

**PATIENT**

Peanut Mallad

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Intact Female

**AGE**

11.5 Years

**WEIGHT**

4.4 Pounds

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Dr. Richards

**INVOICE**

45386

**DATE**

2/21/23

**PRESENTING CLINICAL SIGNS**

Current Medications: None Patient History: Hx of CKD- IRIS Stage 2, normotensive, nonproteinuria. Hx of recurrent UTIs, last treated 2 weeks ago with marbofloxacin based on culture results. Concern for crystalluria- monitor for urolith, renoliths. Recent hx of vomiting bile in January. Limited prior hx before 2021. Was treated for hyperT4 with I131 prior to adoption. Hx of azotemia since treatment with slow increase in SDMA. Historically thin. Active in home, good appetite but decreased muscle mass. Os have not noted urinary signs, feels that P always drinks a lot since adoption.

Abnormal PE/Chem/CBC/UA Results: Exam 1/23/23: Recent vomiting this past week (bile) and soft stools out of litter box on/off this past month. New finding noted. P more reactive on caudal abdominal palpation. Left kidney palpates larger than R at this time. Unclear if PU/PD- per O, P always drinks a lot of water, but has not noted clear increase recently -rule out vomiting secondary to renal disease vs other GI causes hx of radioactive iodine treatment - still plan to monitor for T4 changes due to wt loss, vomiting, change in appetite front declawed, more painful/hesitant to jump down than jump up. O trying to get P to be more active, P climbing up a lot more (jumped on/off couch a few times in room, jumped up onto counter for treats, jumped up to get water etc). Overall, poor muscle mass throughout, but has stayed consistent this year. Did introduce option of Solensia once available for poss pain management that would be safe with underlying renal disease (off label due to Ps small size) 13. underweight, down a few more ounces Petite cat- goal around ~7lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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.

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 left kidney appears more severely affected than the right in terms of loss of normal architecture. The left kidney measures 2.07 cm. The right kidney measures 2.82 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**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.

**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.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous in appearance but not pathologically distended, which is often a normal anatomic variant in a cat. Chronic historical or resolved cholangitis can't be ruled out, and this finding should be interpreted in combination with supporting clinical signs and/or laboratory changes.

***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.

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 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 appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

***Free Abdomen***

A scant amount of anechoic free fluid is noted.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**PRIMARY FINDINGS**

- **Chronic Kidney Disease** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Mild 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.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

**SECONDARY FINDINGS**

- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's history, as is reportedly already planned, close monitoring of the chronic kidney disease is recommended, including (if not recently evaluated) monitoring possible proteinuria as a source of weight loss via a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine



**IMAGING PERFORMED BY**

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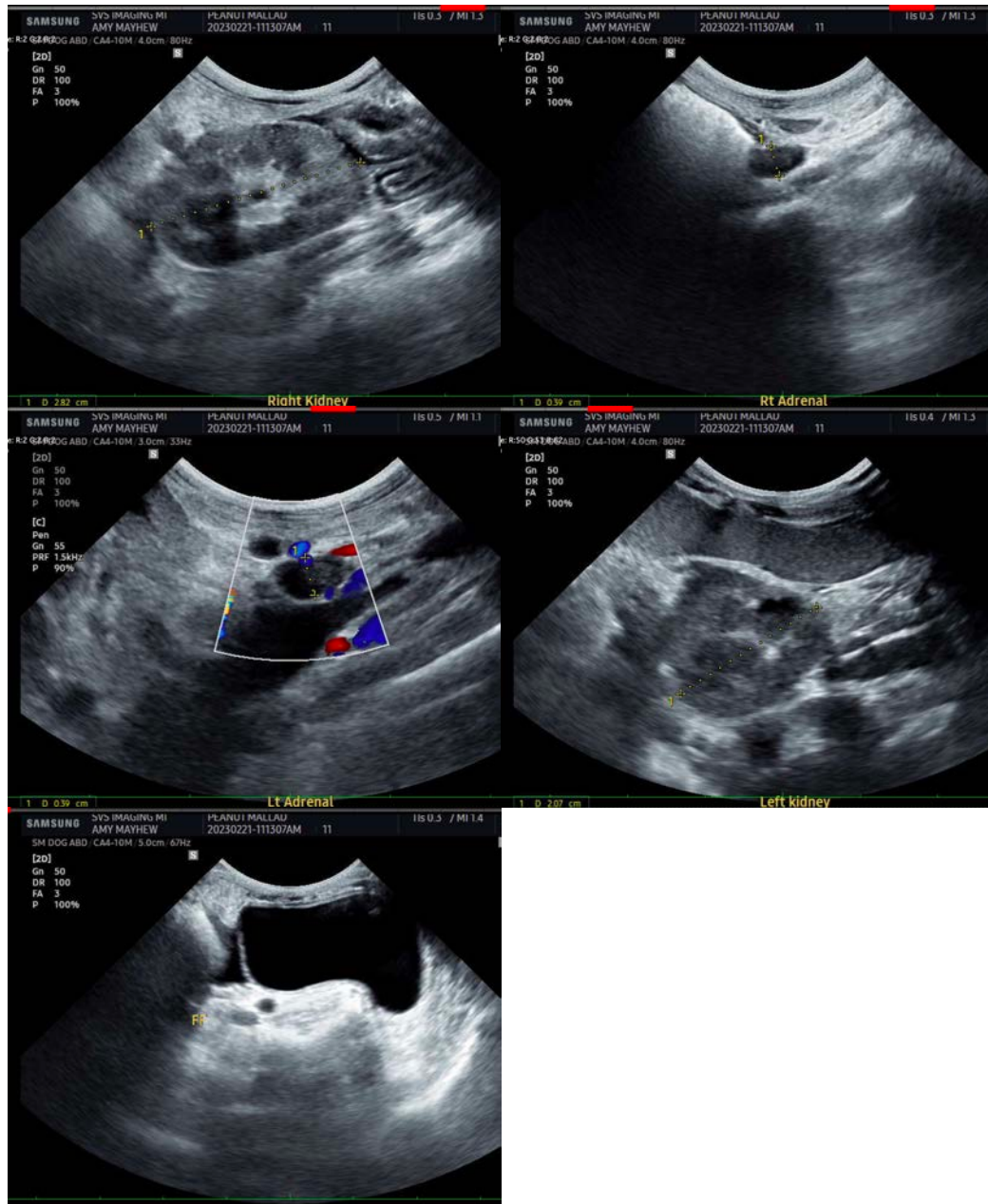
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com