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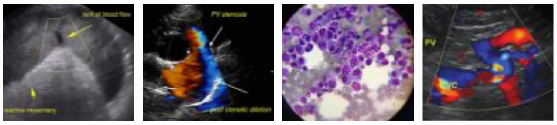


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Charlie Pears

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 years

WEIGHT

10.42 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr Powers

INVOICE

12481

DATE

3.22.23

PRESENTING CLINICAL SIGNS

History: Gradual weight loss despite a normal appetite for the past year. Hematuria, urinary incontinence, and some straining to urinate since 3/19/23. P has a history of uroliths and urinary obstruction but has done well since starting Urinary SO diet. No vomiting or diarrhea noted. Firm, slightly irregular thickening palpable in the urinary bladder during exam on 3/20/23.\ Current Medications Gabapentin Radiographic Findings No uroliths noted on lateral abdominal RG Primary Question/Differential to Be Answered in This Exam Cause of hematuria, urinary incontinence, and weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is diffusely thickened (up to 0.47 cm) and irregular. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra are normal.

The left kidney is normal in size (4.54 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding both kidneys is hyperechoic.

The right kidney is normal in size (4.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding both kidneys is hyperechoic.

Adrenal Glands

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

The right adrenal gland is borderline enlarged (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

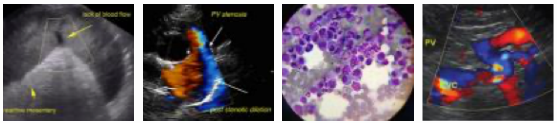
Spleen

The spleen is normal in size (0.65 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 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.



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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 is diffusely thickened (up to 0.47 cm) 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 left limb is visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
Trace free fluid is observed is observed. A 0.83 x 0.60 hypoechoic-to-slightly-heterogenous lymph node is observed in the right cranial quadrant. A few prominent mesenteric and colic lymph nodes are also seen (the largest measuring 1.45 cm in length). Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- The abdominal lymphadenopathy could be consistent with lymphoid hyperplasia, reactive lymphadenopathy or emerging neoplasia. A benign process is favored at this time.
- The urinary bladder wall changes are most consistent with cystitis, with a lower possibility of infiltrative neoplasia.

Secondary Findings

- Bilateral chronic renal changes with cranial retroperitonitis. The retroperitonitis may be secondary inflammatory/infectious or neoplastic renal disease. An inflammatory process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the renal and urinary bladder changes, a urinalysis with a culture and sensitivity are recommended to assess for evidence of infection.
- Regarding the patient's GI signs, consider the following:

1. Fecal evaluation for ova and Giardia
2. GI panel including serum cobalamin and folate, TLI and PLI
3. Initiation of a probiotic
4. Limited antigen or hydrolyzed protein diet trial
5. Ultimately, Gi biopsies may be necessary to get a definitive diagnosis. Endoscopic or surgical biopsies can be considered.

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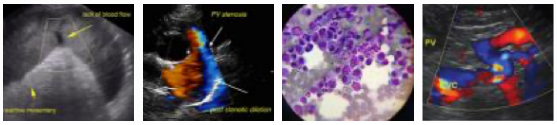

