

**DATE**

6/6/22

PRESENTING CLINICAL SIGNS

History of congestion and ocular discharge since a kitten stopped eating 4 days ago- has been vomiting. owner also has noticed weight loss, has been sleeping more indoor only- lives with 6 other cats got from a rescue as a kitten not aware of getting into anything went to RDVM- bloodwork- azotemia with dehydration; xrays taken.

PATIENT

Savannah Reed

Current Medications: Ampicillin, buprenorphine, ondanestron, maropitant.

Lab Results: bloodwork RDVM- CBC- NSF. BUN- 45, Cre 3.4, Glob- 6.1

T.p.: 9.1, Glucose 248. Urine culture pending.

SPECIES

Feline

Radiographs: per RDVM kidneys look enlarged

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Bengal

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.

AGE

7/26/16

Both kidneys are large in size with the right kidney measured 5.03 cm and the left kidney measured 4.69 cm with increased cortical echogenicity. Peripheral contour was irregular characterized by multiple, heterogenous hypoechoic nodules that were appreciated more in the left kidney. A hypoechoic to anechoic perinephric rim is present around both kidneys. No mineral is observed.

WEIGHT

12.4 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.3 cm), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BYBeth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Willer

Liver

Liver is subjectively normal in size. There are multi-focal, intrahepatic cholecystoliths noted. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is moderately distended with anechoic bile as well as gravity dependent and suspended echogenic sediment, sand and mineral debris. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

30856

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. There are no luminal contents noted within small intestines.

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

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

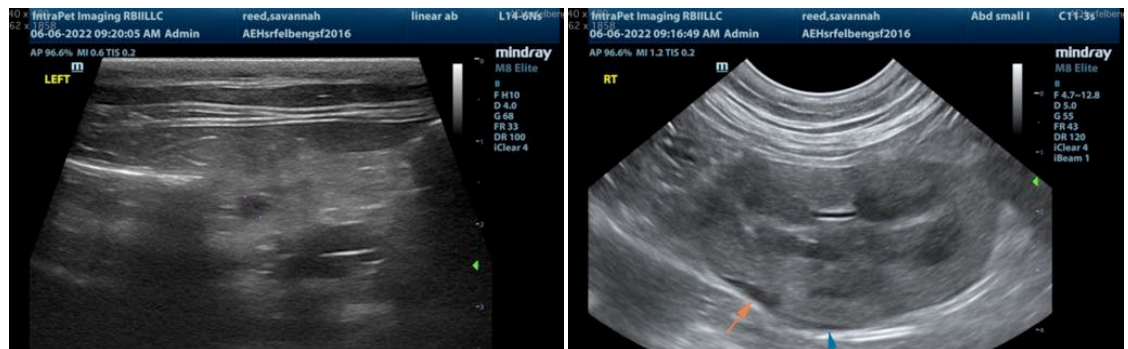
- Bilaterally large, hyperechoic kidneys with nodules in the left kidney and bilateral perinephric rim that is most concerning for renal lymphoma. Other infiltrative disease such as infectious disease like FIP can also be considered if lymphoma is not diagnosed.
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

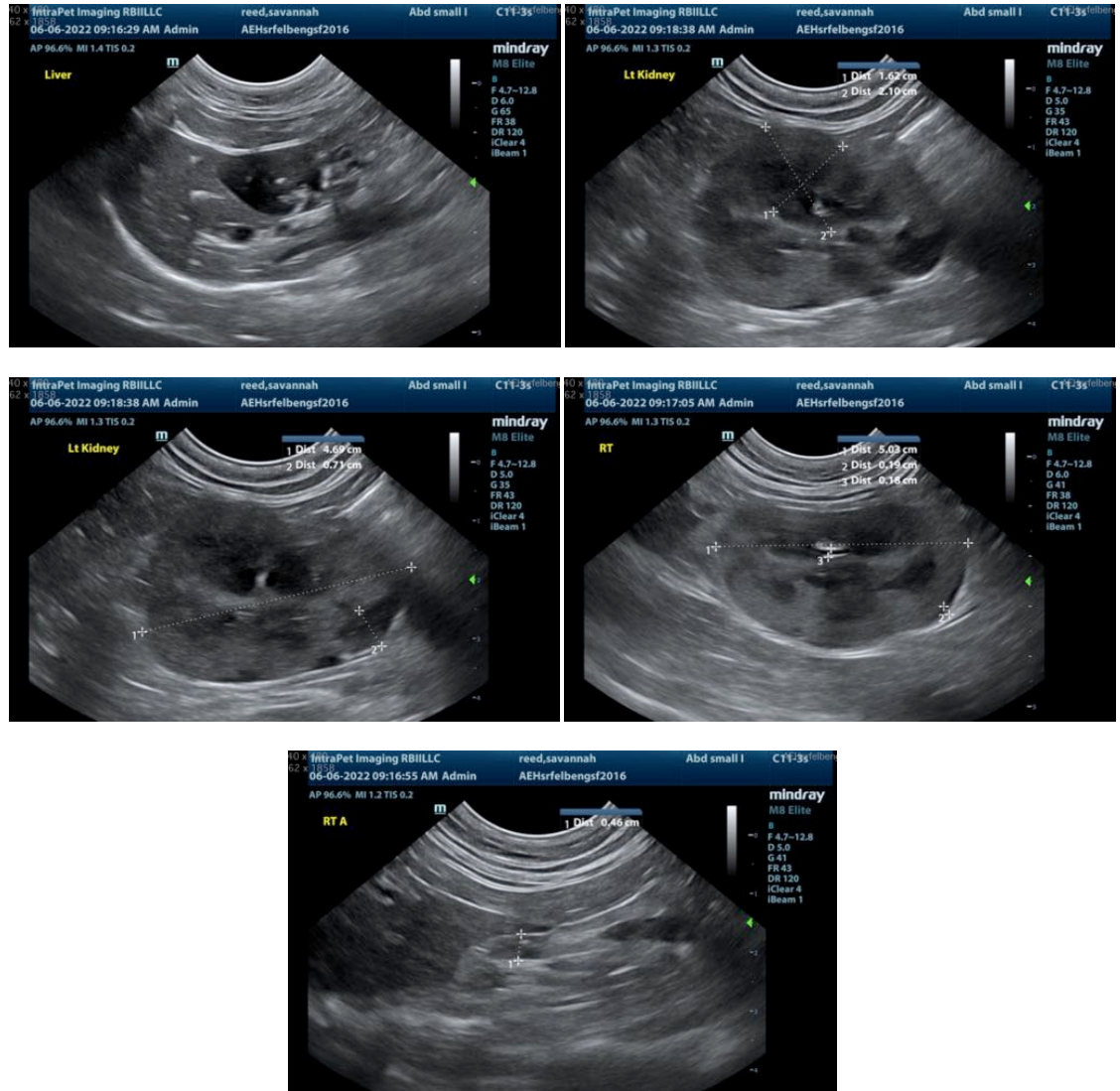
SECONDARY FINDINGS:

- Incidental mineral cholecytic debris and intrahepatic cholecystoliths of likely no clinical significance. This finding should be interpreted in combination with laboratory changes such as increased liver enzymes and/or bilirubin and/or clinical signs such as cranial abdominal pain and/or concurrent GI signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A FNA of both kidneys is recommended if the patient's coagulation status is appropriate.
- If lymphoma is not diagnosed cytologically infectious disease testing being sure to include FIP is recommended.
- In the meantime, medical management of the acute azotemia and GI signs with fluid therapy, anti-emetics, appetite stimulants, etc. is warranted.





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.

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