

**DATE PRESENTING CLINICAL SIGNS**

8/15/23 Rapid weight loss recently. IRIS Stage 2 CKD; recent vomiting. inappropriate urination.

PATIENT

Oliver Steward

Current Medications: cerenia injection 8/11, convenia 8/11, pred 2.5mg to help with inflammation.

Lab Results: Crea: 2.3, remainder normal. U/A SG 1.026, Evidence of infection; inflammation.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as some suspended echogenic non-shadowing debris. There is a solitary, heterogeneous, vascular mass lesion along the dorsal wall that measures 2.0 cm long x 1.0 cm thick. No cystoliths are observed.

SEX

Neutered Male

The right kidney is normal in size (3.74 cm) but markedly irregular in shape and diffusely echogenic, with very little corticomedullary distinction or normal internal architecture. No pyelectasia or mineral are observed. However, a hypoechoic subcapsular rim ("halo") is present, and the pericapsular area is enhanced by clumped, almost nodular appearing hyperechoic mesenteric fat as well as a trace amount of free fluid.

AGE

2/14/13

The left kidney is normal in size (4.3 cm) but irregular in shape and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Trace pyelectasia is noted. No mineral is observed.

WEIGHT

12.5 Pounds

Adrenal Glands

The area of the adrenal glands is examined without evident adrenal gland pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

HOSPITAL NAME

Timonium AH

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. A 0.40 cm x 0.60 cm anechoic cystic area/nodule is noted in the left lateral liver. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. McMichael

INVOICE

44678

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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

A trace amount of anechoic free fluid and clumped, almost nodular appearing mesentery is noted, primarily around the right kidney and in the cranial abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The appearance of this patient's kidneys may be chronic kidney disease exacerbated by an acute on chronic insult (i.e., infection) versus other. However, given the "halo" sign around the right kidney, renal lymphoma is a possibility and should be further investigated.
- The urinary bladder mass is concerning for infiltrative neoplasia such as round cell neoplasia (i.e., lymphoma versus carcinoma versus other). However, a benign inflammatory change can't be definitively ruled out without additional information.
- Mild or potentially emerging versus resolving pancreatitis could also be contributing to patient's clinical signs. However, full interpretation is difficult because the free fluid and enhanced mesenteric fat are likely related to the kidneys changes versus solely pancreatitis.
- Feline biliary cystadenoma - In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

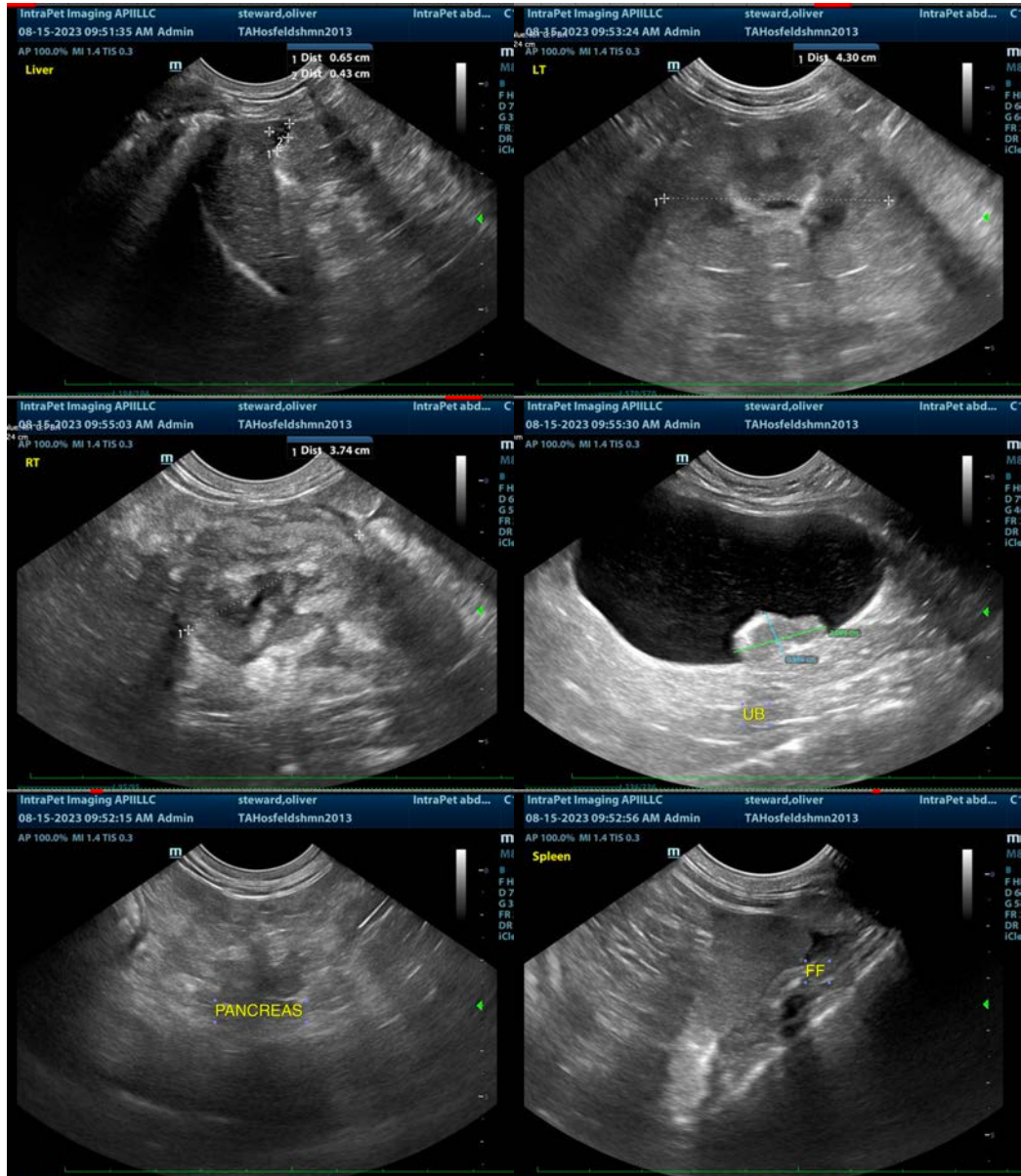
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated off of antibiotics, a 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 ratio is recommended.

Fine needle aspirates of the kidneys, especially the right kidney, as well as the urinary bladder mass, could be considered (with some risk of tumor seeding) if patient's coagulation status is appropriate.

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.

In the meantime, supportive/symptomatic medical management of clinical signs, possibly mild or emerging pancreatitis, potentially an acute on chronic kidney insult, etc. is recommended in the form of antiemetics, gastroprotectants, an appetite stimulant if indicated, fluid therapy if necessary, broad-spectrum antibiotics, etc.



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.

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