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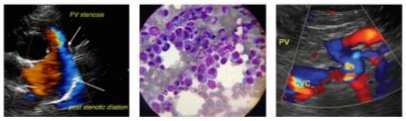
SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Madeline Rasmussen

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr Lamont, Dogwood PH

INVOICE

10670

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: 1 month ago owner noticed distended abdomen. Radiographs reveal a possible mass pushing small bowel to the right side of abdomen.
Abnormal PE/Chem/CBC/UA Results: SDMA 21 BUN 40 The rest of chem panel normal.

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 mildly to moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal in size (3.81 cm in length); with a severely irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. Several cortical infarcts are present. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.95 cm in length); with a severely irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. Several cortical infarcts are present. A small cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

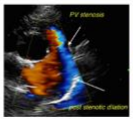
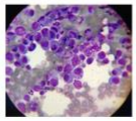
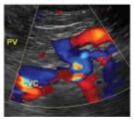
Spleen

The spleen is normal in size (0.79 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 and is isoechoic relative to the spleen. 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 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.

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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 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 left limb of the pancreas is visible 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

There is no evidence of free fluid. A 0.64 cm jejunal lymph node is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy with numerous cortical infarcts.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- The prominent jejunal lymph node is likely reactive.

Secondary Findings

- Urinary bladder debris

**There is no obvious evidence of an abdominal mass in the available images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the sonographic bowel changes, consider the following:

1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
2. Hypoallergenic diet trial
3. +/- GI biopsies (i.e., endoscopic or surgical). If biopsies are pursued, chest x-rays (three-view) are recommended prior to anesthesia to assess cardiopulmonary status.

Regarding the renal changes, the following can be considered:

1. Serial monitoring (i.e., every 3 months) of the patient's renal values to assess for progressive disease
2. Urine culture and sensitivity
3. UPC (if proteinuria is present)

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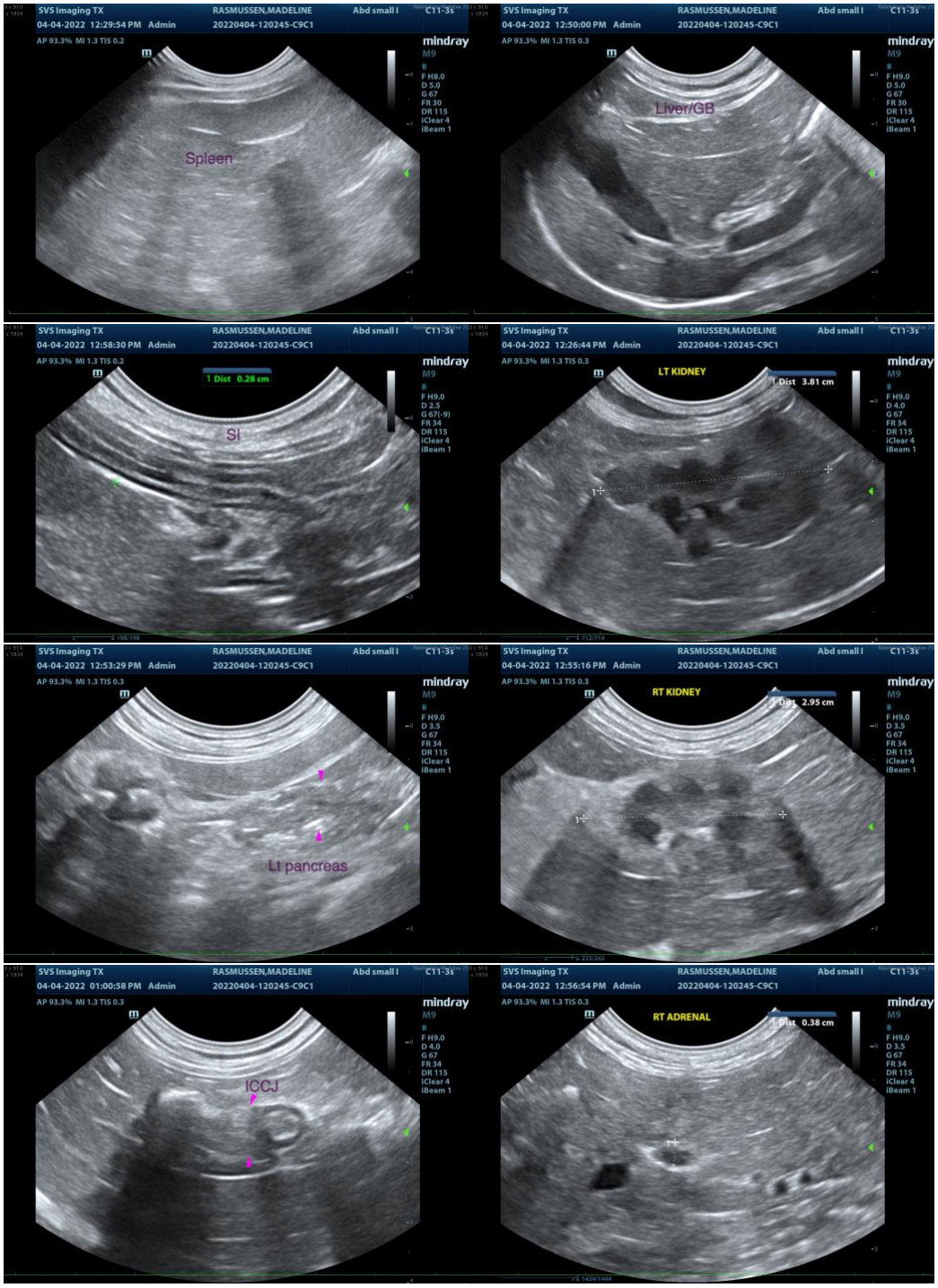
4. Baseline blood pressure measurement



