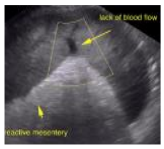
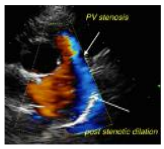
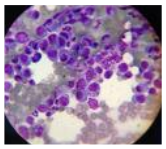
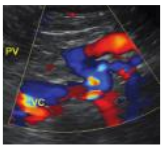

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PATIENT

Elsa Harris

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

5.92 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Charlie Rodriguez

INVOICE

13075

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: Elsa has a hx of diabetes controlled with NPH per o. Last seen in February for dental. BW done last December was unremarkable. Presented today for decreased appetite, weak, pu/pd

Abnormal PE/Chem/CBC/UA Results: Was 9.7 lbs in February and now 5.92, very dehydrated, weak, increased respiratory rate (probs from feeling crappy), Constipated (palpated and on x-ray), Increase in ALT and GGT, Aztotemia, neutrophilia, lymphocytosis, hyperglycemia. Chest rads unremarkable, abdominal shows constipation and probable enlarged kidneys. BP 102-110

*Note: Portions of the abdomen are obscured due to imaging artifact from excessive stool in the colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.14 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. Trace pyelectasia is present (0.14 cm) in the transverse plane. 1-2 foci of mineralization are observed adjacent to the renal pelvis. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.15 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. Trace pyelectasia is present in the transverse plane. 1-2 foci of mineralization are observed adjacent to the renal pelvis. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is enlarged (0.71 cm width) with swollen contours and homogeneous parenchyma. Surrounding vasculature appears normal.

Spleen

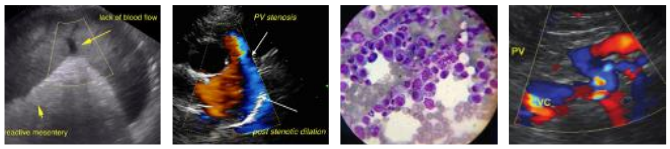
The spleen is contracted (0.42 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

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.

Gastrointestinal



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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. 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 prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific nephropathy with nonobstructive nephrolithiasis
- The hepatic parenchymal changes could be secondary to vacuolar hepatopathy (i.e., due to diabetes mellitus), hepatic lipidosis, inflammatory/immune mediated disease or infiltrative neoplasia (i.e., lymphoma) or some combination thereof.
- The pancreatic changes are suggestive of chronic pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease with lower potential for emerging lymphoma.

Secondary Findings

- The splenic contraction is likely secondary to dehydration.
- The right adrenomegaly could be consistent with stress, hyperplasia or emerging neoplasia (left adrenal gland not visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the severe azotemia, consider the following:
    1. Urine culture and sensitivity
    2. UPC (if proteinuria is present)
    3. IV fluid diuresis, GI protectants, pain medication (if needed) and empirical antibiotic therapy (i.e., fluoroquinolone) while awaiting urine culture and sensitivity results
- Given the elevated ALT, consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used.

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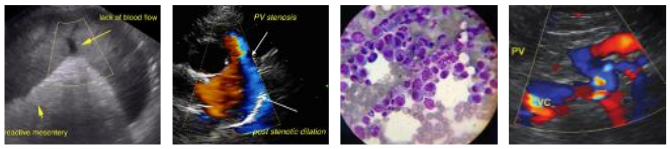

