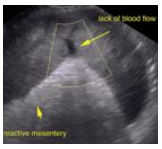
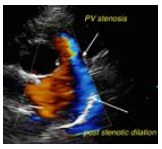
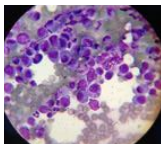
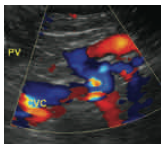
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Bailey Piergiorgi

SPECIES
Feline

BREED
Domestic Longhair

SEX
Neutered male

AGE
13 years

WEIGHT
11.2 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
JK

HOSPITAL NAME
Hamburg VC

REFERRING VET
Dr. Martens

INVOICE
31470

DATE
7/5/22

PRESENTING CLINICAL SIGNS

History: Weight loss, poor appetite, kidney issues per owner from previous vet.
Abnormal PE/Chem/CBC/UA Results: Blood SDMA 30, BUN 41, WBC 20,000,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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 kidneys are significantly enlarged with increased cortical echogenicity and disruption of normal corticomedullary architecture. The renal pelvises are mildly dilated with anechoic fluid and hyperechoic, thickened pelvic fat. The contour is distorted by the presence of capsular indentations that are consistent with chronic infarcts. Hypoechoic to anechoic subcapsular rim “halo” is noted bilaterally. The left kidney measures 4.8 cm and the right kidney measures 5.4 cm.

Adrenal Glands

Left adrenal gland is uniformly plump egg-shaped adrenals (0.45 cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

The right adrenal gland is unable to be visualized; however, the area is examined without evident pathology.

Spleen

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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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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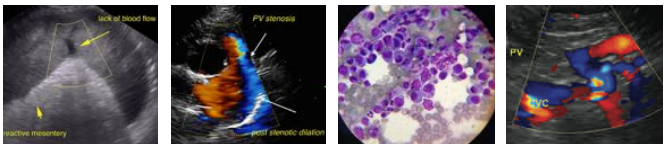

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction or foreign material.

The visible small intestine demonstrates areas of 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 lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

The area of the pancreas contains irregular hyperechoic pancreatic remodeling.

Free Abdomen

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

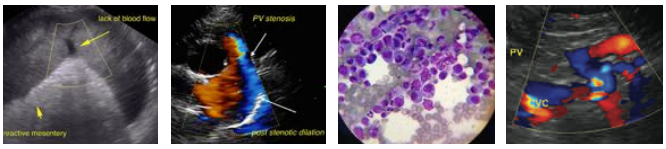
- **Bilateral renal changes** have some consistencies with renal lymphoma versus other infiltrative neoplasia. However, severe nephritis including possible glomerulonephritis in this case can minim this presentation and cannot be ruled out.
- **Inflammatory bowel disease pattern (IBD) -** This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- **Hyperechoic hepatomegaly (feline)** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Hyperechoic pancreas –** This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient given the reported weight loss combined with ultrasonographic GI and pancreatic abnormalities include:

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

T4 and free T4 are also recommended if not recently evaluated for further investigation of the weight loss.



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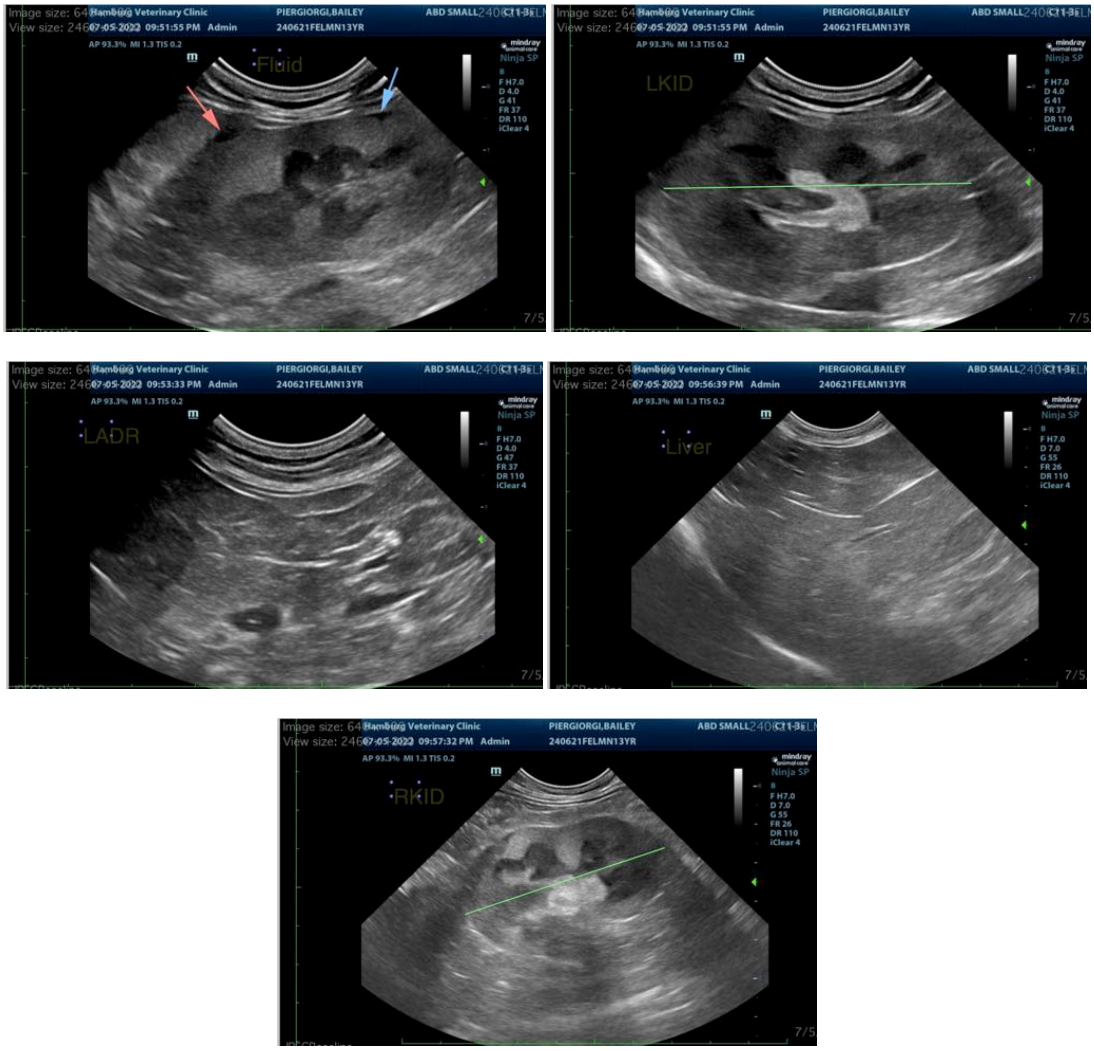
Given the history of chronic kidney disease combined with the changes, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. Blood pressure measurement is also recommended if not recently evaluated.

Given the concerning appearance of the kidneys with some characteristics of renal lymphoma a FNA of the kidneys is recommended if the patient's coagulation status is appropriate.

Pending the results of the gastrointestinal panel, if a diagnosis of lymphoma is not obtained via FNA of the kidneys and/or the procedure is not pursued biopsies of the GI tract ensuring to include ileum if possible may be required to definitively diagnose and therefore manage the suspected infiltrative bowel disease.



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