

**DATE PRESENTING CLINICAL SIGNS**

11/8/22 Present in kidney failure. Seen at Swan Creek on 11/4/22 and treated for a URI with Convenia inj. Senior BW performed as P had lost ~4 lbs in 6 months- HCT 23% - BG 188 (H), Creat 18 (H), BUN 207 (H), ProBNP 385 (H), T4 low. Per O pet is ~15-18 yrs old, has not been eating for about 1 week -Has lost wt. but only noticed after haircut - URI as improved since Convenia injection - no vomiting, coughing

SPECIES

Feline

Current Medications: Unasyn, Ondansetron, Cerenia, Mirtazapine.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DMH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

1/1/07

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The right kidney measures 3.6 cm. The left kidney measures 3.63 cm.

WEIGHT

7.8 Pounds

Adrenal Glands

The area of both adrenal glands are examined without evident pathology.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAMEAnimal Emergency
Hospital

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

REFERRING VET

Dr. Hicks

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

INVOICE

42639

The visible small intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Acute pancreatitis
- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc
- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

SECONDARY FINDINGS

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

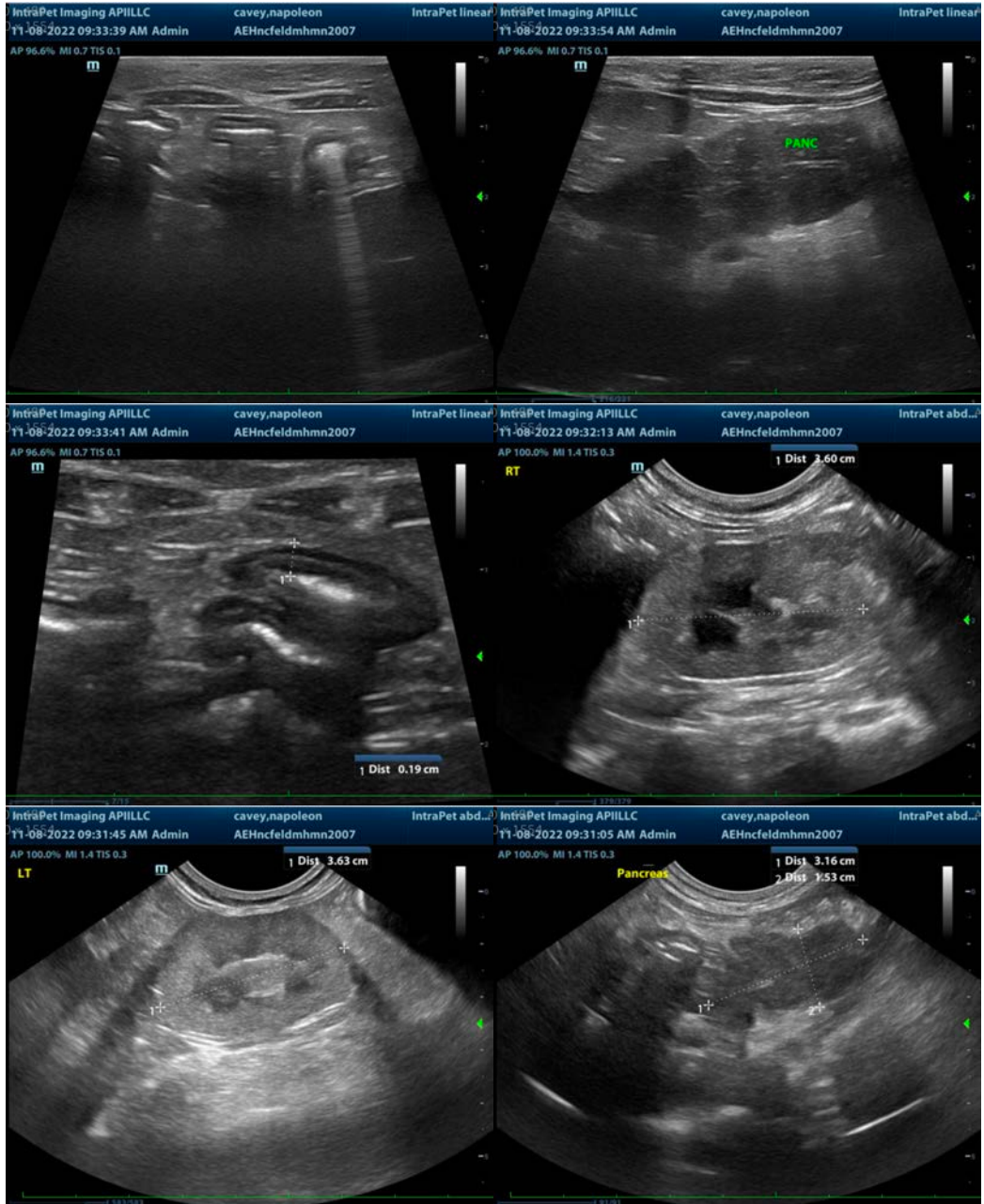
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's weight loss combined with the pancreatic and bowel changes, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Given the reported azotemia and proteinuria, a urine protein to creatinine ratio is recommended to further quantify proteinuria and help guided treatment. A blood pressure is also recommended if not recently evaluated.

Ultimately, if weight loss persists, further investigation of the GI tract in the form of biopsies may be indicated. However, in the short term, recommendations are to address the pancreatitis and the kidney disease and ensure adequate caloric intake and monitor weight prior to getting more aggressive. This is recommended in the form of diuresis as tolerated with the reported concurrent cardiac disease, antiemetics, gastroprotectants, appetite stimulant, and/or feeding tube placement if necessary, +/- broad-spectrum antibiotics, etc., as well as electrolyte monitoring and management, and management of proteinuria and hypertension if warranted based on results.

If clinical signs persist and/or progress, a fine needle aspirate of the pancreas could be considered if patient's coagulation status is appropriate. While the appearance trends towards the benign as is seen with acute pancreatitis, infiltrative disease including neoplasia cannot be definitively ruled out.





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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