



PATIENT PRESENTING CLINICAL SIGNS

Bruno Orman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

History: 12/28/2021 Exam: P is doing okay per owner. P has never really been super active or playful, not necessarily lethargic. P has lost weight and may have less of an appetite, about 6 months ago P had bw at another clinic and it appeared that he had kidney disease PE findings - Generalized muscle wasting Weight loss 2/6 systolic sternal murmur confirmed today prior to ultrasound Abdominal discomfort on palpation 3/4 tartar, 1/3 gingivitis Senior age-related ocular changes

Abnormal PE/Chem/CBC/UA Results: 12/30/2021 - Feline senior lab work T4, felv/fiv all negative/wnl No urine ever collected on this patient Fecal float nps BUN 44mg/dL Creatinine 1.8mg/dL PrecisionPSL 30U/L Neutrophils 11700 / μ L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

10 years

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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

8.8 lbs

The left kidney is normal in size (3.67 cm x 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. A few small nonobstructive nephroliths are visualized There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney is normal size (3.77 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A nonobstructive nephrolith is visualized near the renal pelvis. There is no evidence of pyelectasia, infarcts or hydroureter.

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Dr. Robyn Lantz

Adrenal Glands

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

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Spleen

The spleen is normal in size (0.63 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.

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

DATE

2/17/22



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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 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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.31 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A few colic lymph nodes are observed, the largest measuring 0.55 cm in length. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic pancreatitis.
- Bowel pattern most consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

Secondary Findings

- Bilateral degenerative renal changes with nonobstructive nephrolithiasis.
- Age-relate hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostic/treatment recommendations can be considered:
 1. Serum cobalamin, folate, PLI and TLI
 2. A fecal evaluation for ova/Giardia
 3. A 6-week limited antigen diet trial to assess for food allergies
 4. Three-view thoracic radiographs are recommended to asses for occult neoplasia in the chest.



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5. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

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- Given the azotemia, consider the following:

- Urine culture and sensitivity
- UPC (if proteinuria is present)

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- Baseline blood pressure measurement

