



PATIENT PRESENTING CLINICAL SIGNS

Tori Dunten

History: Mild azotemia, vomiting occasionally, getting worse. Weight is stable. Current medications: Cerenia 8 mg QD. USG 1.025. Trace proteinuria. Inactive sediment. Normal T4.
Abnormal PE/Chem/CBC/UA Results: Increase in Mild elevation of SDMA and Creatinine

SPECIES

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH 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 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.

SEX

Spayed Female

The left kidney is normal size (3.04 cm in length); with an irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least one to two cortical infarcts are observed in the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

AGE

12 years, 8 mos

The right kidney is normal size (3.31 cm in length); with an irregular shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. At least three cortical infarcts are observed in the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydronephrosis. Renal vasculature is normal.

WEIGHT

8.2 lbs

Adrenal Glands

The left adrenal gland is normal size (0.78 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.29 cm length; 0.41 cm 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)

IMAGING PERFORMED BY

Amanda Lacey-Crook
SDEP Cert. Sonographer

HOSPITAL NAME

Rivers Edge Pet Med Ctr

Spleen

The spleen is normal in size (0.78 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 portal vein to caudal vena cava ratio is approximately 1:1.

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Dr. Bridget Hayes

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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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 duodenal and jejunal walls are normal in thickness with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments.

DATE

5/5/22



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Discreet masses are not identified. The wall of the ileum is thickened (up to 0.38 cm) with a prominent, irregular, muscularis layer and questionable retention of the normal layering pattern. The colonic wall is normal. There is no evidence of an obstructive pattern.

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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.

BREED

DSH

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.94 cm in length. Surrounding mesentery is slightly hyperechoic.

SEX

Spayed Female

Primary Findings

- The small intestinal wall changes could be consistent with emerging lymphoma (particularly within the ileum) or inflammatory bowel disease.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral, chronic, nonspecific age-related renal changes with cortical infarcts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Regarding the bowel changes, consider the following:

1. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
2. Fecal evaluation for ova and Giardia
3. Hypoallergenic diet trial
4. Gastrointestinal biopsies (i.e., endoscopic or surgical). Surgical biopsies are preferred in that all areas of bowel can be biopsied, particularly the ileum, which is the most visibly abnormal of all segments.

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Regarding the azotemia, consider the following:

1. Urine culture and sensitivity
2. UPC
3. Baseline blood pressure measurement

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Given the patient's age, thoracic radiographs (three-view) are recommended to assess cardiopulmonary status.

