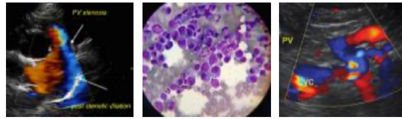
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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**DATE**
3/21/23

**PATIENT**
Kilala Guy

**SPECIES**
Feline

**BREED**
Domestic shorthair

**SEX**
Female, spayed

**AGE**
3/18/2013

**WEIGHT**
11.2 lbs.

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

**HOSPITAL NAME**
Aberdeen VC

**REFERRING VET**
Dr. Fritz

**INVOICE**
14772

## PRESENTING CLINICAL SIGNS

Anorexia, vomiting, kidney disease.

Current Medications: None.
Lab Results: Mild elevation in SDMA, elevated Phos, elevated TP and Alb.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.88 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.86 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Using the high frequency probe, the parenchyma appears diffusely mottled. A 0.58 cm hyperechoic nodule is observed at the caudomedial aspect. Splenic vasculature appears normal with no evidence of thrombosis.

### *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. A moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The duodenal papilla is prominent in size (0.54 cm in width). The cystic and common bile ducts are visible/tortuous but not overtly dilated.

### *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 visible/prominent with mildly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat with areas of mottling at the tip of the left limb. The pancreatic duct is not overtly dilated.

### *Free Abdomen*
There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS
**Primary Findings:**

- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.

- The pancreatic changes are suggestive of chronic pancreatitis.

**Secondary Findings:**

- The diffuse splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar). Alternatively, emerging neoplasia (i.e., lymphoma) is possible. The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a lower possibility of an emerging tumor.

- The urinary bladder debris could be consistent with cells, crystals, lipid droplets, exfoliated material and/or mucous.

- Bilateral chronic age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history and sonographic changes, consider the following:

1. A fecal evaluation for ova/Giardia

2. GI panel including serum cobalamin, folate, TLI and PLI

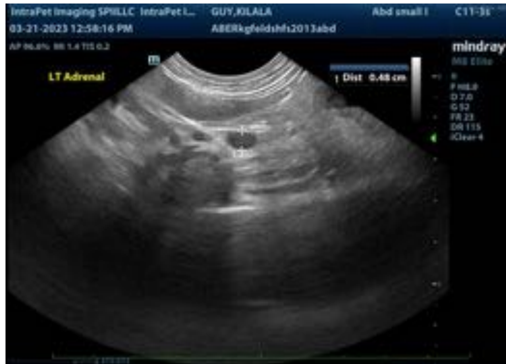
3. 2-4 week limited antigen or hydrolyzed protein diet trial, if the patient will eat it

