



DATE PRESENTING CLINICAL SIGNS

9/10/21

History: Months of appetite issues, recent bloody diarrhea. Previous diagnosis of gr 1 CRF. Cerenia and Mirtazapine did not help appetite much. Normal PE except dental disease. Yowling at night. Hiding in basement a lot now, but also getting picked on some by other cats.

PATIENT

Tilly Johnson

Current Medications: Recently prescribed gabapentin 50mg BID for anxiety (started 9/7/21).

SPECIES

Feline

Lab Results: 7/30/21- SDMA 19, rest of renal values normal.

Radiographs: Not provided by the veterinarian.

BREED

Domestic Shorthair

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Butorphanol and Midazolam administered prior to scan.

SEX

Female Spayed

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

7/1/04

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.

WEIGHT

6.7 lbs.

The left kidney is small in size (2.69 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter.

INTERPRETED BY

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The right kidney is borderline small in size (3.10 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Timonium Animal
Hospital

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

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.

REFERRING VET

Dr. Kauder

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. There is an increase in portal markings. At least two small (< 0.5 cm) cysts are visualized. In addition, a 0.53 cm hypoechoic nodule is observed mid to deep right liver. Hepatic vasculature is of normal volume with no evidence of congestion. 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.

INVOICE

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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. There is disruption in the normal 1:3 muscularis:mucosal ratio in most 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 visible/prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocolic junction. The largest measures 0.68 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral, age-related renal changes with suspected left cortical infarct.
- The pancreatic changes are consistent with chronic active pancreatitis.

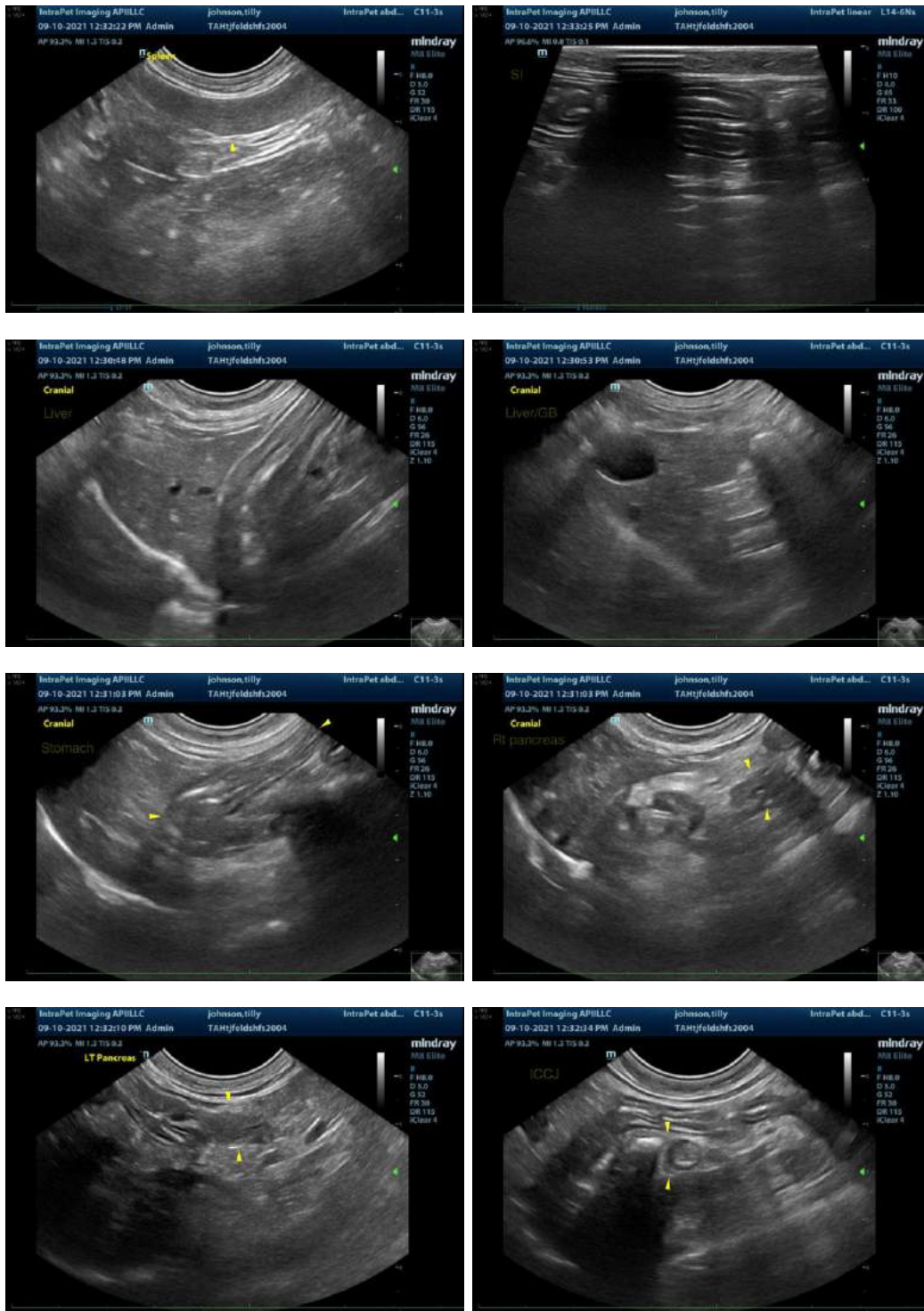
Secondary Findings:

- The increase in hepatic portal markings is suggestive of an inflammatory process. However, correlation with clinical findings is recommended. The hepatic cysts trend toward the benign with a lower possibility of emerging neoplasia.

**Given the sonographic findings, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova/Giardia
2. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
3. Three-view thoracic radiographs are recommended to assess for occult neoplasia.
4. Given the presence of early renal disease, consider a urine culture and sensitivity to assess for occult pyelonephritis.
5. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.



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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