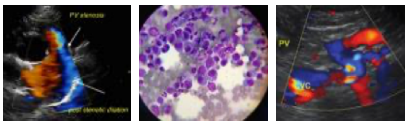
IMAGING PERFORMED BY

IntraPet.com

SonoPath
Clinical Sonography & Telecytology
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**DATE**

5/31/22

**PATIENT**

Monkey Belt

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

5/24/2009

**WEIGHT**

11.1 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Everhart VH

**REFERRING VET**

Dr. Kerr

**INVOICE**

13447

## PRESENTING CLINICAL SIGNS

Monkey presented to the EVH for decreased urination/defecation, lethargy, and decreased appetite. Physical exam reveals mildly unkempt hair coat, prolonged skin tent, muscle wasting over the epaxials, and a grade 3/6 systolic murmur. Abdominal palpation and more extensive examination was unable to be performed due to temperament.

Current Medications: Miratax transdermal SID, Cerenia 2 mg/kg SID
Lab Results: BUN 68, Creatinine 3.8, SDMA 54, HCT 29%
Lymphocytes 8.25%, ProBNP - normal
Radiographs: renomegaly and abnormally shaped margins of both kidneys.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Midazolam and Torbugesic IM.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

## 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. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is enlarged (5.05 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio. There is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Mild pyelectasia is present (0.23 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal. A trace amount of subcapsular fluid is visualized.

The right kidney is enlarged (5.56 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and there is a normal 1:3 cortex to medulla ratio. There is mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is contracted with normal contracted (0.51 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. 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 small amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastric lumen is minimally fluid 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. An approximately 3 cm segment of small intestine is thickened (up to 1.07 cm), irregular and hypoechoic with a loss of the normal layering pattern. In the remaining segments, there is slight disruption in the normal 1:3 muscularis: mucosal ratio in some regions. The colonic wall is normal. No obstructive disease is noted.

### *Pancreas*

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### *Free Abdomen*

There is no evidence of free fluid. At least one prominent mesenteric lymph node (0.72 cm in length) is visualized.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

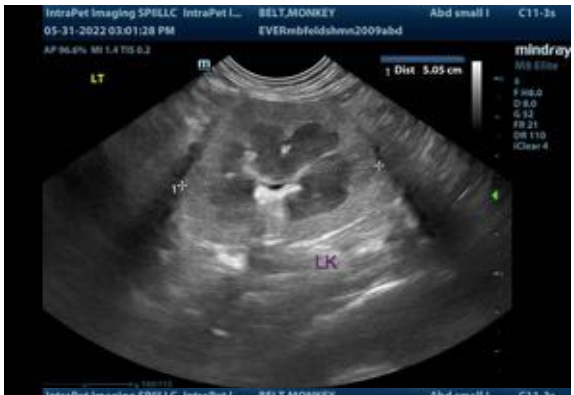
- The bilateral renal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or inflammatory disease (i.e., interstitial nephritis/pyelonephritis).
- The focal bowel wall thickening is also concerning for infiltrative neoplasia (i.e., lymphoma, adenocarcinoma). However, a focal inflammatory process (i.e., pyogranulomatous) cannot be completely excluded.