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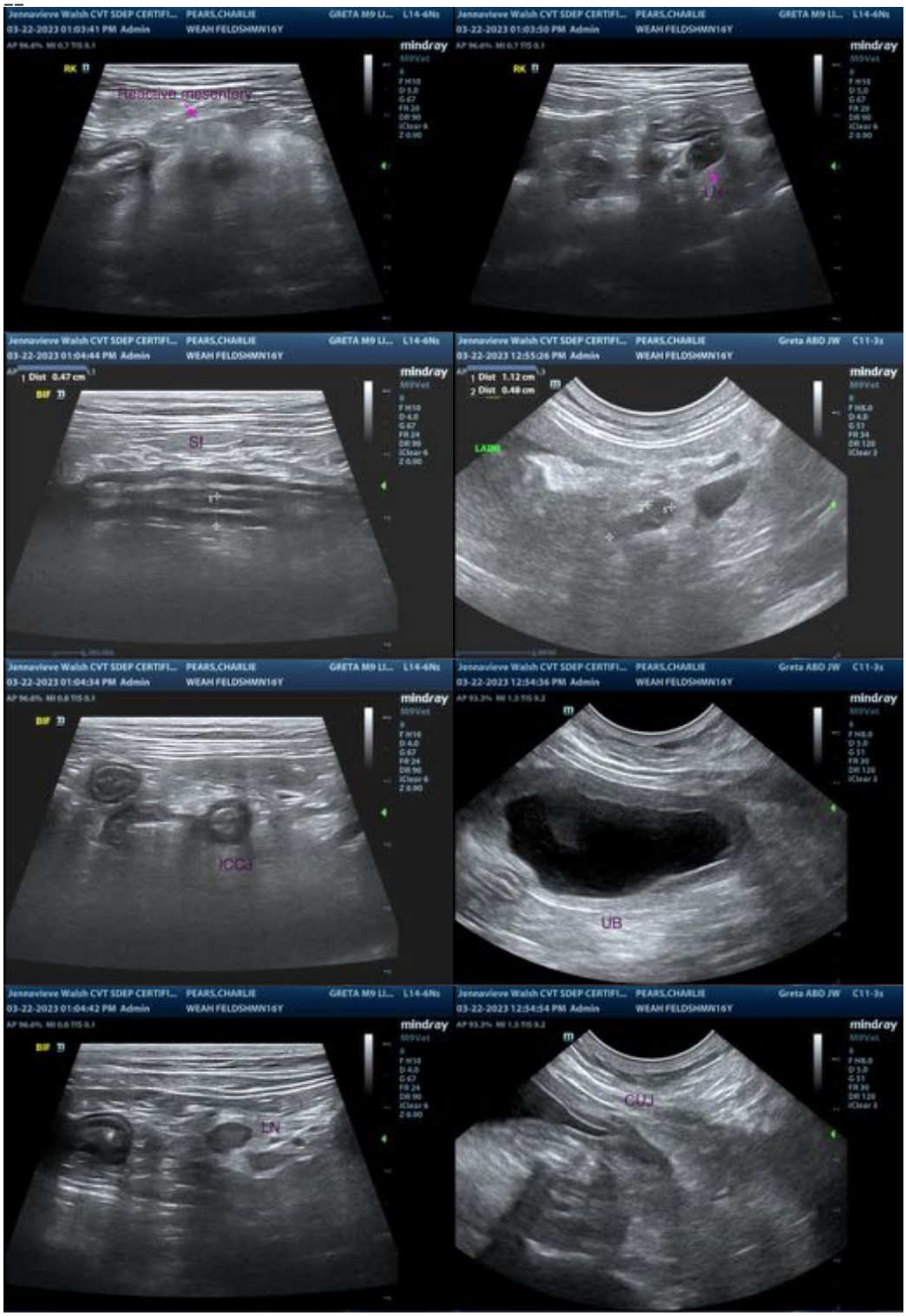

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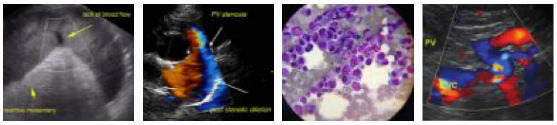

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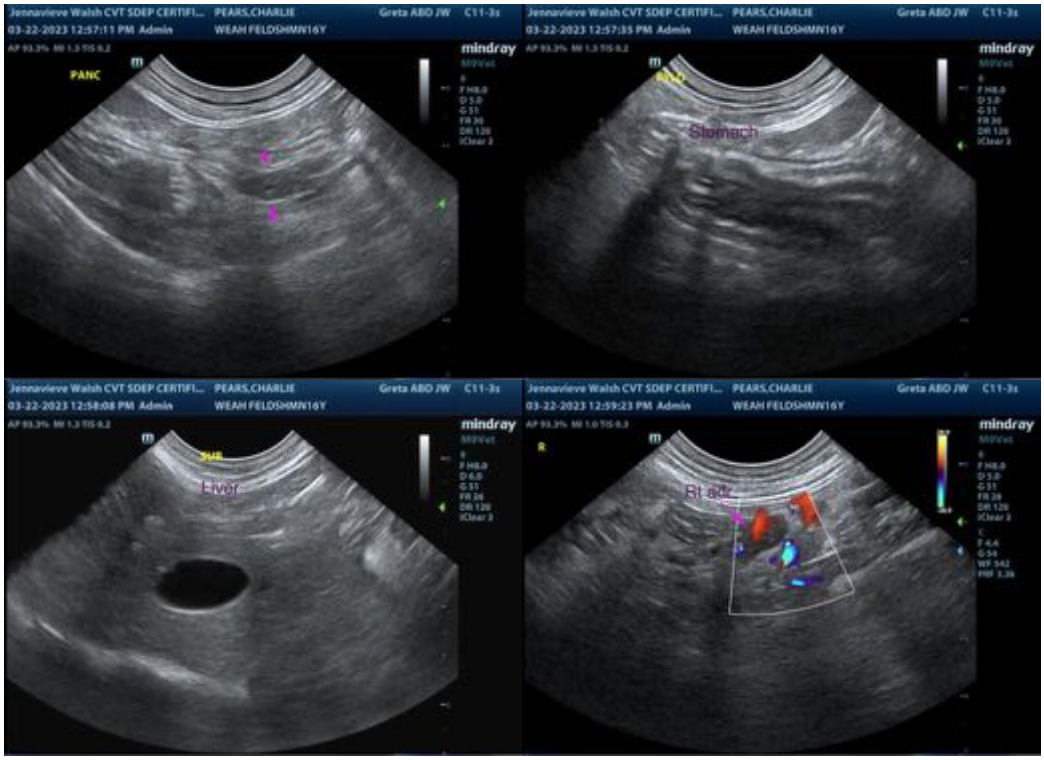

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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