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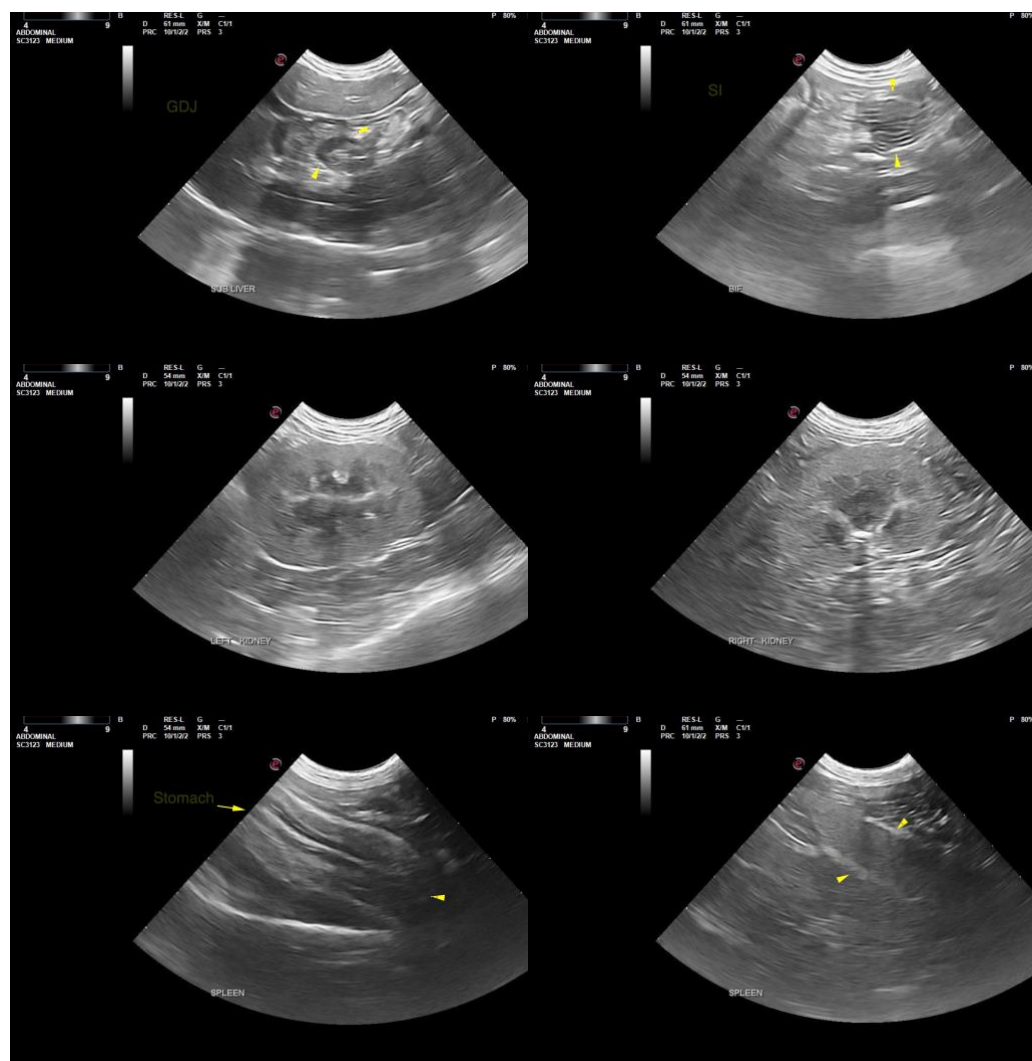
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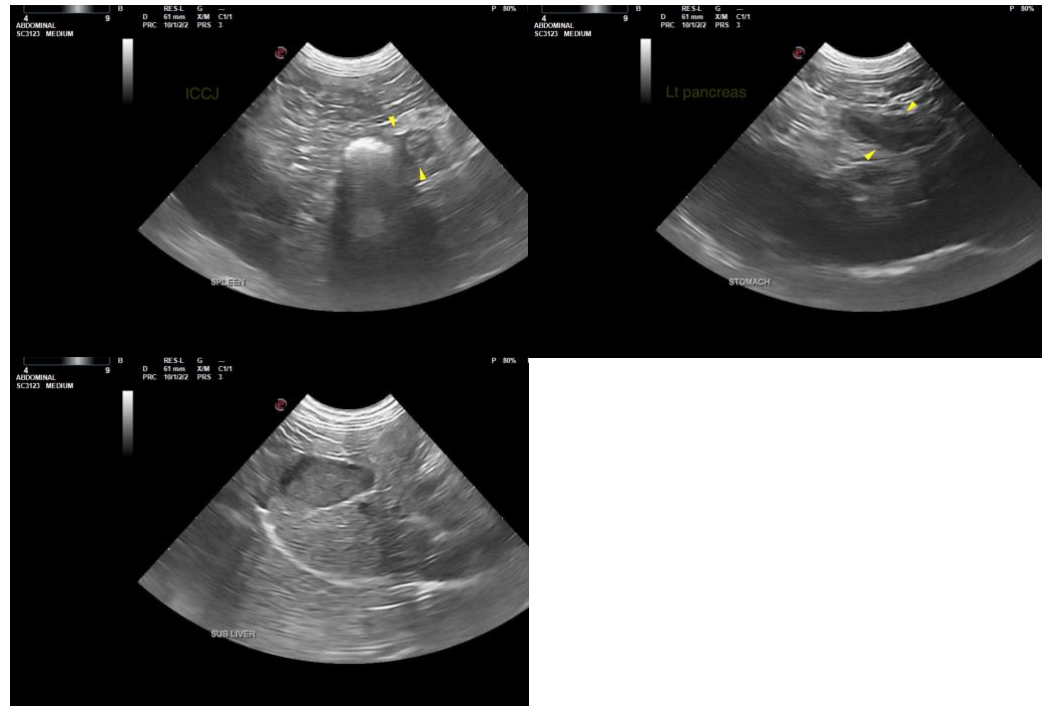
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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