

**DATE PRESENTING CLINICAL SIGNS**

8/18/21

History: Owner reports Annie is a little thinner, has lost weight. Appetite quite variable -- more so in the past year. On exam, she has a grade II/VI systolic murmur, moderate tartar. Seen by a cardiologist 7/18/19; was diagnosed with mild dynamic mid right ventricular outflow obstruction as source of heart murmur. She was also noted as having stable high normal left atrial chamber dimensions, single moderator band within the left ventricle with equivocal upper septal thickening – stable.

PATIENT

Annie Polleys

SPECIES

Feline

Current Medications: 1/8 tsp Miralax SID

Lab Results: CBC: WNL. Chem: Elevated SDMA 23 mg/dL, Elevated BUN 40 mg/dL, T4: 3 mg/dL, Spec fPL: WNL, ProBNP: WNL, U/A: SG = 1.043, > 50 RBC/hpf, 2 WBC/hpf.

BREED

Domestic Shorthair

Radiographs: Marked L/S sclerosis, stenosis. Small kidney noted on lateral view. Mild shoulder DJD.

SEX

Female Spayed

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Gabapentin PO.

AGE

7/7/04

Stat Report: Not requested.

WEIGHT**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 is mildly distended. A mild to moderate amount of 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 2 cm, are normal.

INTERPRETED BY

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The left kidney is normal size (3.33 cm in length) with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic and there is moderate loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. Hyperechoic, shadowing, diverticular foci are visualized. Moderate pyelectasia is present (0.53 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Paradise Animal Hospital

The right kidney is normal size (3.71 cm in length) with a normal shape and smooth peripheral contours. The cortex is thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Hyperechoic, shadowing, diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

REFERRING VET

Dr. Twardzik

Adrenal Glands

The left adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

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The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of 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 0.36 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. The lumen of the descending colon contains shadowing fecal material. There is no evidence of obstruction.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. There is no evidence of peripancreatic inflammation or effusion. See also "Other" category below.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocolic junction. Surrounding mesentery is hyperechoic. See also "Other" category below.

Other

A 0.43 cm hypoechoic nodule is observed in the left cranial quadrant.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

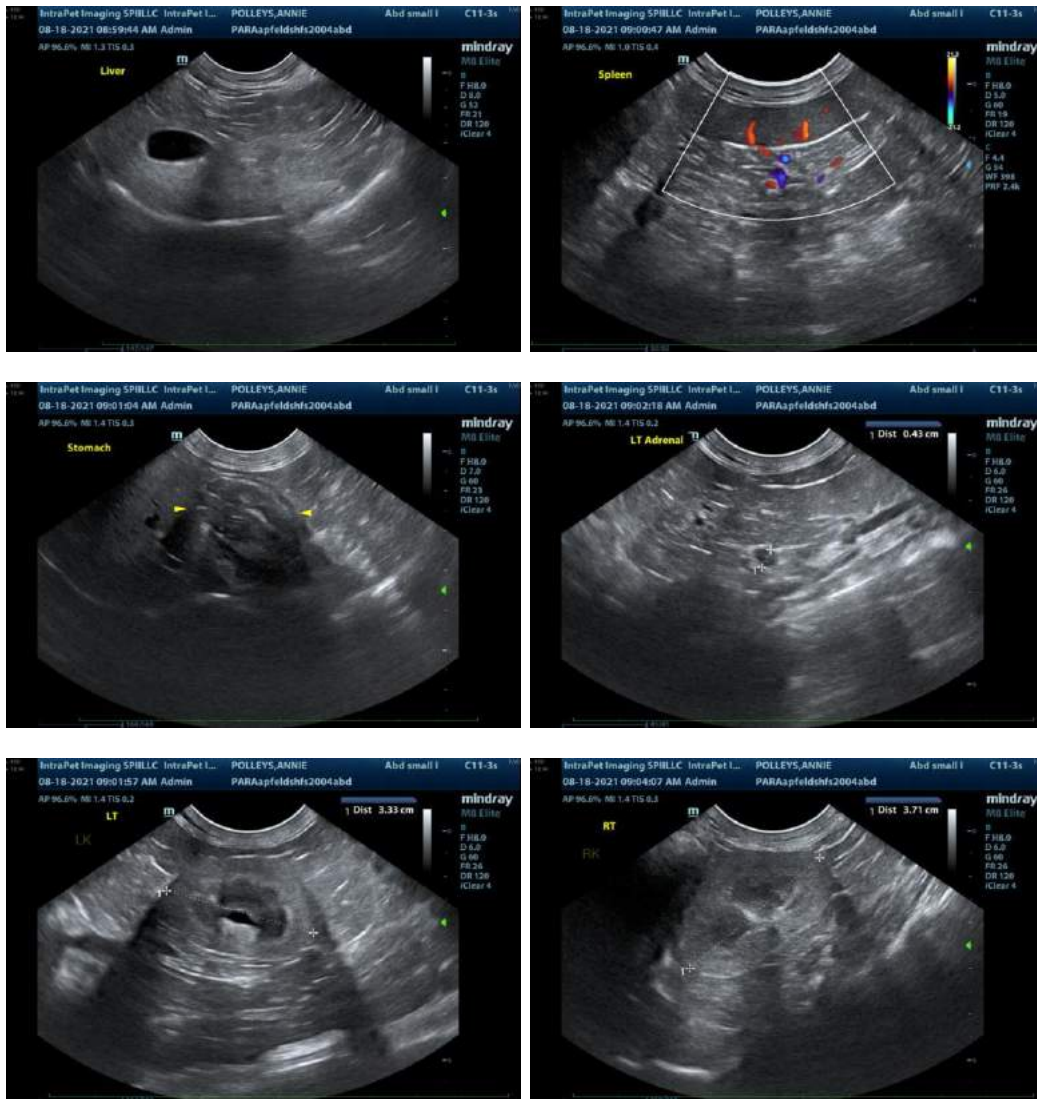
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most likely reactive with a lower possibility of emerging neoplasia.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings:

- The bilateral renal changes are most consistent with interstitial nephrosis/nephritis with dystrophic mineralization and left pyelectasia.
- Urinary bladder debris.
- The hypoechoic nodule in the left cranial quadrant is likely a lymph node with a lower possibility of a pancreatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given the gastrointestinal changes, a malabsorption panel, fecal evaluation for ova and Giardia, hypoallergenic diet trial, +/- endoscopic or surgical gastrointestinal biopsies can be considered.
2. Regarding the renal changes, a urine culture and sensitivity along with a baseline blood pressure measurement are recommended.





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.

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