess for occult pyelonephritis).
4. UPC (if proteinuria is present)
5. Ultimately endoscopic or surgical gastrointestinal biopsies may be necessary for a definitive diagnosis if other diagnostics are inconclusive

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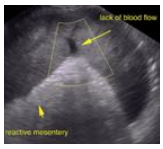
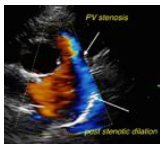
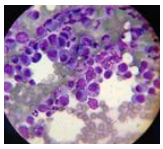
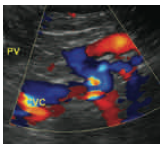

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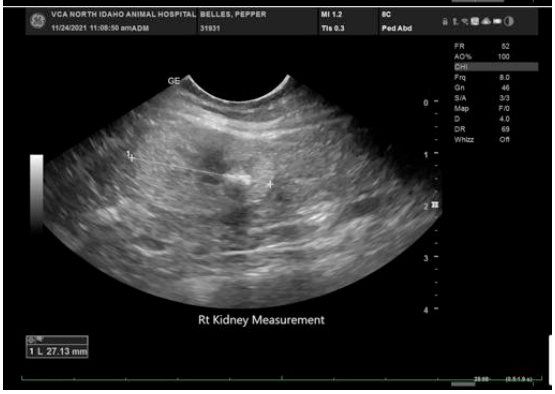


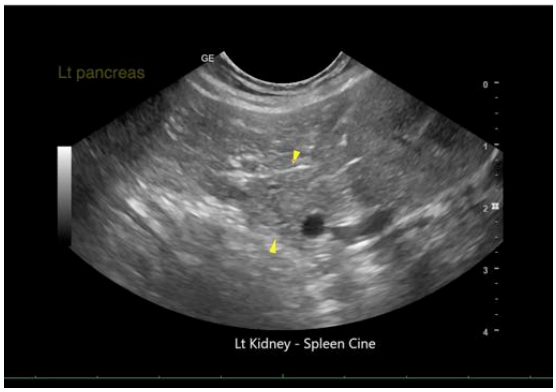


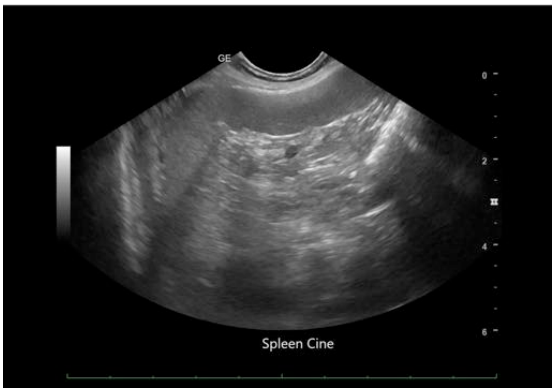


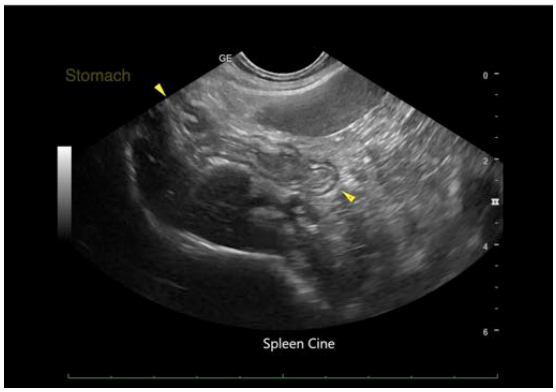


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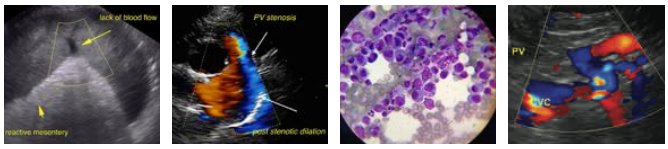

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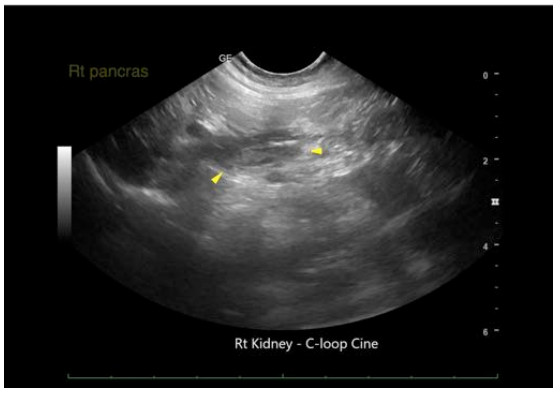


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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