**Secondary Findings:**

- The prominent mesenteric lymph node is likely reactive with a lower possibility of infiltrative neoplasia.
- The splenic contraction is most consistent with dehydration.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspirates of the focal bowel thickening and kidneys, if clotting status and blood pressure are normal. 25 gauge needles should be used for aspiration.
- A urine culture and sensitivity is also recommended to assess for pyelonephritis.
- If the above results are inconclusive, surgical GI and renal biopsies may be necessary to get a definitive diagnosis.
- Also consider a GI panel (send to Texas A&M).
- While awaiting test results, supportive care such as IV fluid diuresis, broad-spectrum antibiotic therapy (i.e., fluoroquinolone) and symptomatic treatment is recommended.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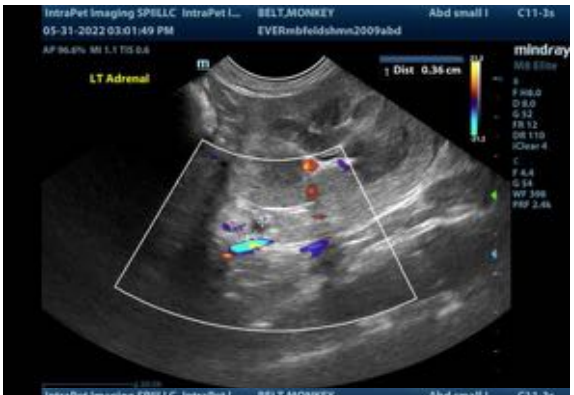
LK
mindray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LT Adrenal
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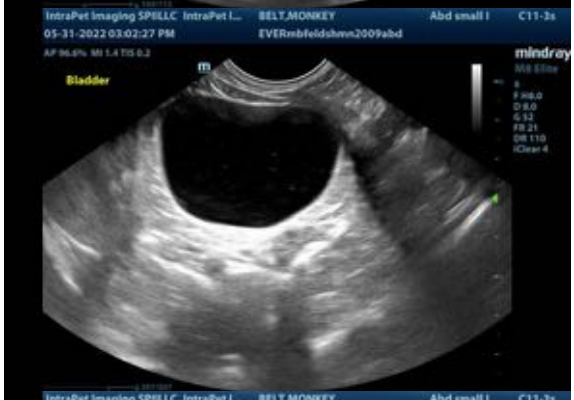
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Bladder
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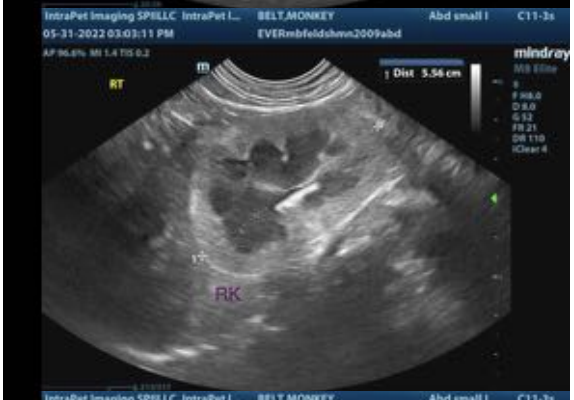
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RT
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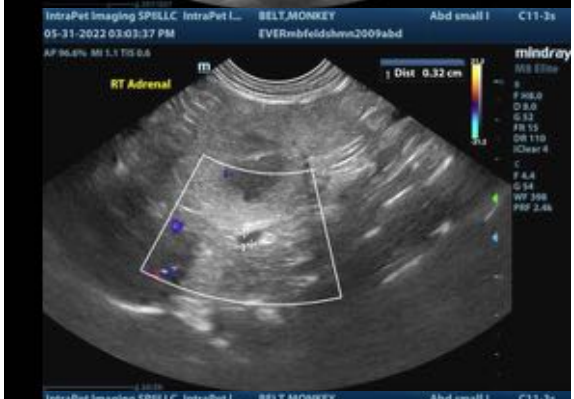
RK
mindray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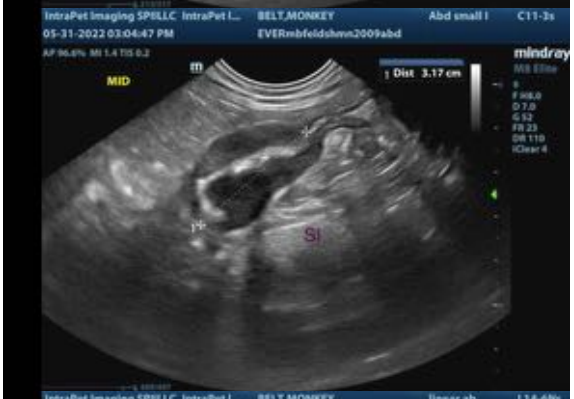
RT Adrenal
Dist 0.32 cm
mindray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MID
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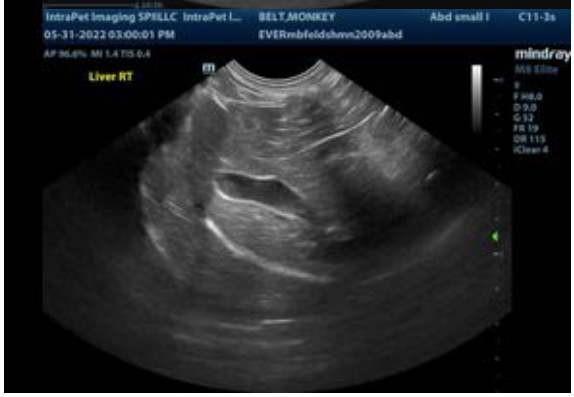
SI
mindray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Liver RT
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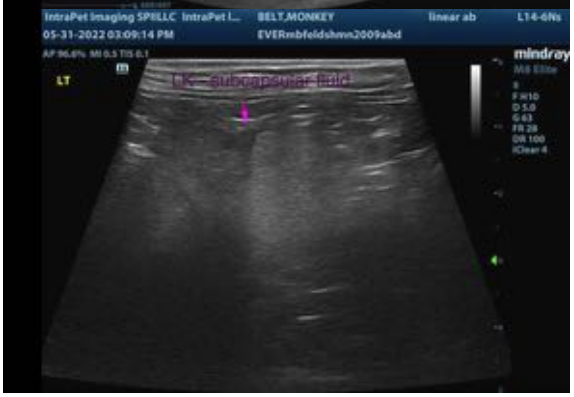
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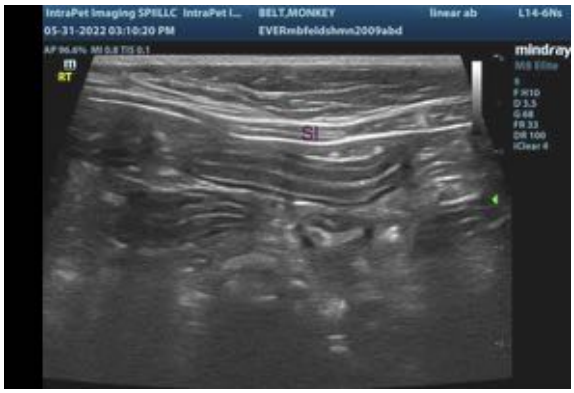
LT
LK subcapsular fluid
mindray




**The information and recommendations provided are based on the images presented by the referring veterinarian. 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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com