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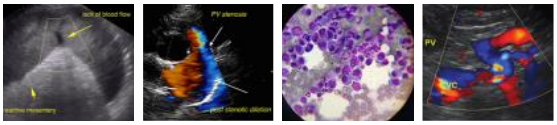


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kira Alberti

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

6.51 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvalis Cat Care

REFERRING VET

Dr. Kimmel

DATE

4/15/22

INVOICE

10756

PRESENTING CLINICAL SIGNS

History: *Adopted in 2019, clients were told she was young; but age estimate was 9-12yr *Struggled with constipation/diarrhea; and skin lesions - suspect food allergies but really didn't do well with novel protein diets *2020 did TAMU - SIBO; low cobalamin. She started to respond to GI high energy diet; B12 shots gained weight and was almost 8lbs, *Did well until mid 2021 she started lose weight, increased vomiting * Diagnosed with IRIS 2 renal disease * In 2022 had aBP 160 and started on amlodipine, but did really poorly. Stopped eating, lost weight, increased vomiting. She improved with supportive care but didn't gain weight and we started Budesanide. She continues to do better, but still has not gained weight and vomits 2-3 times weekly Current Medications Budesanide 1 mg, Cerenia 1/4 SID, B12 injections, OTC Digestive enzymes

Abnormal PE/Chem/CBC/UA Results: IRIS 2 renal disease - less lab trend sheet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 with mostly anechoic urine. 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.

The left kidney is normal size (3.18 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 moderate to severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (3.23 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 moderate to severe 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 size (0.78 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

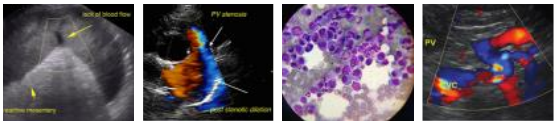
The right adrenal gland is normal size (0.88 cm length; 0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.65 cm hyperechoic nodule is observed deep on the right side adjacent to the ddiaphragm. The remaining parenchyma is homogenous. Hepatic vasculature and



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intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is mildly distended. The wall is of appropriate thickened for the level of depletion. A small amount of gravity dependent, echogenic debris 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 0.27 cm), with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some 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 minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (up to 0.27 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A 0.63 cm gastric lymph node is visualized. In addition, a few prominent mesenteric lymph nodes are seen, the largest measuring 0.69 cm in length.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with chronic pancreatitis.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.

Secondary Findings

- Bilateral nonspecific age-related renal changes, consistent with the patient's history.
- The hyperechoic hepatic nodule trends toward the benign (i.e., lipogranuloma, focus of lymphoid hyperplasia, with a lower possibility of emerging neoplasia).

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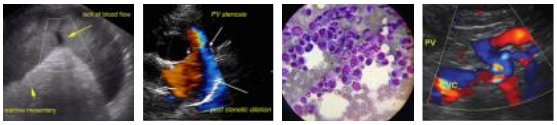

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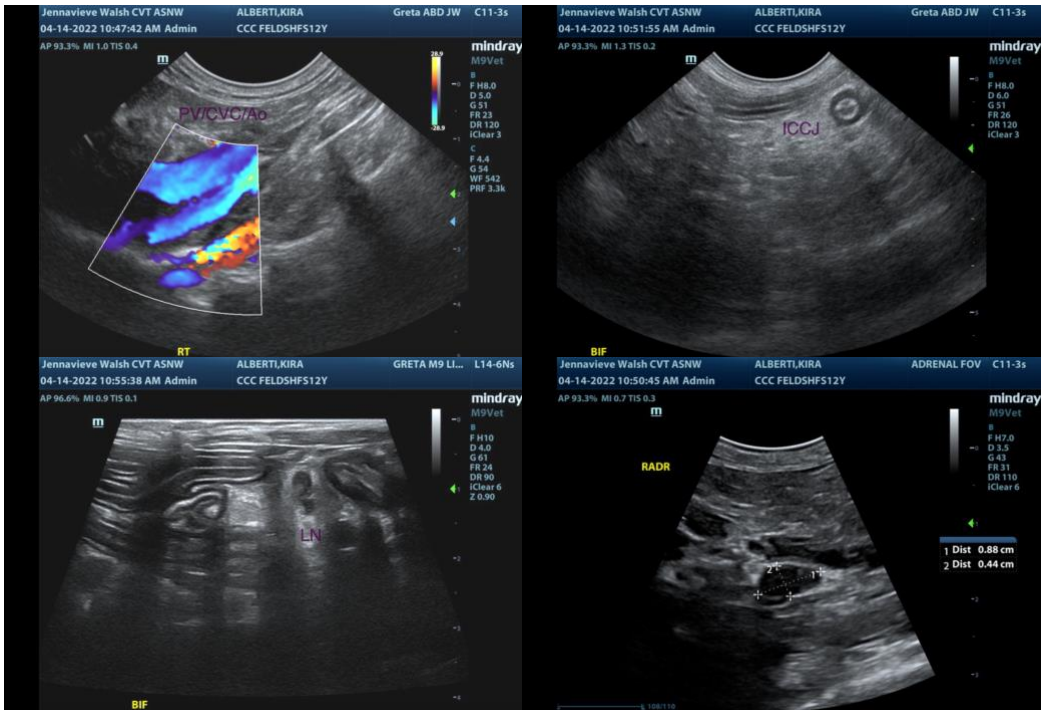
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostic/treatment recommendations can be considered:

1. A fecal evaluation for ova/Giardia
2. Also consider heartworm antigen and antibody testing as heartworm disease can be a cause of chronic vomiting in cats.
3. Three-view thoracic radiographs are recommended to assess for occult neoplasia and esophageal disease.
4. If the above diagnostics/therapeutics are inconclusive, endoscopic or surgical gastrointestinal biopsies may be warranted.

