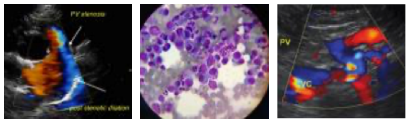
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9.8.2022

PATIENT

Walter Story

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered Male

AGE

4/1/2015

WEIGHT

8.11lbs

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Kablis

INVOICE

11590

PRESENTING CLINICAL SIGNS

Not eating, vomiting.

Current Medications: Convenia and Cerenia pending.
Lab Results: Lymph 14.42, WBC 40.12, Neut 24.47, ALT 194, Ca 12.4, FPL normal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, 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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal in size (3.99 cm in length); with a normal shape and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A 0.35 cm nonobstructive nephrolith is visualized. Moderate pyelectasia is present (0.75 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic. A small amount of subcapsular fluid is present.

The **right kidney** is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A scant amount of retroperitoneal fluid is also observed.

Adrenal Glands

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

The **right adrenal gland** is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.61 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 hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. There is an increase in portal markings. 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 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 mildly fluid-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 0.27 cm), 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, with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.17 cm in diameter). The mesentery effacing the serosal surface of the right limb is slightly hyperechoic.

Free Abdomen

Trace retroperitoneal fluid is observed. A few prominent colic **lymph nodes** are visualized, the largest measuring 0.49 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The right renal changes are most consistent with interstitial nephritis with adjacent retroperitonitis. The pyelectasia may be secondary to pyelonephritis, age-related remodeling, fluid therapy (if applicable), or some combination thereof. A nonobstructive nephrolith is also seen.
- Mild to moderate degenerative left renal changes

Secondary Findings

- The increased hepatic portal markings are suggestive of an inflammatory process (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis).
- The pancreatic changes are suggestive of chronic +/- active pancreatitis.
- Small intestinal changes consistent with inflammatory bowel disease, with some potential for emerging lymphoma.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*Given the sonographic changes, “triaditis” is a consideration in this patient.

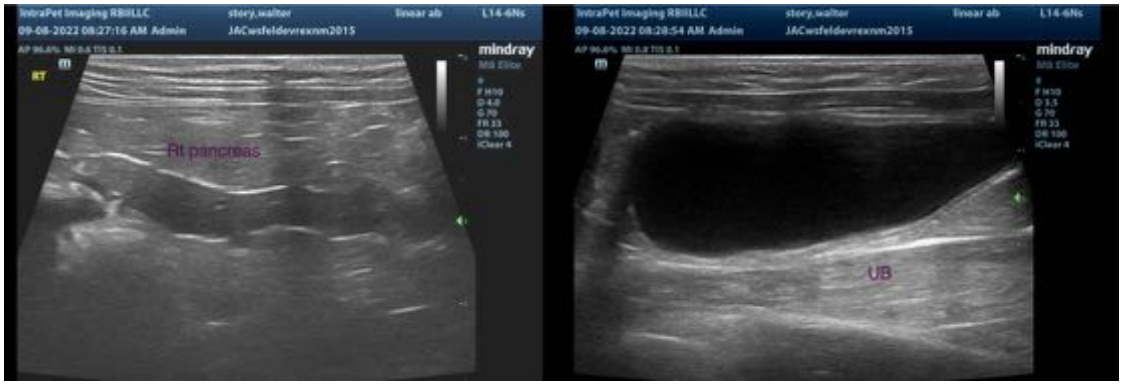
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

