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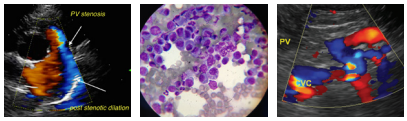
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/23/22

PATIENT

Willie Mulligan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1/1/10

WEIGHT

9 lb 14 oz

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Green Acres Pet Center

REFERRING VET

Dr. Kaschenbach

INVOICE

35833

PRESENTING CLINICAL SIGNS

ADR. Weight loss. Not eating well, not grooming himself.

Current Medications: None listed.
Lab Results: BUN 53, Crea 2.5, Amylase 1254, Precision PSL 60.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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.

The left kidney is small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. Renal pelvis is mildly dilated (pyelectasia). No visible obstruction is observed, but cannot be ruled out. The left kidney measures 3.03 cm.

The right kidney is small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Renal pelvis is dilated (pyelectasia), measuring (0.26 cm). No visible obstruction is observed, but cannot be ruled out. A cortical cyst is present measuring 0.53 cm. The right kidney measures 3.5 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.20 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm thick), 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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

The pancreas is diffusely visible, characterized by a mildly hypoechoic parenchyma compared to surrounding tissue. The visible capsule is smooth and normal in contour. Parenchyma is diffusely coarse. There is very mild pancreatic duct dilation with no evidence of active peripancreatic inflammation. Pancreatic duct measures 0.23 cm.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Normal pancreatic age related remodeling versus chronic 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.
- Mild pyelectasia - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Left non-obstructive nephrolithiasis.
- Incidental right renal cortical cyst.

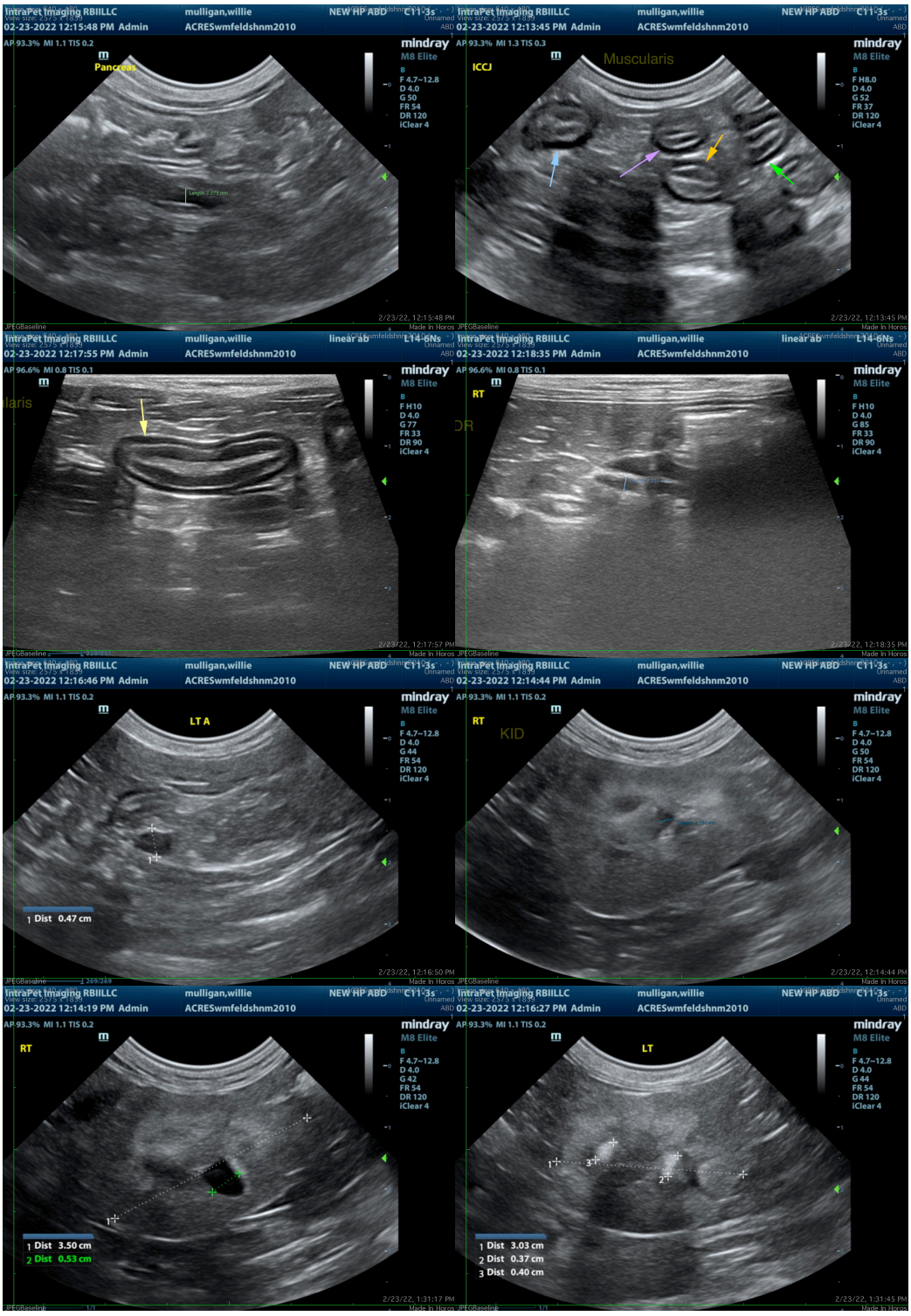
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the gastrointestinal signs combined with the ultrasound findings, recommendations include a gastrointestinal malabsorption panel to include TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of digestion, absorption, and pancreatic health. Ultimately, biopsies of the GI tract being sure to include ileum, if possible, may be necessary to definitively determine the cause of the suspected infiltrative bowel disease, and therefore direct appropriate medical management.

In the meantime, however, an empirical transition to a novel or hydrolyzed protein diet could be considered. Given the azotemia and the ultrasonographic kidney changes, a urinalysis would be recommended if not recently evaluated, and culture, if indicated, based on urinalysis results. If there is protein in the urine and an otherwise quiet sediment, a urine protein to creatinine ratio would be recommended. Blood pressure is also recommended if not recently evaluated.

Given the decreased appetite, diuresis (either in hospital or subcutaneous fluids at home), anti-nausea medications, and an appetite stimulant may be necessary prior to attempting a diet change. If biopsies of the

gastrointestinal tract are not an option, empirical steroids could be considered also to help with the appetite prior to the diet change.



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