

**DATE**

6/6/22

**PRESENTING CLINICAL SIGNS**

Presented for a new heart murmur, grade 2/6 murmur noted. Bloodwork shows possible renal disease. Current Medications: Gabapentin 50mg - 1 tab PRN, Convenia 80mg/ml - 0.35ml given 5/25. Lab Results: Chem- SDMA=18 (0-14), creat=2.4 (0.9-2.3), BUN=39 (16-37). CBC-wnl. U/A- USG=1.016, pH=6.5, prot=30, rbc=48/hpf (cysto vs cystitis), few hyaline casts. pc-discussed labwork results-Chem-early renal disease, CBC wnl, T4 wnl, U/A-not well concentrated, mild protein, hyaline casts. Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Stephanie Pearce RDCS, RVT.

**PATIENT**

Boo Stolzenbach

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed Female

**AGE**

9/20/07

**WEIGHT**

7.7 lbs

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**HOSPITAL NAME**Lake Shore Pet  
Hospital**REFERRING VET**

Dr. Stiehl

**INVOICE**

30863

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Part of the irregular shape is the result of chronic infarcts notably in the caudal pole of the left kidney and the cranial pole of the right kidney. There is no pyelectasia noted and no mineral is observed. The left kidney measures 2.7 cm. The right kidney measured 2.91 cm.

**Adrenal Glands**

Left adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.48 cm), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa primarily in the ileum. There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

### ***Pancreas***

Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to slightly hyperechoic echogenicity.

### ***Free Abdomen***

Mild reactive mesenteric lymphadenopathy is noted and there is a small, hypoechoic, enlarged lymph node near the pylorus.

## **ULTRASONOGRAPHIC FINDINGS**

### **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. Chronic infarcts noted.
- 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.

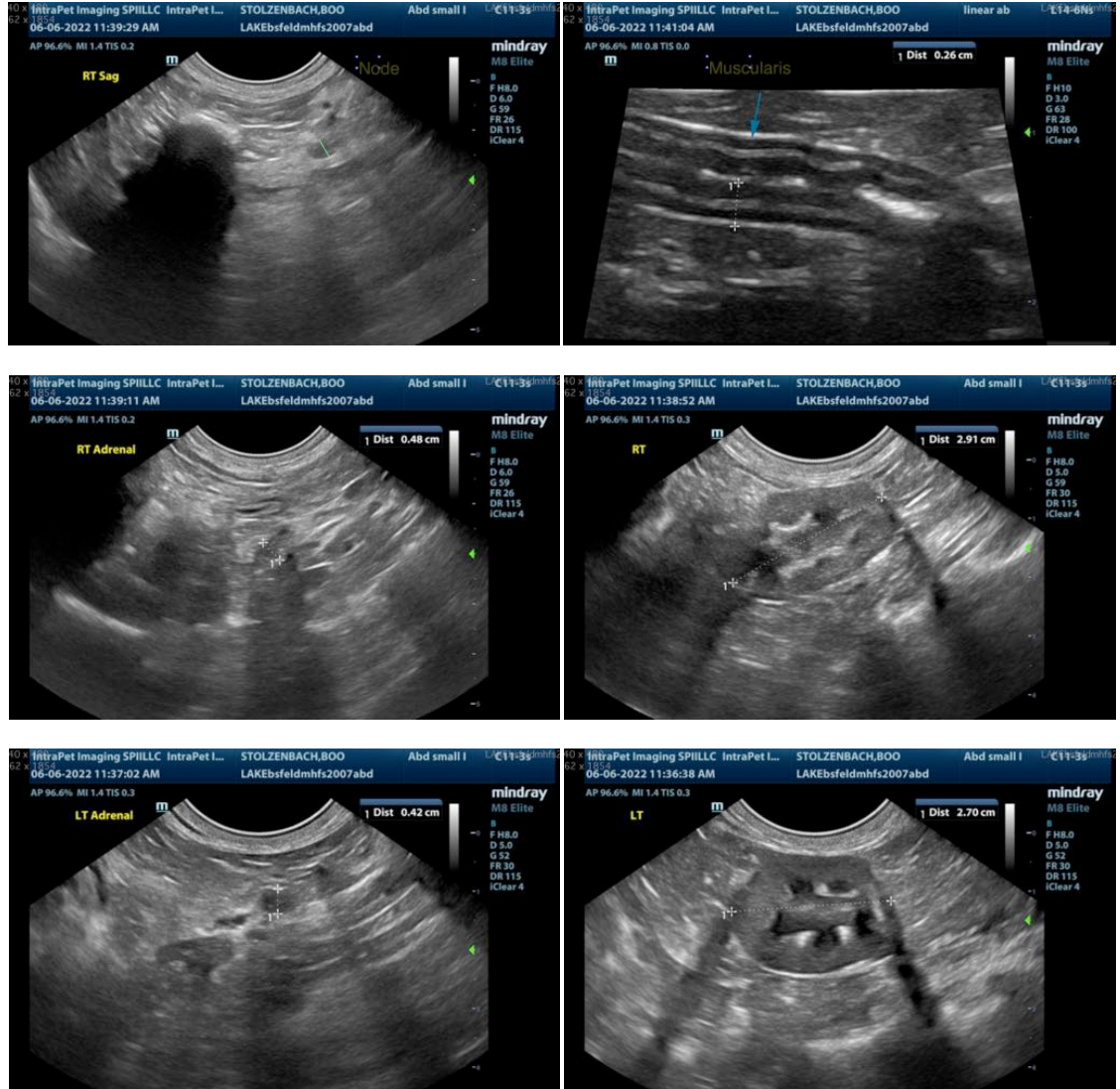
### **SECONDARY FINDINGS:**

- Age related pancreatic remodeling with possible chronic smoldering pancreatitis.
- Reactive mesenteric lymphadenopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

### **Recommendations:**

1. Blood pressure measurements and urine protein to creatinine ratio are recommended if not recently evaluated followed by medical management if abnormalities are diagnosed.
2. Medical management of chronic kidney disease is recommended in the form of diet change if tolerated as well as appropriate management of any concurrent chronic renal disease related abnormalities such as proteinuria or hypertension.
3. Given the mildly thick muscularis and enlarged mesenteric lymph nodes a GI malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is recommended if this patient is exhibiting any gastrointestinal signs including weight loss.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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**

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