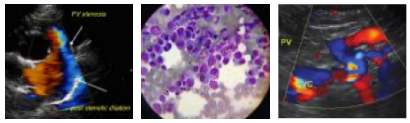
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12.2.2022

PATIENT

Leftie Thomas

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2.2.2018

WEIGHT

9.3 lbs

INTERPRETED BY

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

HOSPITAL NAME

Essex Mid River VC

REFERRING VET

Dr. Franchini

INVOICE

11949

PRESENTING CLINICAL SIGNS

Presented on 11/23 for concern that pet has DM due to PU/PD. BG normal in house. Weight loss noted. No other clinical concerns.

Current Medications: None listed.
Lab Results: significantly elevated kidney enzymes, low USG, mildly elevated Calciu, low Na:K ratio, Elevated K
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 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 enlarged (4.75 cm in length) with smooth peripheral contours. The cortex is diffusely thickened and hyperechoic to heterogenous with numerous, ill-defined cystic areas. There is poor corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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 (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.84 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 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 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 is visualized with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.84 cm in length. The mesentery surrounding the nodes is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bilateral renal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or a severe inflammatory process (i.e., chronic interstitial nephritis, FIP, other)

Secondary Findings

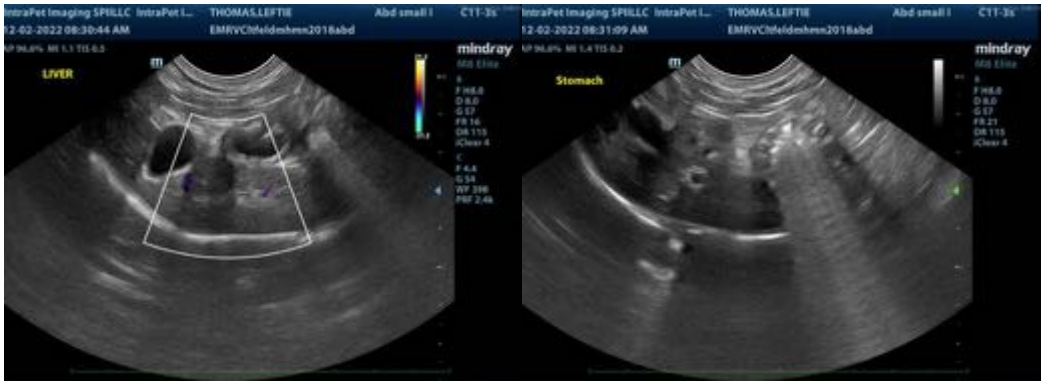
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, However, correlation with the patient's clinical history is recommended.

- 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.

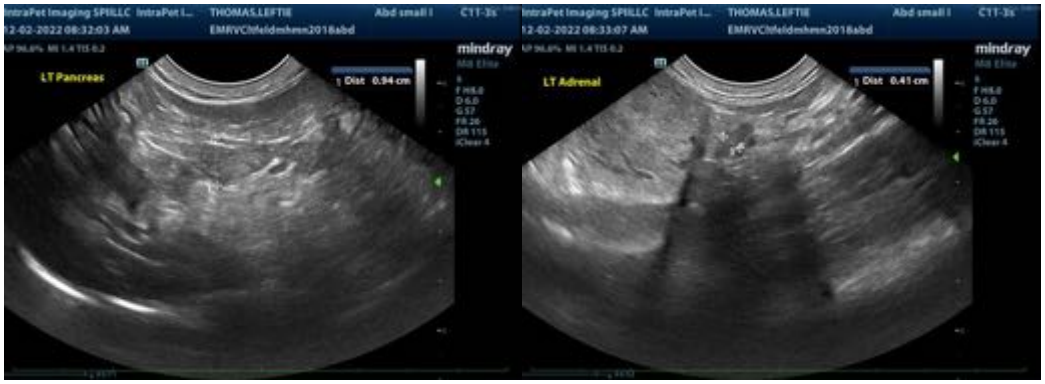
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the patient's clinical history and renal sonographic changes, consider the following:

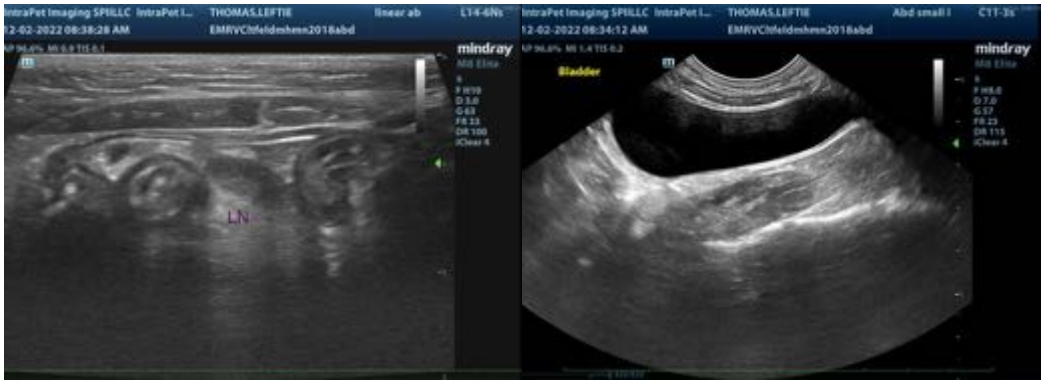
    1. Urine culture and sensitivity
    2. Baseline blood pressure measurement
    3. Ultrasound-guided renal aspirates, if clotting status and blood pressure measurements are normal.
    4. Consider three-view thoracic radiographs to assess cardiopulmonary status.
    5. Further testing for Addison's disease can be considered, given the patient's electrolyte status. However, given the sonographic renal changes, renal disease is considered much more likely than Addison's disease.
    6. While awaiting test results, IV fluid diuresis and symptomatic care is recommended.


LIVER

Stomach


LT Pancreas
Dist 0.94 cm

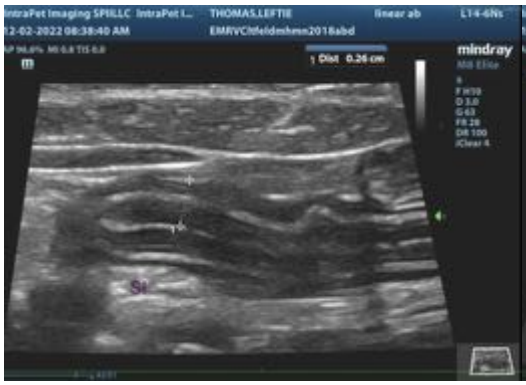
LT Adrenal
Dist 0.41 cm


LN

Bladder


ICCJ

RT Adrenal
Dist 0.34 cm



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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