**DATE PRESENTING CLINICAL SIGNS**

3/11/2022

P is overweight with a BCS of 8/9 and has a history of hypertension. Last BP taken 2/8/22 182, 184, 186mmHg with #4 cuff on tail in sternal. History of hypertension and currently receiving 3/4 of a 2.5mg Amlodipine SID. No appreciable murmur at this time. History of IBD vs Lymphoma diagnosis as well as crystalluria. Bloodwork attached- proBNP performed and abnormal.

**PATIENT**

Kenny Sullivan

Current Medications: Amlodipine 2.5mg ¼ SID. Will receive Gabapentin 100mg prior to ultrasound.  
 Lab Results: CBC: low hemoglobin 9.7. CHEM: hypokalemia 3.5, elevated NaK ratio (43), hpochoemia 111, elevated bicarb 24. UA: usg 1.014, pH 7.0, trace protein, negative sediment. T4: 2.5. proBNP: 442- HIGH  
 Date of Previous IntraPet Ultrasound: 12/21/20 See attached.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

4/12/2005

**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. A scant amount of echogenic debris is observed within the lumen. 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**

17lbs

The left kidney is normal size (4.74 cm in length); with a slightly irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. A questionable infarct is observed at the lateral aspect. Trace pyelectasia is suspected. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney is normal size (4.25 cm in length); with a slightly irregular shape and architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. A questionable infarct is observed at the lateral aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Perry Hall Animal  
 Hospital

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

**REFERRING VET**

Dr. Breidenbaugh

**Spleen**

The spleen is normal in size (0.90 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.

**INVOICE**

10537

**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. A small to moderate amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. 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 is normal to mildly thickened (up to 0.28 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio, with a 1: 1 ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### ***Free Abdomen***

There is no evidence of free fluid. A few mesenteric lymph nodes are visible but not overtly enlarged. Surrounding mesentery is mildly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

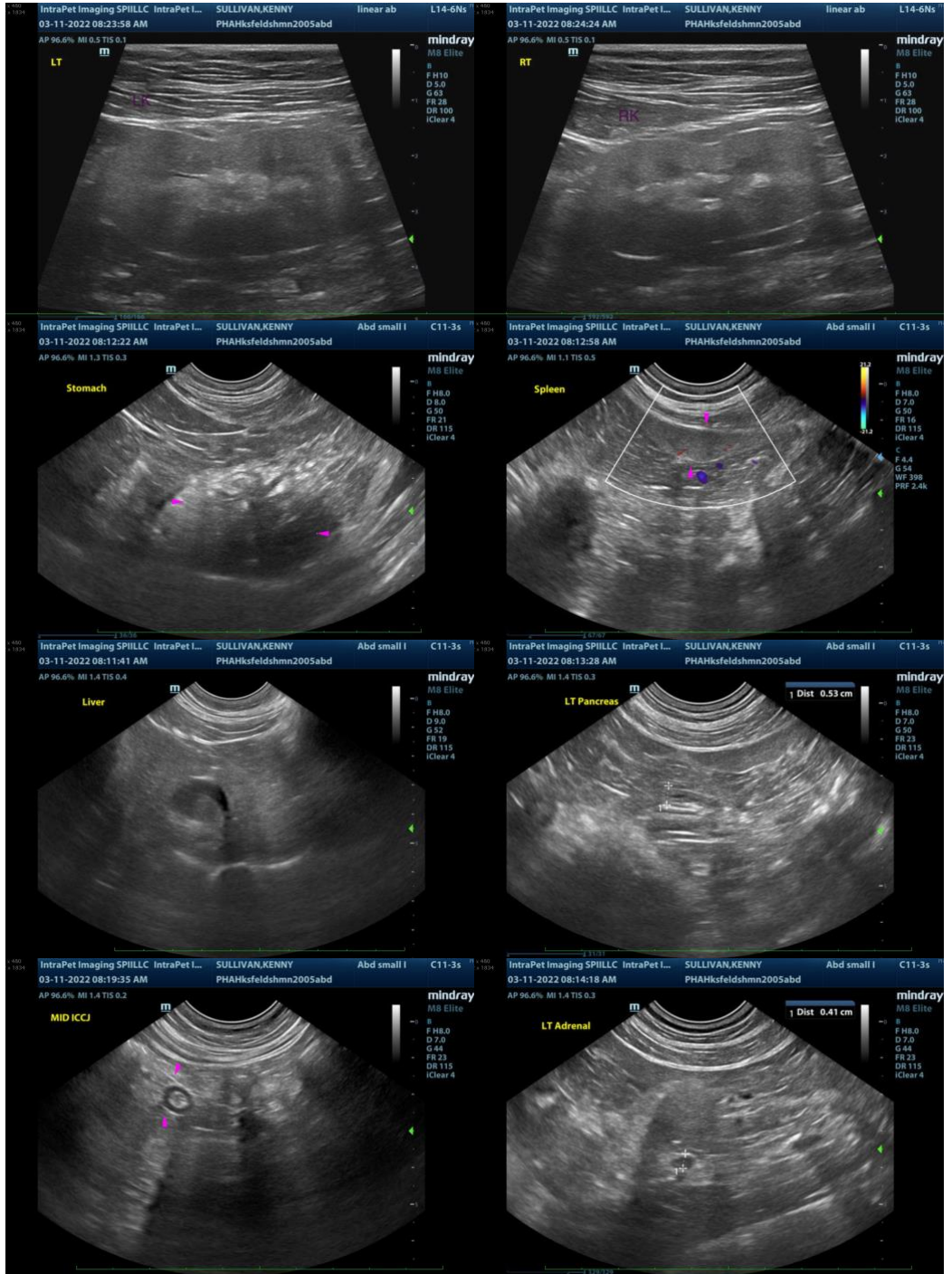
- Bowel pattern most consistent with inflammatory bowel disease with some potential for emerging lymphoma. The muscularis layer is subjectively less thickened (improved) on today's scan compared to the scan performed on 12/21/20.

### **Secondary Findings**

- Bilateral nonspecific degenerative renal changes with questionable cortical infarcts. There is subjective progression of the renal changes compared to the previous sonogram.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the bowel changes, further recommendations should be based on the patient's clinical status (i.e., whether or not GI signs are present).





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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