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Clinical Sonography & Telecytology
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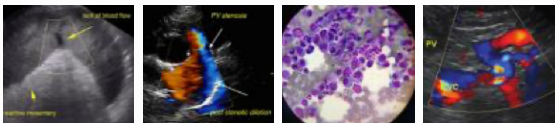

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Barley Roberts

SPECIES
Feline

BREED
Siamese

SEX
Male, neutered

AGE
7 Yrs.

WEIGHT
15.88 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Glaze

DATE
1/24/23

INVOICE
14495

PRESENTING CLINICAL SIGNS

History: Hyporexia progressing to anorexia
Abnormal PE/Chem/CBC/UA Results: Severe azotemia with non-regenerative anemia. Hyperphosphatemia. Previous routine U/A in 2020 showed USG 1.015 with UPC of 0.4 Current Medications Gabapentin 100 mg Radiographic Findings Severely enlarged kidneys with irregular margins

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of aggregated echogenic suspended debris is observed within the lumen. 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 enlarged (6.92 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Subcapsular fluid is present. The mesentery effacing the serosal surface of the kidney is hyperechoic.

The right kidney is enlarged (5.70 cm in length) with an irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. Subcapsular fluid is present. The mesentery effacing the serosal surface of the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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/not seen.

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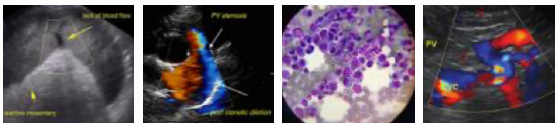

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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In the last video clip, a 2.5-3 cm small intestinal mass is suspected. The wall in this region is severely thickened (up to 0.79 cm) with loss of the normal layering pattern. The mesentery effacing the serosal surface is hyperechoic. In the remaining small intestinal segments, the wall thickness is normal with a normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ration in some segments. The colonic wall is normal. No obvious obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- The bilateral renal changes could be consistent with infiltrative neoplasia (i.e., lymphoma) or a severe inflammatory process (i.e., FIP, interstitial nephritis). Adjacent retroperitonitis is present.
- Suspected small intestinal mass. Again, neoplasia (i.e., lymphoma, adenocarcinoma) is suspected with a lower possibility of a focal inflammatory process (i.e., pyogranulomatous). Adjacent peritonitis is present. The diffuse small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a renal aspirate as well as a fine needle aspirate of the suspected small intestinal mass (if clotting status is appropriate). 25 gauge needles should be used.
- Thoracic radiographs are also recommended to assess for pulmonary metastatic disease.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI as well as a urine culture and sensitivity.

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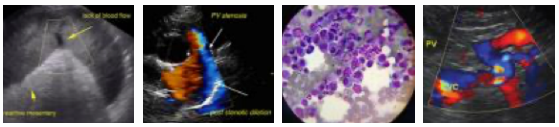

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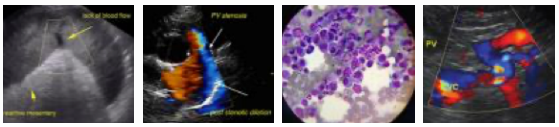
The information and recommendations provided are based on the images presented by the referring



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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)
info@SonoPath.com