



PATIENT

Moe Bramante

PRESENTING CLINICAL SIGNS

Mild anemia. Has a history of kidney disease and weight loss. Hematocrit is 27%. Nonregenerative. SDMA 17. Normal BUN and creatinine. Urinalysis pending. T4 2.7. Feleuk FIV heartworm negative.

SPECIES

Feline

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

BREED

DSH

The left kidney is normal in size (4.26 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. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

SEX

Neutered Male

The right kidney is normal in size (3.68 cm in length) with a slightly irregular shape. The cortex is isoechoic relative to the spleen and variably thickened. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

13 years

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

NP

The right adrenal gland is normal size (0.44 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.91 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.

INTERPRETED BY

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

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. Two to three small hypoechoic nodules are observed on the right side, the largest measuring 0.89 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

IMAGING PERFORMED BY

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

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

HOSPITAL NAME

Coastal VC

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.

REFERRING VET

Dr. Laura Black

Pancreas

The pancreas diffusely visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct

INVOICE

12750

is borderline dilated (0.26 cm in diameter).

Free Abdomen

There is no obvious evidence of free fluid. A few prominent lymph nodes are observed in the mid- to caudal abdomen (the largest measuring 0.99 cm in length). Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

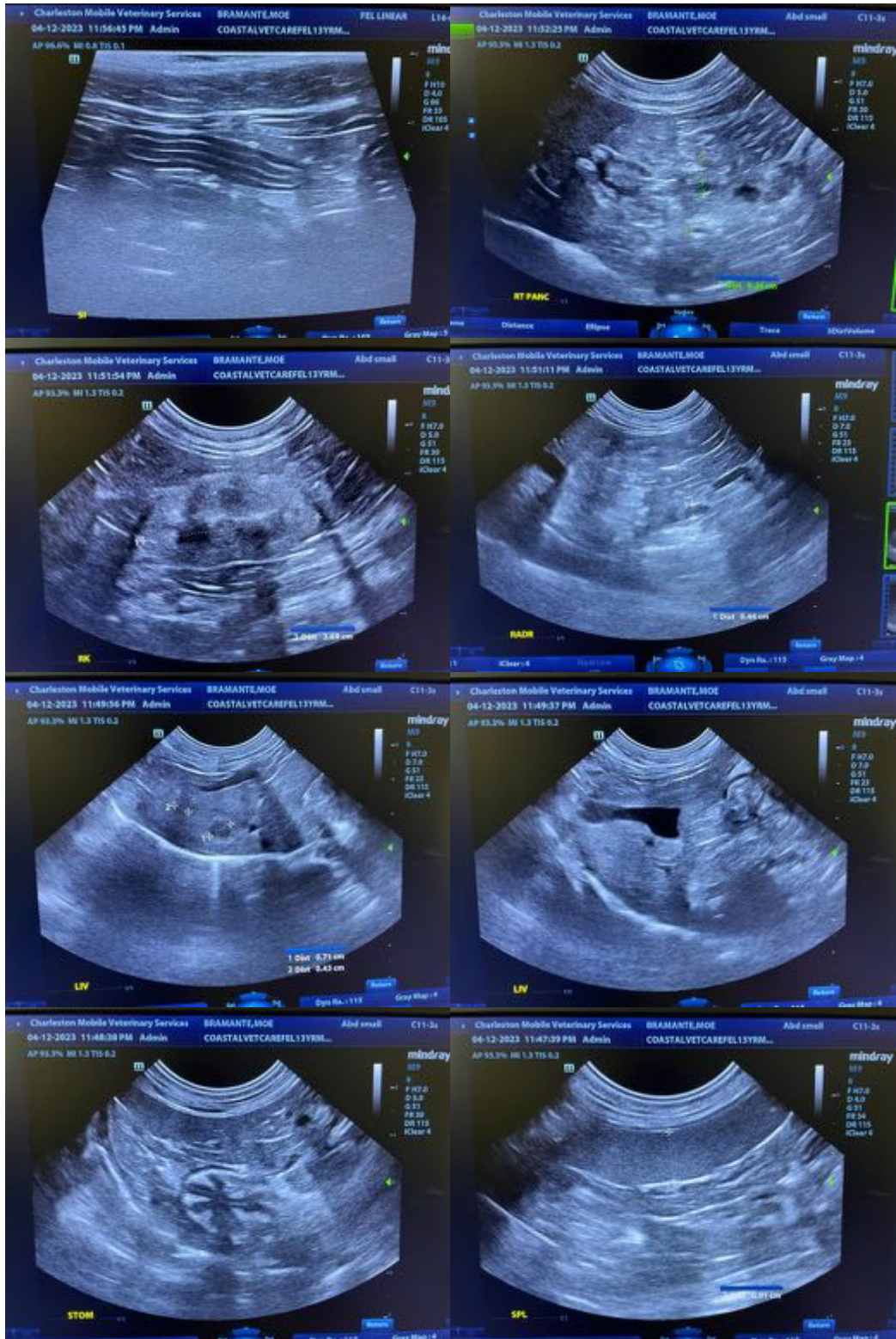
- Bilateral chronic age-related renal changes
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic pancreatitis. It does not appear active at this time.