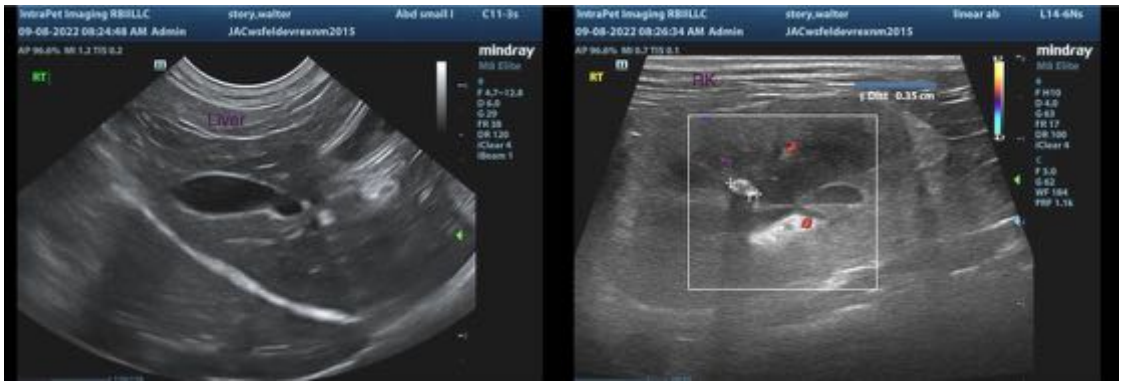
Given the right renal changes and clinical history, a urine culture and sensitivity is recommended. While awaiting test results, empirical treatment for pyelonephritis/retroperitonitis is recommended, including broad-spectrum antibiotics (i.e., fluoroquinolone), fluid therapy, pain medication (as needed) and other symptomatic treatments.

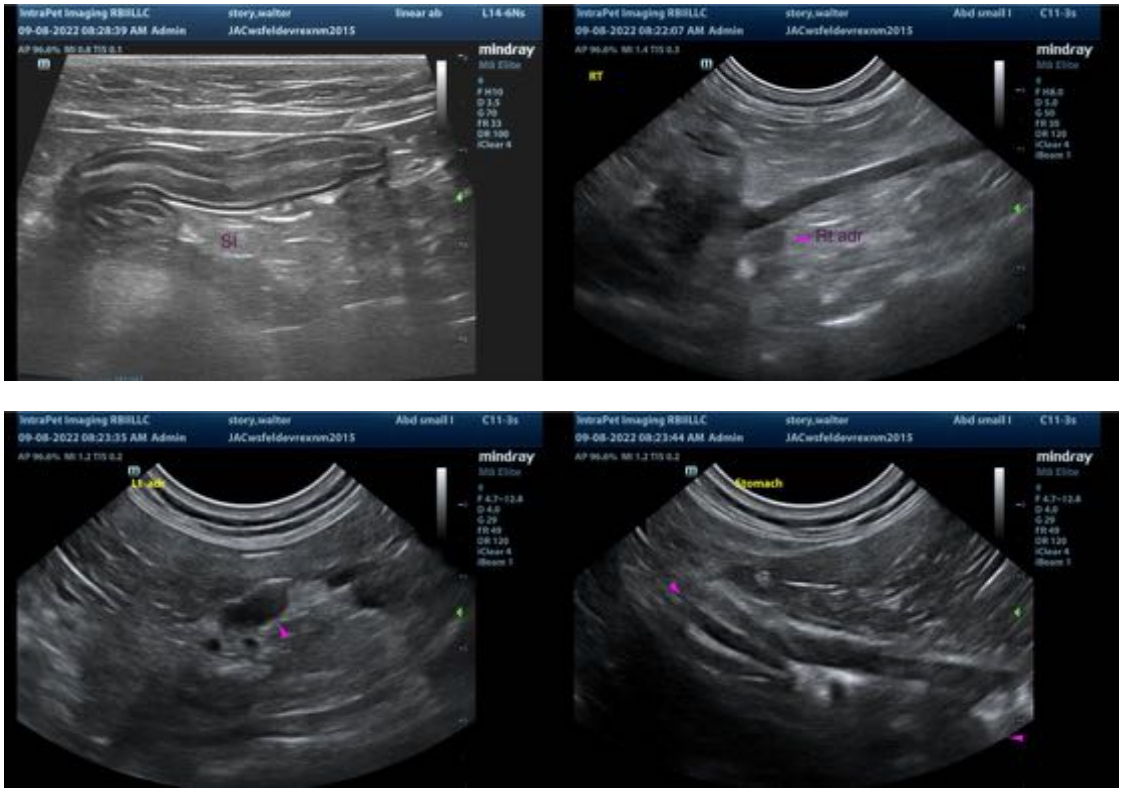
Given the bowel and pancreatic changes, consider a malabsorption panel including serum cobalamin and folate, TLI and PLI.

With regard to the hypercalcemia, consider the following:

1. Ionized calcium +/- PTH/PTHrP
2. Three-view thoracic radiographs to assess for occult neoplasia in the chest







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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