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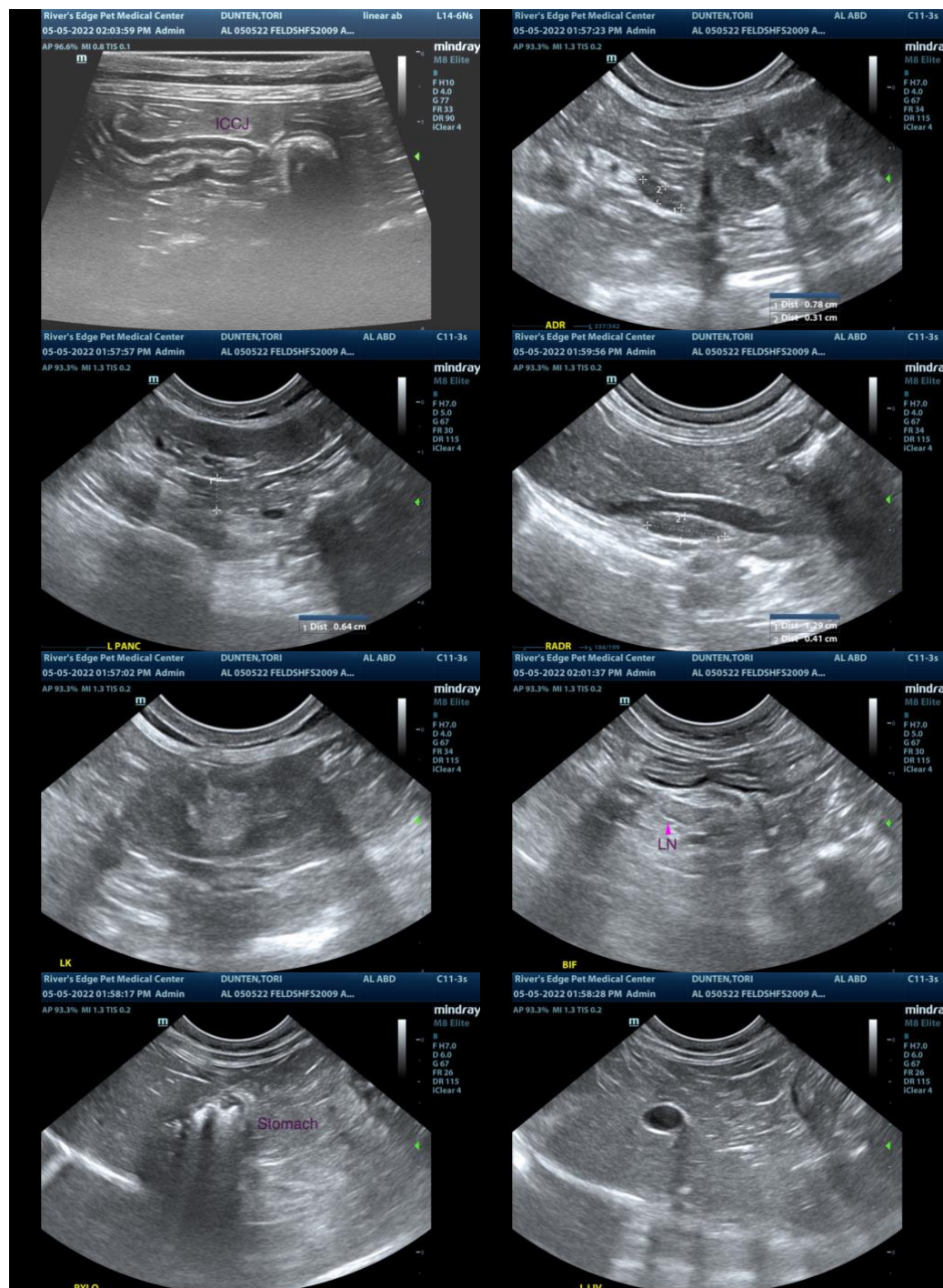
Dr. Bridget Hayes

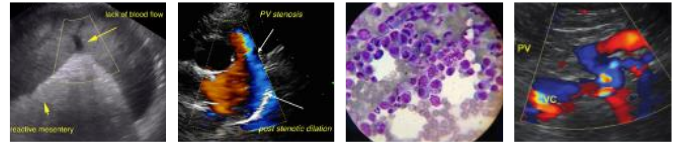
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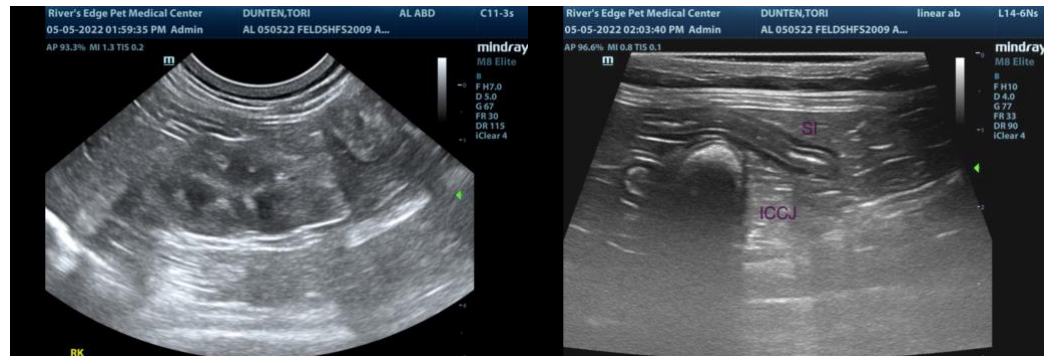
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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