



PATIENT PRESENTING CLINICAL SIGNS

Leia Kline History of chronic renal disease and hyperthyroidism. Has been losing weight steadily and is inappetent. Renal values stable.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic longhair

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 the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Female, spayed

The left kidney is borderline small in size (3.03 cm in length) with a normal shape, smooth peripheral contours. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few foci of mineralization are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

AGE

1/1/2005.

The right kidney is borderline small in size (2.88 cm in length) with a normal shape, smooth peripheral contours. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few foci of mineralization are visualized. A few small foci of mineralization are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

6.44 lbs.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

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Spleen

The spleen is normal in size (0.63 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.

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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 portal vein to caudal vena cava ratio is approximately 1:1. 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.

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Gastrointestinal

The gastric lumen is empty. Within the lumen, a 0.90 x 0.84 cm homogeneous lesion/nodule is visualized. The remaining gastric wall is normal in thickness with a normal layering pattern and appropriate mural detail. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is borderline thickened (up to 0.26 cm). There is slight disruption in the

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normal 1:3 muscularis: mucosal ratio in some segments. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

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The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Feline

BREED

Domestic longhair

Free Abdomen

SEX

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Female, spayed

Other

AGE

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

1/1/2005.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The lesion within the gastric lumen could be consistent with a tumor, polyp, granuloma, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes may be a normal variant for this patient or may be secondary to inflammatory bowel disease with emerging lymphoma less likely.

Secondary Findings:

- Bilateral chronic age-related renal changes with non-obstructive nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for pulmonary metastatic disease or other pathology in the chest.
- Regarding the gastric lesion, endoscopic or surgical biopsies would be necessary to get a definitive diagnosis. If surgery is not pursued, given the patient's age and renal status, palliative care is recommended.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI can also be considered.

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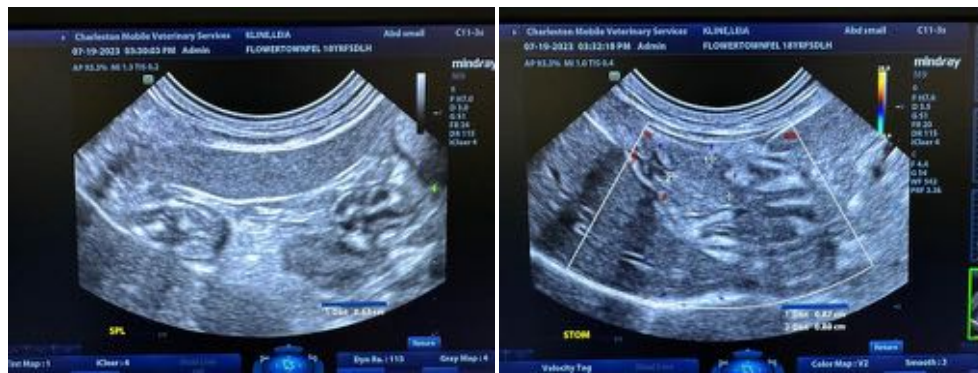
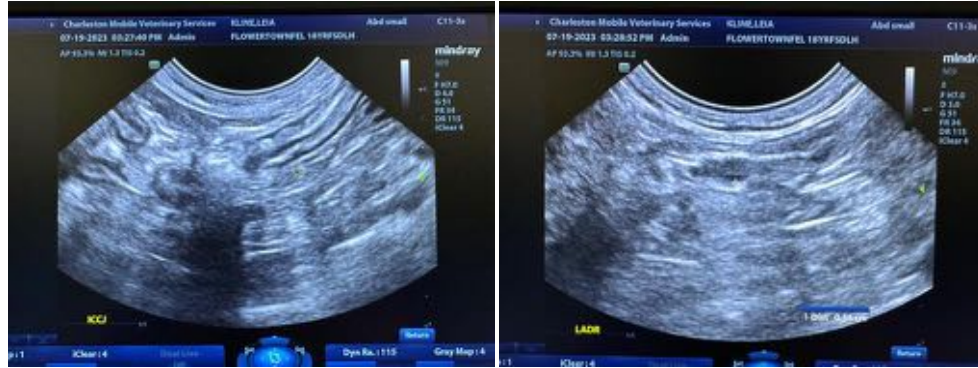
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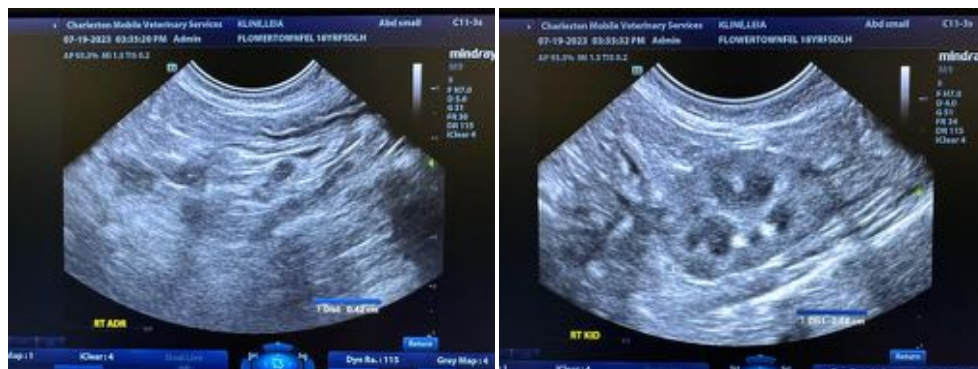
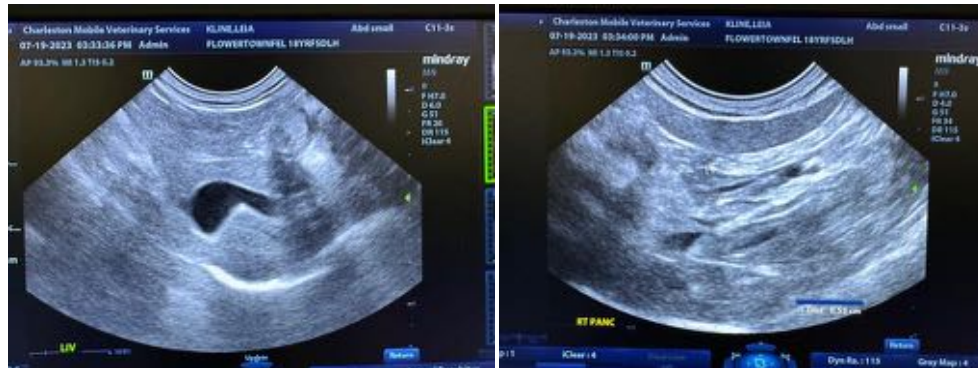
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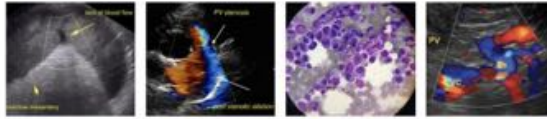
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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