4. Initiation of a probiotic

5. Thoracic radiographs to assess for occult esophageal disease

6. Heartworm testing (i.e., antibody and antigen) as heartworm disease can be a cause of chronic vomiting in cats

7. Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.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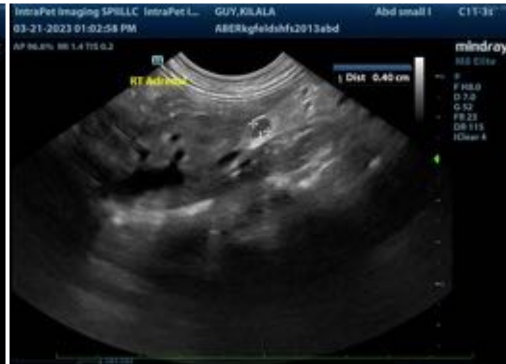
mindray
LT Adrenal
Dist 0.48 cm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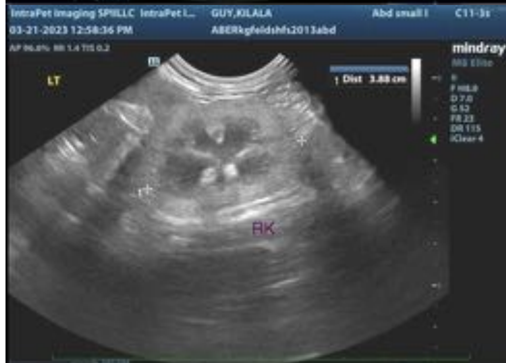
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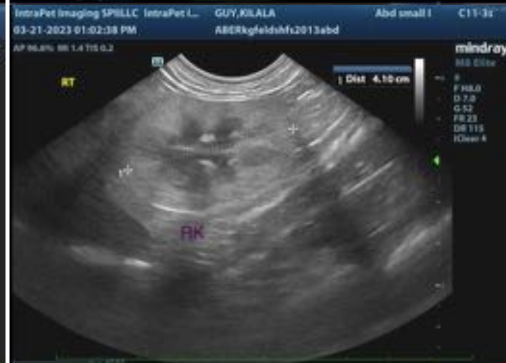
LT
Dist 3.88 cm
RK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Dist 4.10 cm
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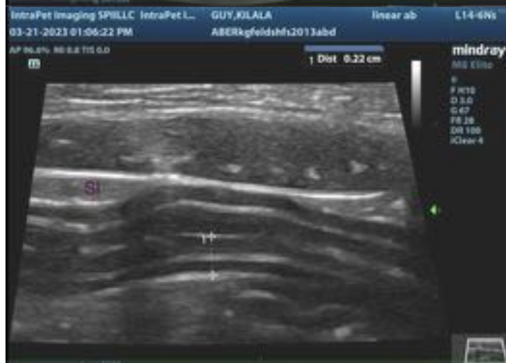
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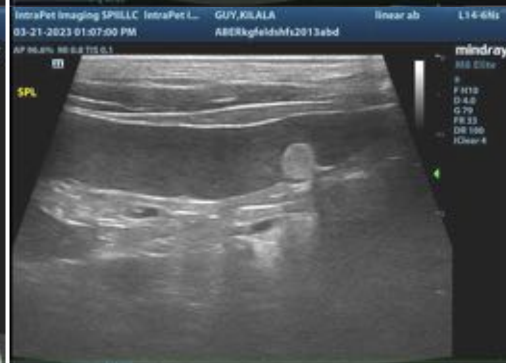
SI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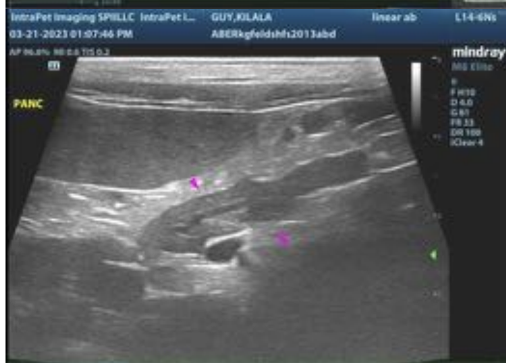
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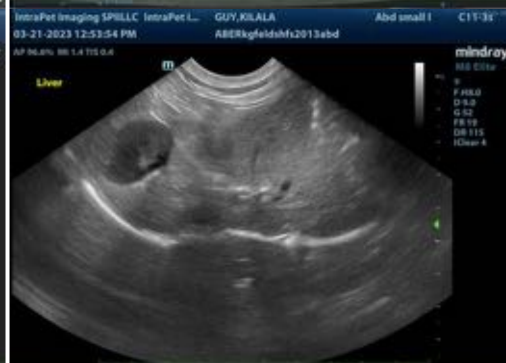
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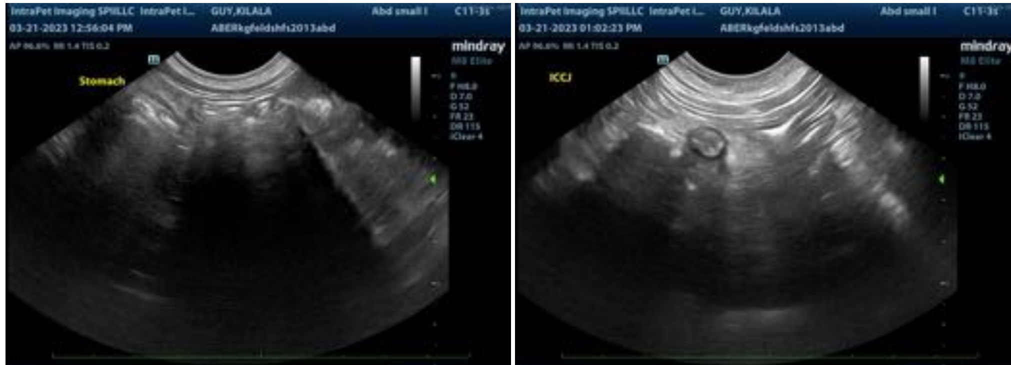
mindray
Liver




**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)
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