

**DATE PRESENTING CLINICAL SIGNS**

2/1/2022

History: Presenting Complaint: Not Eating. Date: 01-30-2022 Notes: known DM- is on Prozac 5 units BID indoor only; lives with other cats anorexia/lethargic and having trouble walking since Friday- might have had some changes prior occ sneezing/congestion hx- overweight no change in diet- insulin is given 8-9 am/pm. Assessment: DM; anorexia; fever. Plan: discussed with owner about current PE findings- discussed about the causes for fever; discussed about the heart murmur and possible causes; discussed about having no ketones currently and where the blood sugar is at; owner reports a weight loss- had been 17.4 back in July - recommend hospitalization, bloodwork, UA, +/- xrays; IVF, anti-emetic, +/- antibiotics- if not responding- may need to consider an insulin CRI, may need to consider xrays, ultrasound.

SPECIES

Feline

Current Medications: maropitant, Clavamox, Marbofloxacin, Famoclovir, Buprenorphine, Mirtazpine. Lab Results: T4 normal, mildly elevated SDMA at 16, FBNP normal. UA- intact; USG > 1.050, mild anemia- PCV- 25, Increased WBC, increased neutrophils, elevated Globulins- 5.9, Ketone negative (on initial presentation).

BREED

Domestic shorthair

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Female, spayed

Imaging Performed By: Rachel Brilhart, RDMS.

AGE

4/1/2010

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.

WEIGHT

15.2 lbs.

The left kidney is enlarged (5.53 cm in length) with a normal shape and smooth peripheral contours. The cortex is hypoechoic and there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery surrounding the kidney is hyperechoic. Retroperitoneal fluid is observed.

INTERPRETED BY

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The right kidney is enlarged (5.39 cm in length) with a normal shape and smooth peripheral contours. The cortex is hypoechoic and there is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery surrounding the kidney is hyperechoic. Retroperitoneal fluid is observed.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

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

REFERRING VET

Dr. Willer

Spleen

The spleen is subjectively normal in size (0.74 cm in width at the level of the hilus) with an undulating medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

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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.

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 base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A prominent (1.38 x 0.72 cm) lymph node is observed in the mid-abdomen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes could be consistent with infection/pyelonephritis. Alternatively, infiltrative neoplasia (i.e., lymphoma) is possible. Retroperitonitis is present.

Secondary Findings:

- Age-related pancreatic remodeling +/- fibrosis. Concurrent pancreatitis may be present, particularly if the patient exhibits cranial abdominal pain.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, the following diagnostics are recommended:
 - Urine culture and sensitivity
 - Ultrasound guided renal aspirate if clotting status and blood pressure are normal. A 25-gauge needle should be used. Supportive care for pyelonephritis is recommended while awaiting test results.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly in the face of IV fluid diuresis.





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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