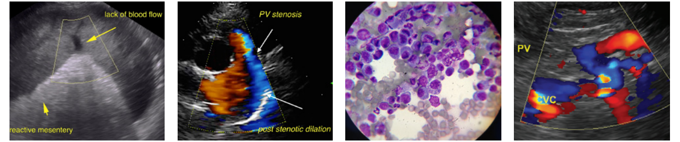

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jazzy Decker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.37 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Amanda Olsen

HOSPITAL NAME

Limestone Vet Hospital

REFERRING VET

Dr. Amanda Olsen

INVOICE

35447

DATE

2/3/22

PRESENTING CLINICAL SIGNS

First presented 1/4/22 with a history of a couple months of alopecia, worsening in the recent weeks. O have not seen cat excessively scratching/grooming. Appetite increased. Skin appeared healthy. Skin scrape negative, DTM negative. Applied Bravecto. Rechecked 1/31/22. Alopecia spreading but underlying skin still appears normal. Appetite still good. Lost 2 lbs in previous month.
Abnormal PE/Chem/CBC/UA Results: BUN 41, Cre 2.1, Amy 2402, HCT 27, Neut 2208, T4 WNL, USG 1.016, 2+ protein, 1+ blood, 4-10 WBC, UPC 1.4. Blood pressure WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. A calculus measuring 0.5 cm diameter and exhibiting distal acoustic shadowing is present along the gravity dependent inner wall of the lumen urinary bladder. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.17 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. A hypo- to anechoic perinephric rim is seen.

The left kidney is increased in size (5.2 cm) with a normal, smooth shape, but diffusely increased echogenicity The cortex appears subjectively thicker than normal and hyperechoic. Renal pelvis is dilated (pyelectasia), measuring (0.5 cm). No visible obstruction is observed, but cannot be ruled out. No mineral or infarcts are observed. A hypo- to anechoic perinephric rim is present around the left kidney, and there is free fluid and hyperechoic/hyperreactive mesentery in the retroperitoneal space surrounding the left kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.45 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 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.

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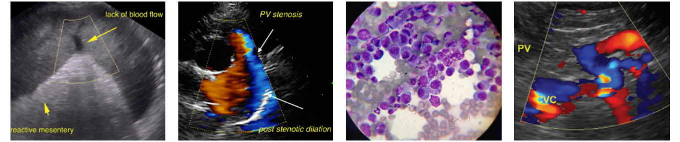

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Gastrointestinal

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 except for mild duodenal thickening with normal intact layering measuring 0.53 cm at the thickest. 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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic left renomegaly with pyelectasia, a hypoechoic perinephric rim, perirenal effusion and inflammation. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction. The primary differential for the left kidney changes is lymphoma, given the enlarged size, the perinephric rim, and the perirenal inflammation and effusion. Other possible differentials include acute nephritis, acute pyelonephritis, or potentially compensatory hypertrophy due to chronic kidneys disease.

- Right kidney perinephric rim – Concerning for lymphoma. However, other acute insult as described above is also possible.

- Mildly thick duodenum –This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The top differential for this combination of findings is infiltrative neoplasia with lymphoma at the top of the list. Other causes of acute kidney injury including pyelonephritis are also possible and should be ruled out. Therefore, recommendations include a urine culture. If the urine culture is negative, a urine protein to creatinine ratio is recommended due to the reported proteinuria. A fine needle aspirate of the left kidney is recommended to look for evidence of lymphoma if patient's coagulation status is appropriate.

Due to the bowel changes and weight loss, a gastrointestinal malabsorption panel including PLI, TLI, folate and cobalamin to Texas A&M GI laboratory is recommended. If lymphoma is not diagnosed from an aspirate of the left kidney, biopsies of the bowel may be necessary to definitively rule in/out infiltrative lymphoma.

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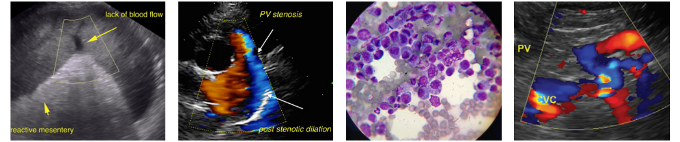

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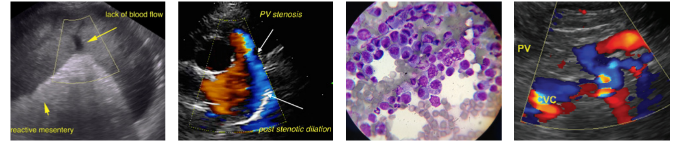

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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