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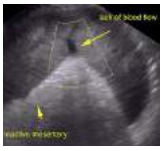
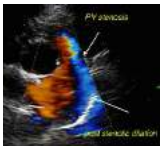
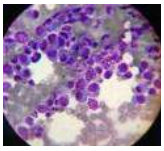
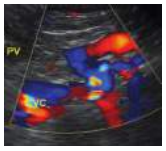

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PATIENT
Chianti Sands

SPECIES
Feline

BREED
Persian Mix

SEX
Female spayed

AGE
18 Years

WEIGHT
6.7 lbs.

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

IMAGING PERFORMED BY
Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. Hollomon

INVOICE
11812kk

DATE
9/13/21

PRESENTING CLINICAL SIGNS

History: Presents for recheck urinalysis after treatment for a UTI. Pt has had some mild diarrhea but otherwise no clinical signs. Recently finished Clavamox and gabapentin. On k/d diet.

Abnormal PE/Chem/CBC/UA Results: Blood work performed on 9/2 demonstrates azotemia, creatinine 2.1 and BUN 41. glucose was 182. chemistry only performed. Urine obtained today revealed 1016 USG (see attached UA comparison's before and after abx) Radiograph taken on 9/2 see attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.04 cm in length) with a slightly irregular shape. Numerous, varying-sized cysts are observed throughout the organ resulting in disruption of the normal renal architecture. There is poor corticomedullary distinction. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is at the upper limits of normal size (4.51 cm in length) with a normal shape and smooth peripheral contours. The cortex is thin and there is mild loss of corticomedullary distinction. Several varying sized cortical cysts are observed throughout the organ. Hyperechoic, shadowing, diverticular foci are present. Mild pyelectasia is present (0.30 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (1.13 cm cranial, 0.47 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.32 cm cranial, 0.41 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in size (0.80 cm in width at the level of the hilus) with a scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. Several, varying sized, anechoic cysts are observed throughout the organ, the largest measuring 3.65 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is moderately distended. A bi-lobed confirmation is suspected. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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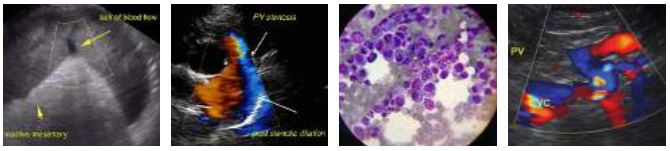

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Gastrointestinal

The gastric lumen is moderately distended with ingesta and soft shadowing material. 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 chyme. The small intestinal wall is diffusely thickened (up to 0.68 cm) with apparent retention of the normal layering pattern. There is disruption of the normal 1:3 muscularis to mucosal ratio with a > 1:1 ratio in most segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.23 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocolic junction, the largest measuring 1.33 cm in length. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no obvious evidence of chamber enlargement or pericardial effusion. Anechoic pleural effusion is noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

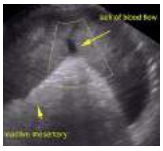
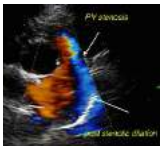
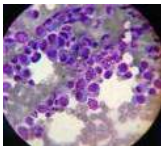
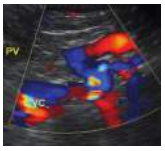
- Bowel pattern consistent with emerging lymphoma or severe inflammatory bowel disease.
- Polycystic kidney and liver disease.
- The pancreatic changes are consistent with chronic pancreatitis.
- Pleural effusion. Differentials include increased vascular permeability (i.e., due to neoplasia), low oncotic pressure, increased hydrostatic pressure, and other.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The shadowing gastric luminal contents may represent ingesta and/or foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. In order to obtain a definitive diagnosis, endoscopic or surgical gastrointestinal biopsies would be necessary. Surgical biopsies are preferred so as to access all abnormal segments.
2. Also consider a malabsorption panel including serum cobalamin, folate, PLI and TLI and a fecal evaluation for ova/Giardia.