Regarding the renal disease, consider a UPC (if proteinuria is present), urine culture and sensitivity and baseline blood pressure measurement.



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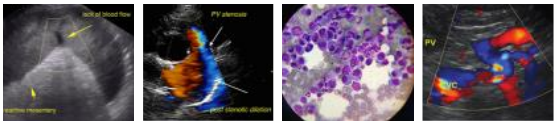

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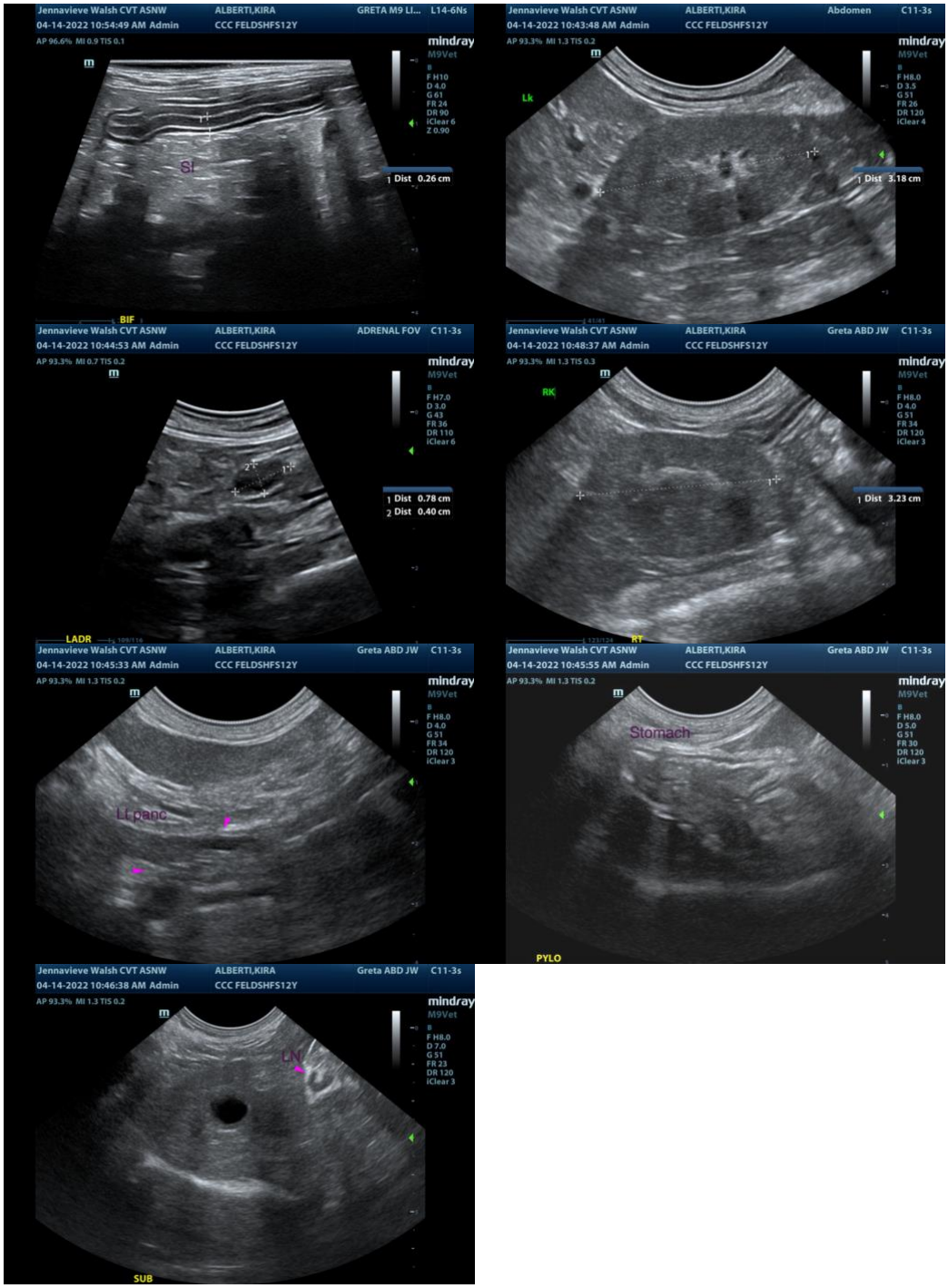
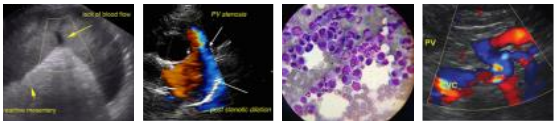


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
andrea_nicastro2@hotmail.com