

**DATE PRESENTING CLINICAL SIGNS**

8.7.2023 Inappetence and lethargy for one week. Weight loss, no vomiting. UTI on diagnostics

PATIENT

Daisy Durastanti

Current Medications: Marbofloxacin, Cerenia, Mirtazapine, Convenia

Lab Results: Rod bacteria in urine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DMH

SEX

Spayed Female

AGE

6/17/2010

WEIGHT

10 lbs

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 mildly enlarged (4.66 cm in length) with a smooth curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio. The cortex is hyperechoic relative to the spleen. There is mild-to-moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.79 cm in length) with an irregular normal shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is a suspected small cortical cyst at the cranio-lateral aspect. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.70 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 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 segmentally dilated with gas. The small intestinal wall

INTERPRETED BY

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HOSPITAL NAME

Northwind AH.

REFERRING VET

Dr. Jones

INVOICE

13987

thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and heterogenous in appearance with numerous, small hypoechoic nodules throughout the organ. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

Several ringdown lesions are observed in the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

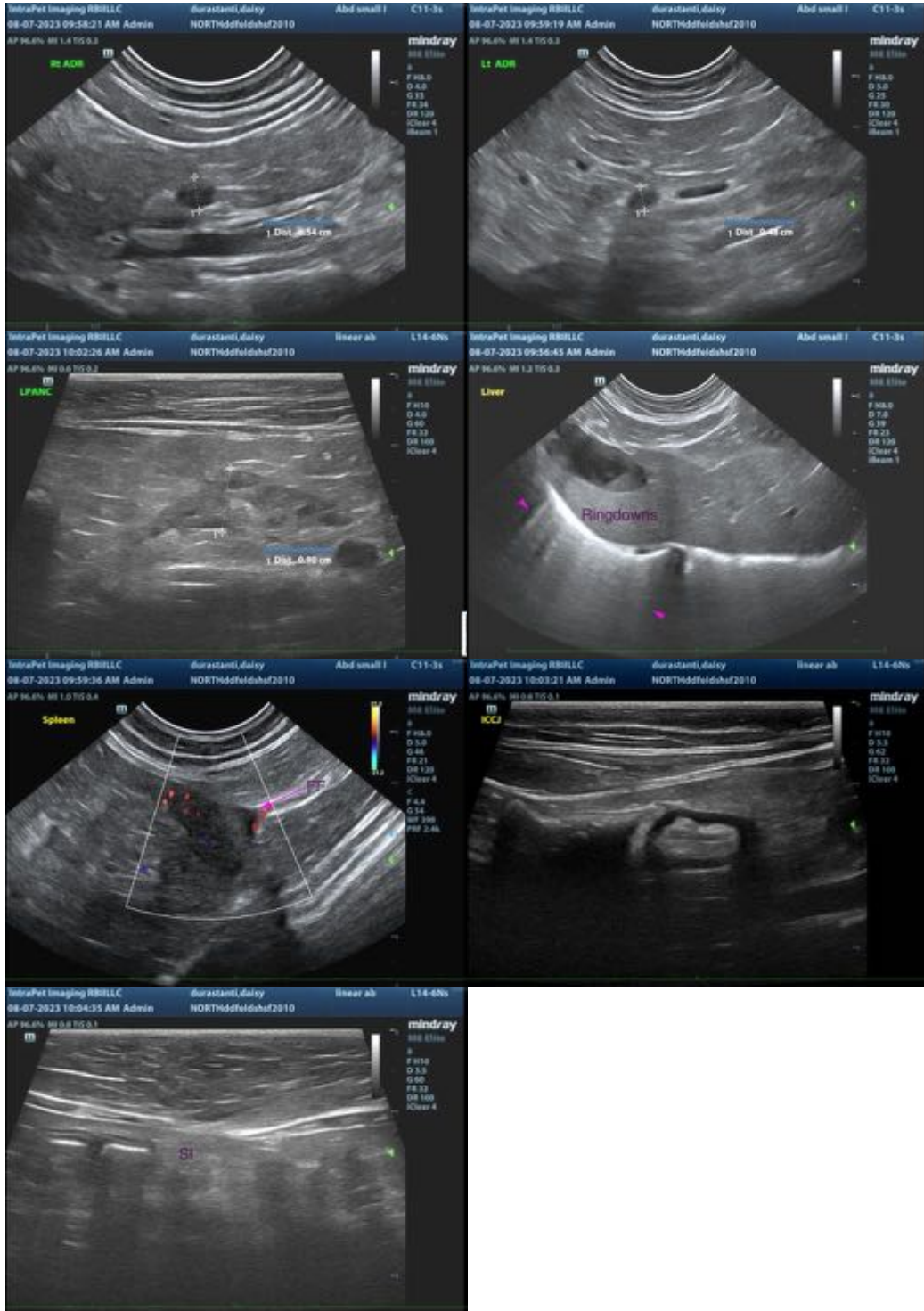
- The pancreatic changes are most consistent with chronic +/- active pancreatitis with suspected benign nodular hyperplasia.
- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Trace ascites

Secondary Findings

- Bilateral chronic renal changes with suspected right renal atrophy. The left renomegaly is most consistent with compensatory hypertrophy. However, interstitial nephritis or infiltrative neoplasia cannot be completely excluded. A non-neoplastic process is favored.
- The ringdown lesions in the thorax are suggestive pulmonary parenchymal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider the following:
 1. Fecal evaluation for internal parasites
 2. Texas GI panel including serum cobalamin and folate, TLI and PLI
 3. Ultimately, gastrointestinal +/- pancreatic biopsies may ultimately be necessary get a definitive diagnosis.
 4. Given the suspected ringdown lesions in the thorax, three-view thoracic radiographs are recommended.
 5. While awaiting test results, supportive care for pancreatitis/gastroenteritis is recommended.



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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