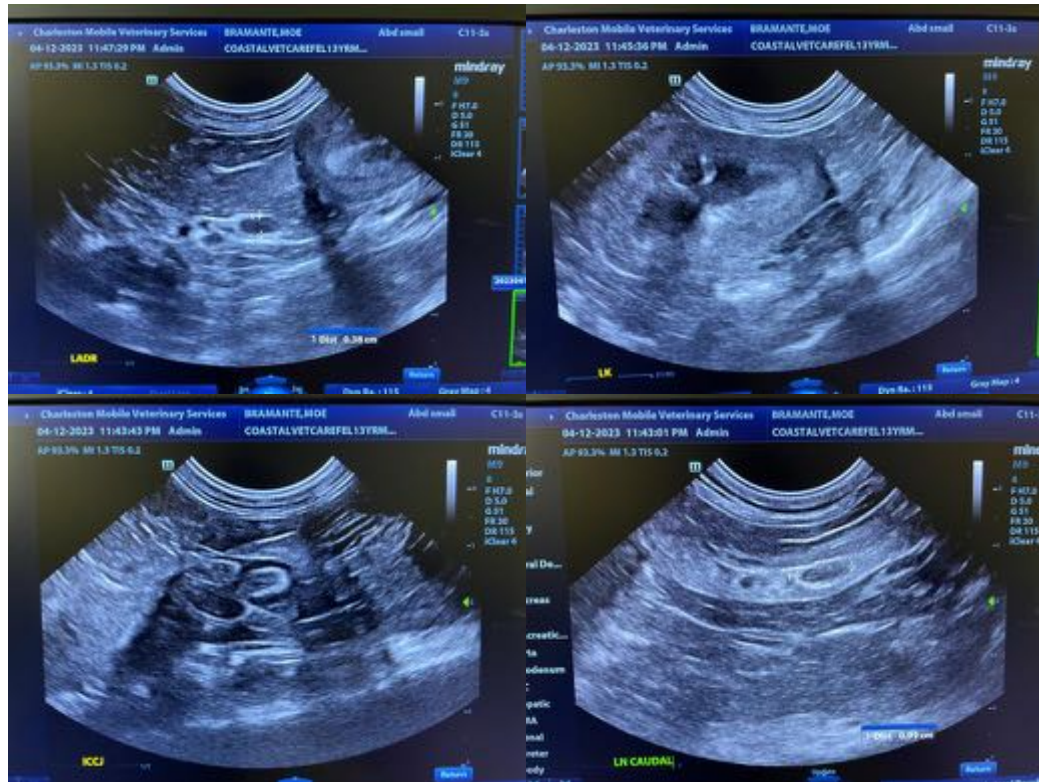
Secondary Findings

- The hypoechoic hepatic nodules trend toward the benign (i.e., foci of lymphoid hyperplasia, inflammation, other). However, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's bowel pattern, consider the following:
 1. fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI and PLI
 3. +/- limited antigen or hydrolyzed protein diet trial, particularly if the patient is exhibiting GI symptoms
 4. +/- endoscopic or surgical GI biopsies
- Regarding the renal changes, serial monitoring (i.e., every 3-4 months) of the patient's bloodwork is recommended to assess for progressive azotemia. A baseline blood pressure is also recommended. Consider a urine culture and sensitivity +/- a UPC (if proteinuria is present in the absence of infection).
- Thoracic radiographs may be warranted, particularly if the patient must undergo anesthesia.





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)
info@SonoPath.com