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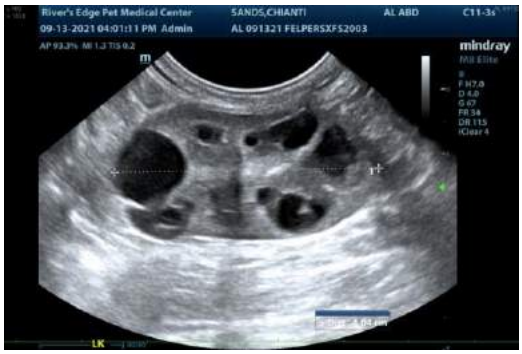
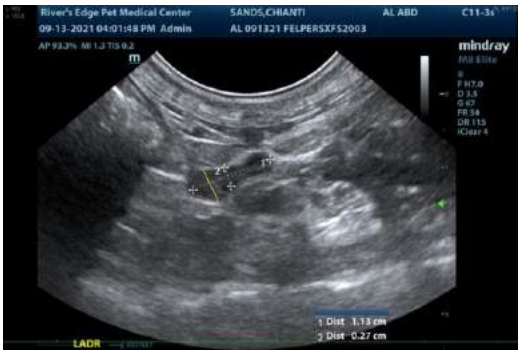
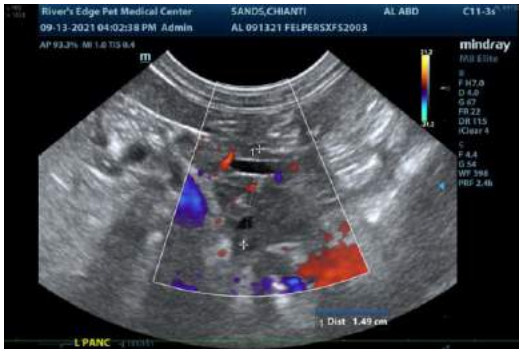
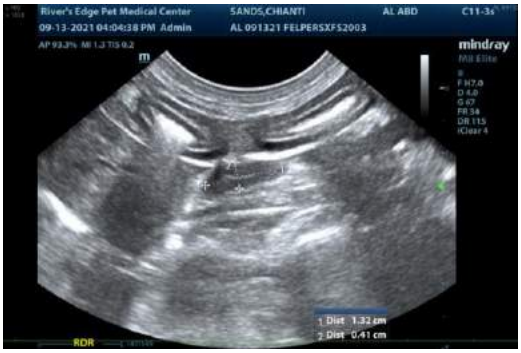
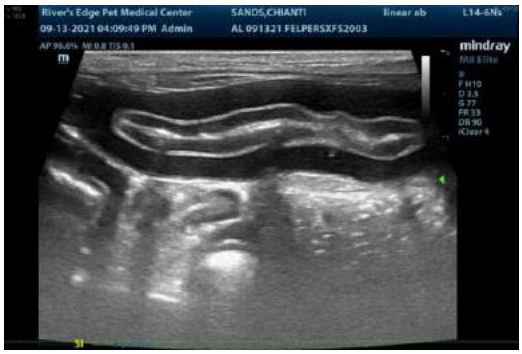
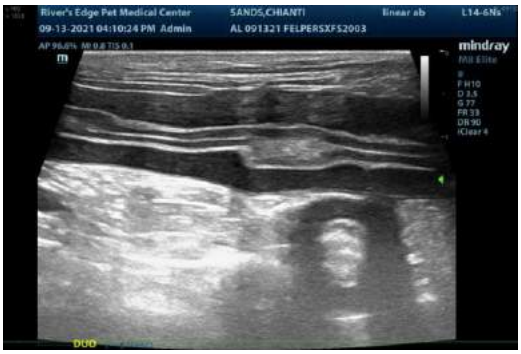
3. Given the presence of pleural effusion, three-view thoracic radiographs and a full echocardiogram should also be considered.
4. If accessible, an ultrasound-guided fine needle aspirate of the pleural fluid with submission for fluid analysis and cytology is recommended.

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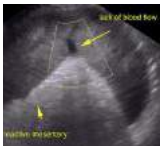
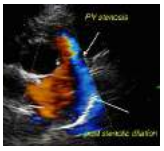
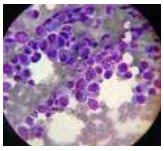
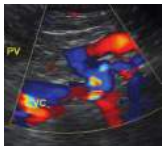

