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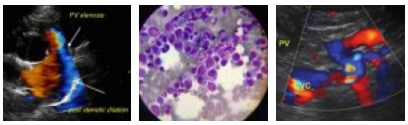

SonoPath
Clinical Sonography & Telecytology
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DATE
3/14/23

PATIENT
Bones Wesensten

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
4/15/2008

WEIGHT
9.75 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME
Timonium AH

REFERRING VET
Dr. McMichael

INVOICE
14740

PRESENTING CLINICAL SIGNS

Decreased appetite, change in stool consistency. H/O IRIS Stage 3 CKD which is improving with fluids and diet change.

Current Medications: SQF Daily, Cerenia, Mirataz PRN, Prednisolone 2.5mg SID.
Lab Results: H/O Creat 4.3- improved to 2. H/O hypercalcemia- resolved. Elevated T4 at 5.3. Borderline anemia, USG 1.019, trace proteinuria, inactive sediment.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone is normal.

The left kidney is normal size (3.81 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thickened and hyperechoic with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.67 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thickened and hyperechoic with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size 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 portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are normal in size 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis. This is a non-specific finding.

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

*It is unclear whether the patient's clinical signs are secondary to primary renal disease or if a concurrent disease process (i.e., microscopic gastrointestinal disease, hyperthyroidism, mild pancreatitis or other issue) is resulting in the patient's clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia.
- GI panel including serum cobalamin, folate, TLI and PLI.
- Free T4 by equilibrium dialysis +/- initiation of Methimazole.
- Consider initiation of a probiotic +/- a fiber supplement (i.e., Metamucil or Konsyl).
- Given the patient's age, three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- When the patient is eating, a hypoallergenic or hydrolyzed protein diet trial can be considered.
- Depending on the results of the above diagnostics/therapeutics, GI biopsies may be necessary to get a definitive diagnosis. Biopsies can be obtained endoscopically or surgically.
- Regarding the azotemia, consider the following :

    1. Urine culture and sensitivity
    2. UPC (if proteinuria persists in the absence of infection)
    3. Baseline blood pressure measurement


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Liver
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Stomach
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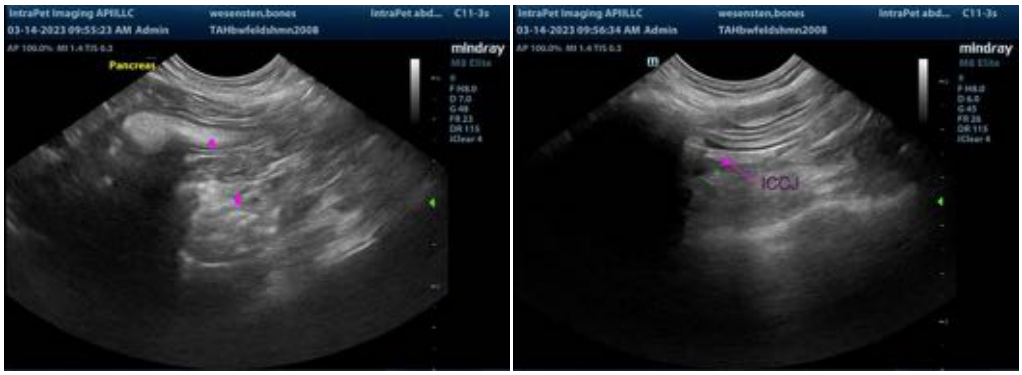

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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