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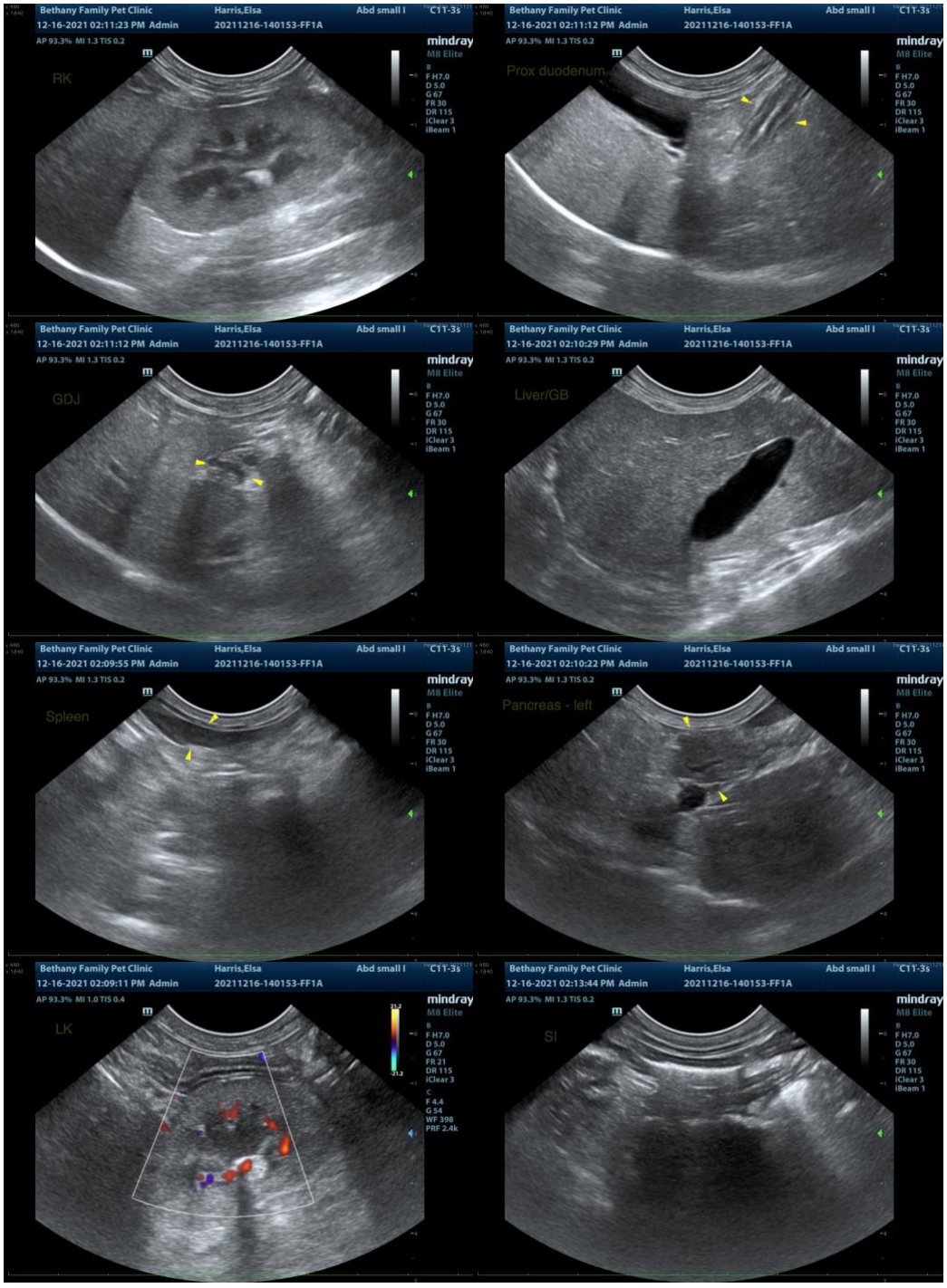
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, if not already performed.
- Also consider a GI panel (send to Texas A & M)



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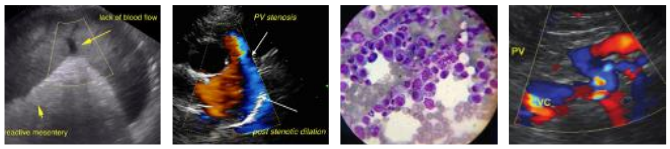

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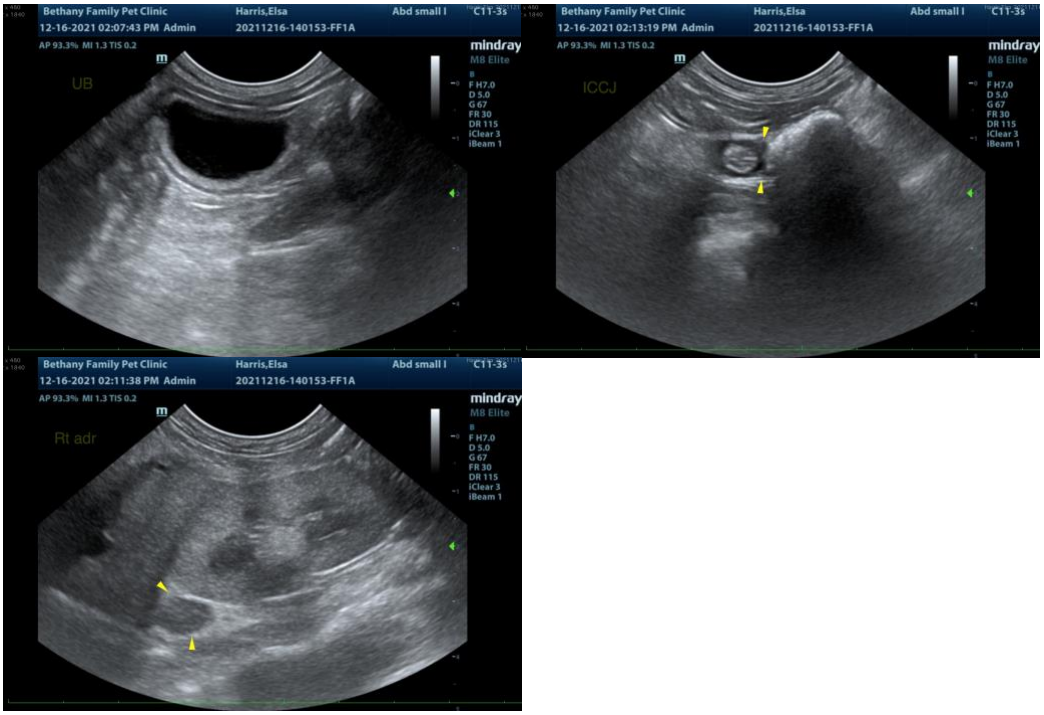

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com