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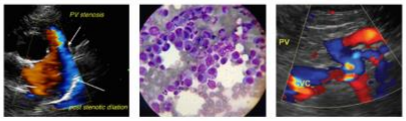

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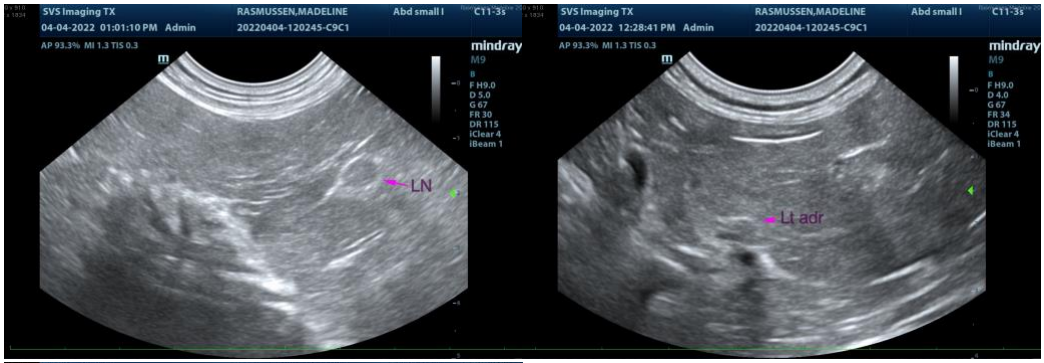

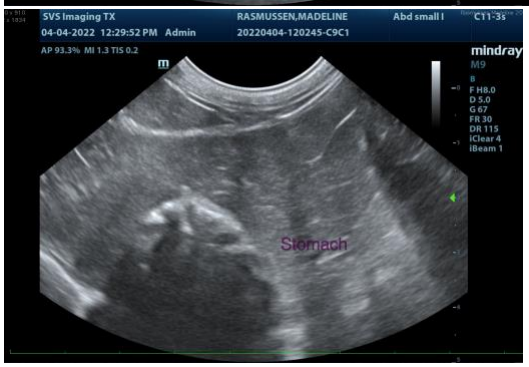

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com