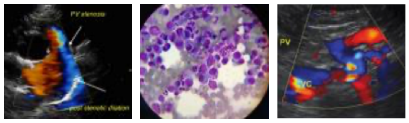
IMAGING PERFORMED BY

IntraPet.com



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

**DATE**

4.6.2023

**PATIENT**

Ollie Z Palmisano

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3/30/2018

**WEIGHT**

9.32 lbs

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Northwind AH

**REFERRING VET**

Dr. Miller

**INVOICE**

12686

## PRESENTING CLINICAL SIGNS

Weight loss, PU/PD, renal failure assuming chronic.

Current Medications: N/A currently.
Lab Results: Creatinine 4.9. BUN 99. Potassium 2.9. USG 1.010. 1+ proteinuria, inactive sediment. T4 normal. CBC unremarkable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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

The left kidney is normal in size (4.05 cm in length) with a relatively normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (4.10 cm in length) with a relatively normal shape and smooth peripheral contours. The cortex is diffusely thickened and hyperechoic relative to the spleen. There is moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

### *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 normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (0.60 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

### *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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no evidence of an obstructive pattern.

***Pancreas***

The left limb is visible/prominent with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

***Free Abdomen***

There is no obvious evidence of free fluid. A few prominent colic and mesenteric lymph nodes are visualized (the largest measuring 1.42 cm in length). The nodes are normal in shape and echogenicity. Surrounding mesentery is slightly hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis with mild left pyelectasia.

### Secondary Findings

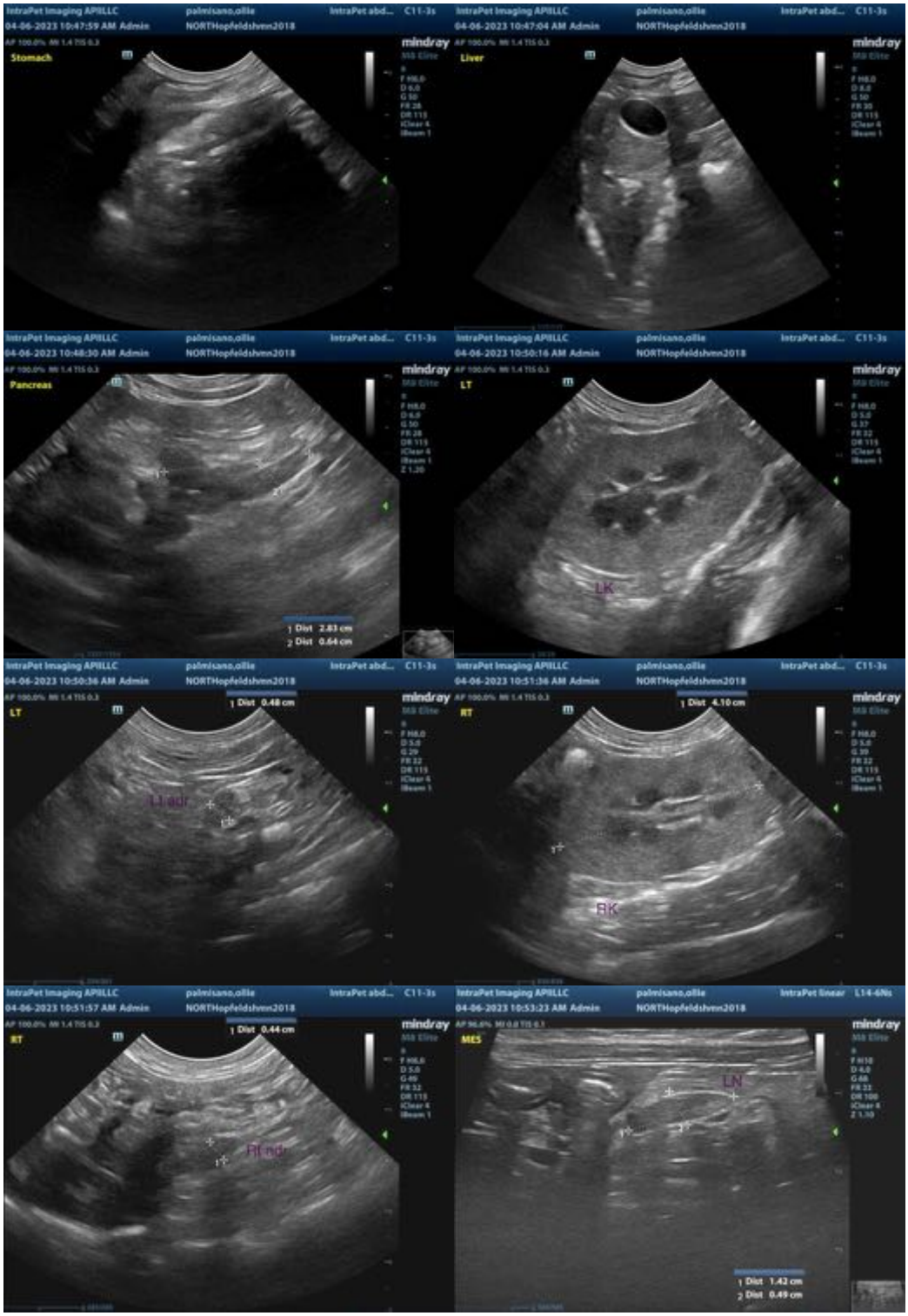
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

    1. Urine culture and sensitivity
    2. UPC if protein persists in the absence of infection
    3. Baseline blood pressure measurement
    4. Supportive care including IV fluid diuresis
    5. Broad-spectrum antibiotic (while awaiting urine culture results) and other symptomatic measures
    6. Serial monitoring of the patient's renal values is recommended to assess for progression.
    7. Consider three-view thoracic radiographs to assess cardiopulmonary status, particularly if the patient is to undergo fluid diuresis.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Liver
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Pancreas
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2 Dist 0.64 cm
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MES
LN
1 Dist 1.42 cm
2 Dist 0.49 cm
mindray


**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