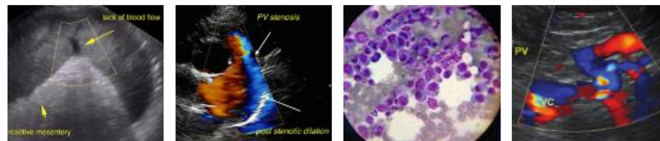

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PATIENT

Elmer Wood

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

10400

DATE

2/17/22

PRESENTING CLINICAL SIGNS

History: mild wt loss, suspect renal disease, blunted kidneys on palpation.
Abnormal PE/Chem/CBC/UA Results: PSL 29; USPG 1.015

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 normal in size (4.34 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.00 cm in length); with a slightly irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticuli foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (1.32 cm length; .53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.99 cm length; 0.72 cm width), with swollen peripheral margins. The parenchyma is homogenous with normal glandular detail. Surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.72 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.

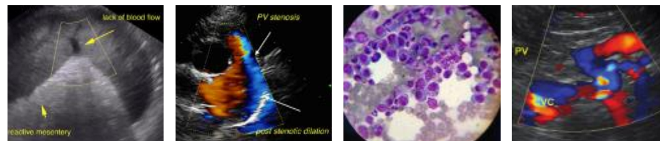
Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen. A 1.52 cm cystic nodule is observed at the caudal aspect. A few intrahepatic biliary stones are seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. Numerous varying sized choleliths are observed within the lumen, along with echogenic debris/sludge. The cystic and common bile ducts are dilated with thickened walls. The common bile duct measures 0.47 cm in diameter, at its largest point. Choledocholiths are observed within the cystic and common ducts. The common bile duct can be followed to the level of the duodenal papilla, which measures 0.55 cm in width.

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 is normal to mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most



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segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is dilated (0.46 cm in diameter).

Free Abdomen
There is no evidence of free fluid. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Choleliths/choledocoliths with suspected cholangitis
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The cystic hepatic nodule could be consistent with a biliary cystadenoma or biliary cystadenocarcinoma.
- Pancreatic changes consistent with chronic pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma. Although, neoplasia is possible, it is considered less likely at this time.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization and left nonobstructive nephrolithiasis.
- The left adrenomegaly may be secondary to stress hyperplasia, emerging tumor, or may be a normal variant for this patient

  **Given the sonographic change “triaditis” is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel including serum cobalamin, folate, TLI and PLI.
- Consider a fine-needle aspirate of the liver if clotting status is appropriate. Alternatively, empirical treatment for cholangiohepatitis/cholangitis/hepatic lipidosis (i.e., broad-spectrum antibiotics, antioxidants, and nutritional support), can be considered.
- If an aggressive approach is desired, an abdominal exploratory with hepatic and gastrointestinal biopsies can be considered. Otherwise, generalized supportive care for “triaditis” is recommended.
- Given the multitude of issues, three-view thoracic radiographs are also recommended to assess cardiopulmonary status, particularly if the patient is to undergo anesthesia.

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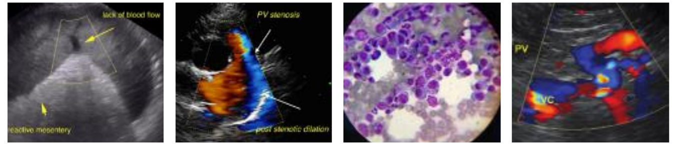

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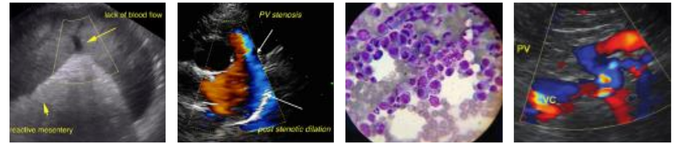

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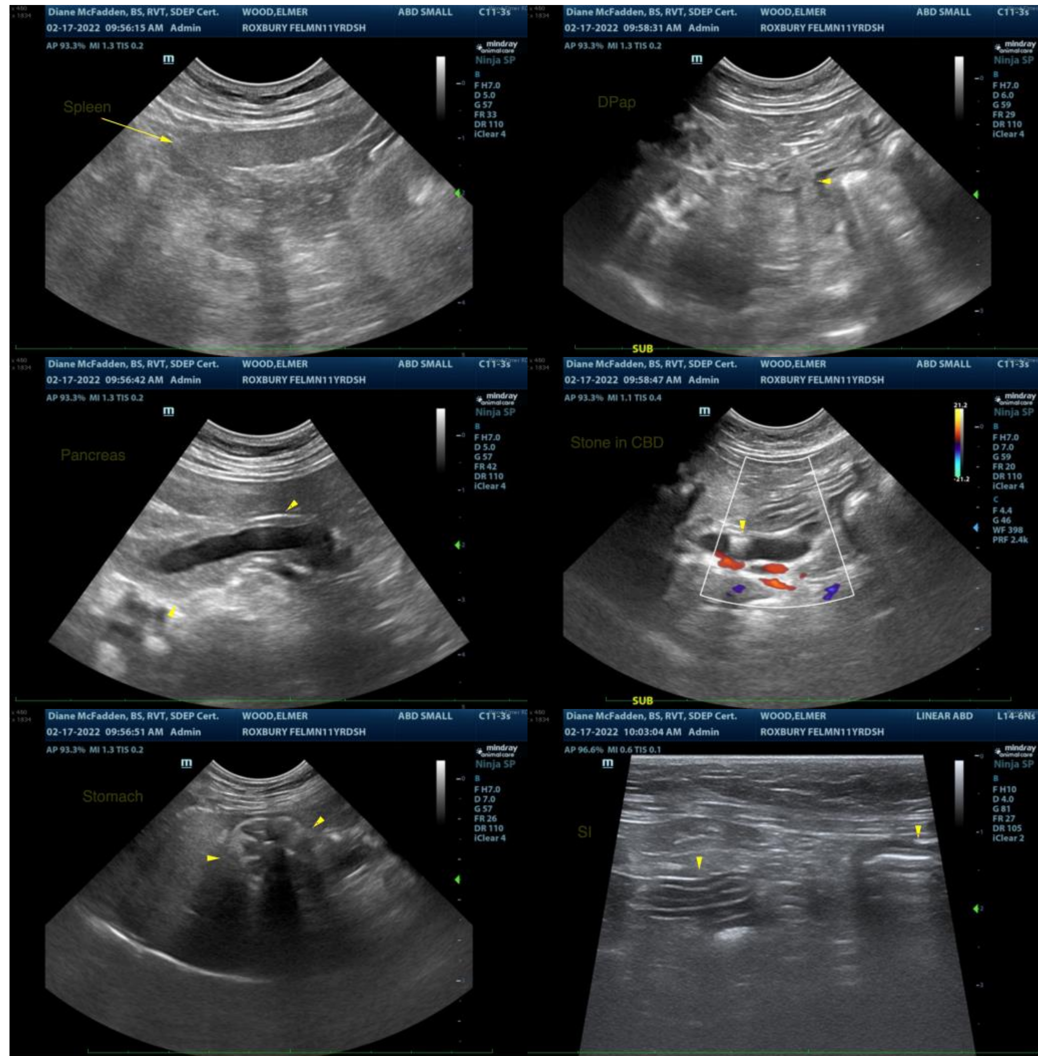

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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