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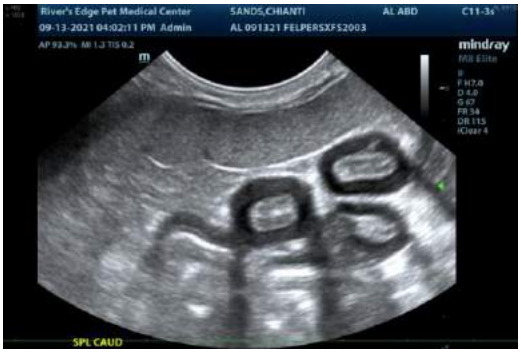
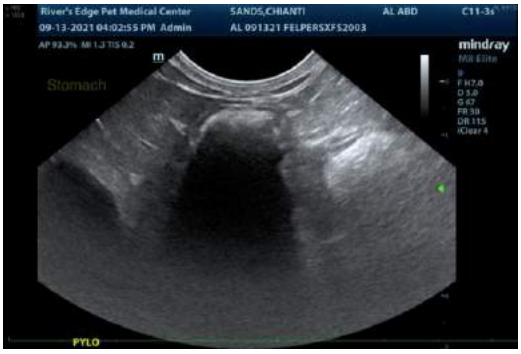
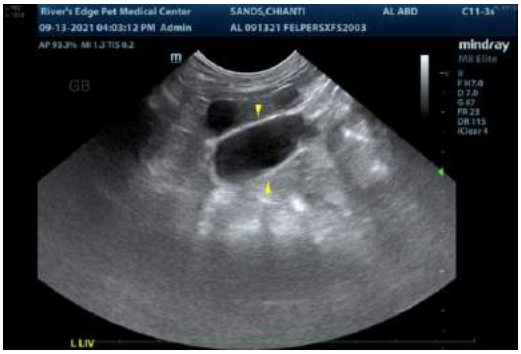
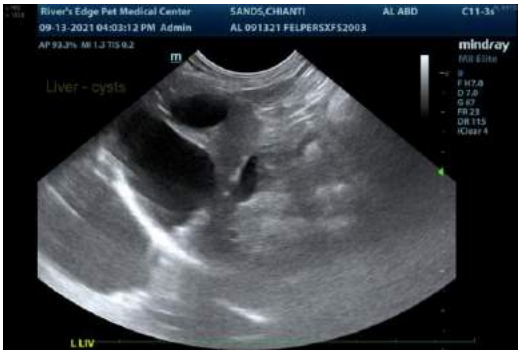
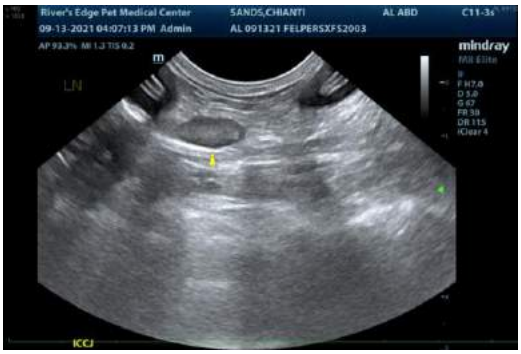
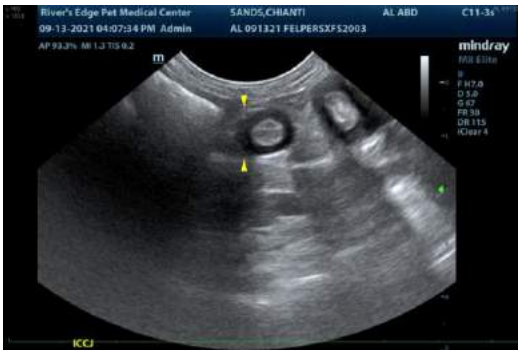


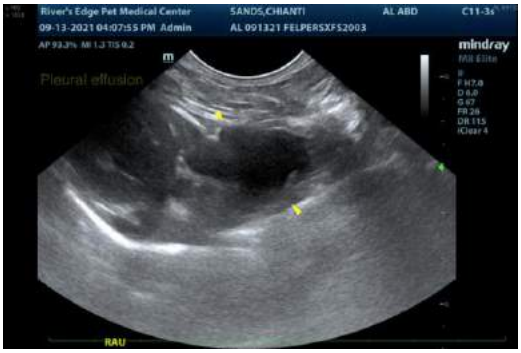






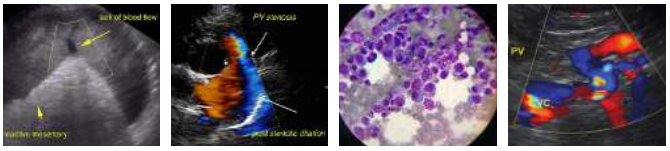






The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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