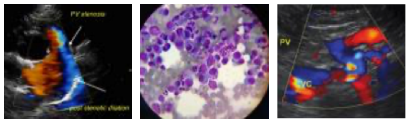
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

8.25.2022

PATIENT

Ginny Sue Rammacca

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/1/2006

WEIGHT

10lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Med Clinic of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

11493

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, vomiting dry food. Ginny is diabetic from 3/2020 until 7/2022. Owner is concerned and wants to get to the cause of GI issues.

Creatinine 2.4. BUN 41. T4 normal. Normal fructosamine.

Current Medications: None currently. Discontinued Cerenia.
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** is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.52 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.47 cm in the transverse plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The **right adrenal gland** is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.84 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 curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. At least 2 hyperechoic nodules are observed on the right side, the largest measuring 0.66 cm in length. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous, but not overtly dilated.

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. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the **pancreas** is visible/prominent with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mottled in appearance, with a few hypoechoic nodules observed, the largest measuring 1.08 cm in length. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

Free Abdomen

There is no evidence of free fluid. A 0.54 cm cranial abdominal **lymph node** is visualized. Surrounding mesentery is mildly hyperechoic. In addition, a 0.66 cm hypoechoic rounded lymph node is observed in the mid- to caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral degenerative renal changes. The bilateral pyelectasia could be consistent with pyelonephritis, age-related remodeling, or some combination thereof.

- The pancreatic changes are most consistent with age-related remodeling, along with concurrent benign nodular hyperplasia. Mild chronic pancreatitis is also possible, particularly if the patient's clinical signs are supportive of this diagnosis.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- The hyperechoic hepatic nodules trend toward the benign (i.e., lipogranulomas, foci of lymphoid hyperplasia). However, emerging tumors cannot be completely excluded.

  *It is unclear whether the patient's clinical signs are secondary to underlying renal disease or a concurrent GI, pancreatic or other metabolic issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

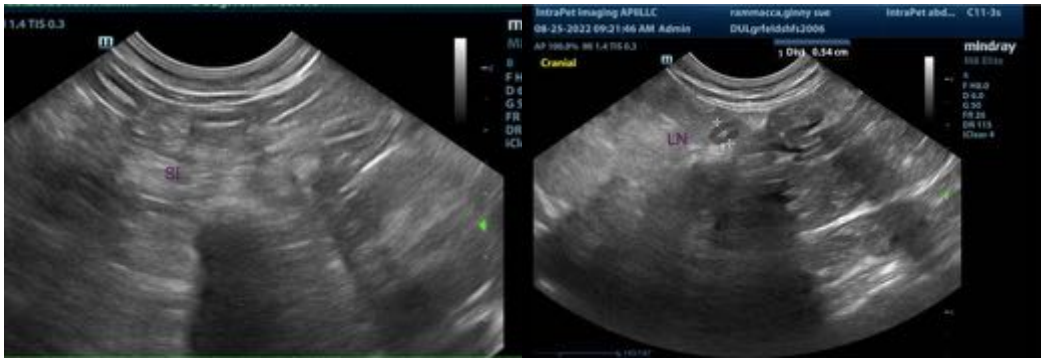
Regarding the azotemia and sonographic renal changes, consider the following:

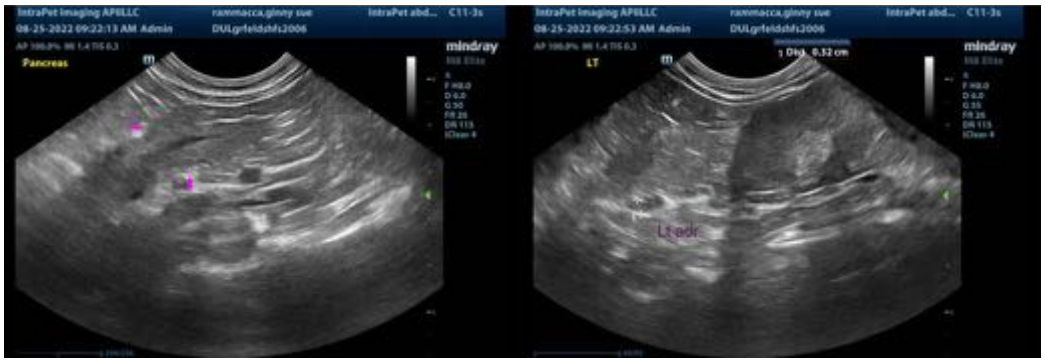
1. Consider a urinalysis with urine culture and sensitivity.
2. Also consider a UPC if proteinuria is present in the absence of infection.
3. A baseline blood pressure measurement is recommended.
4. Serial monitoring of the renal values is also recommended to assess for progression of disease.

Regarding the GI signs, consider the following:

1. A fecal evaluation for ova and Giardia is recommended

2. GI panel including serum cobalamin and folate, TLI and PLI is also recommended (send to Texas A&M).
3. Heartworm testing (i.e., antigen and antibody levels), as heartworm disease is a cause of chronic vomiting in cats.
4. Three-view thoracic radiographs to assess for occult esophageal disease
5. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.





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)
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