



PATIENT

Pepper Nicolich

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

4 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

42790

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: approximately 1# wt loss since Dec 2022.

Abnormal PE/Chem/CBC/UA Results: Iris stage 2 renal disease; mild increase in creat 2.0, all else wnl; UA: 2/8/23: RBC 11-20/hpf, blood 2+ (done by cysto), USPG 1.021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Pinpoint areas of cortical mineralization bilaterally. No evidence of pelvic dilation was present. The left kidney measured 3.31 cm and the right kidney measured 3.45 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.88 cm in length and 0.37 cm in width. The right adrenal gland measured 0.85 cm in length and 0.28 cm in width.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering



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maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Degenerative renal changes
2. Normal GI tract
3. Normal pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported weight loss in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable, though non-GI causes remain possible. While not sonographically evident, pancreatitis cannot be completely ruled out. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. Additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes.

Renal changes are likely related to chronic degeneration. Given patients age there may have been an early renal insult such as renal toxin or infection leading to decreased function and early onset chronic kidney degeneration. Ultimately management is the same as for any patient with chronic renal dysfunction and includes renal specific diet (protein and phosphorus limited), encouraging water intake with canned food and providing clean, running water source, management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required and monitoring for development of anemia. Correlate clinical significance with blood work/urinalysis findings and clinical signs.



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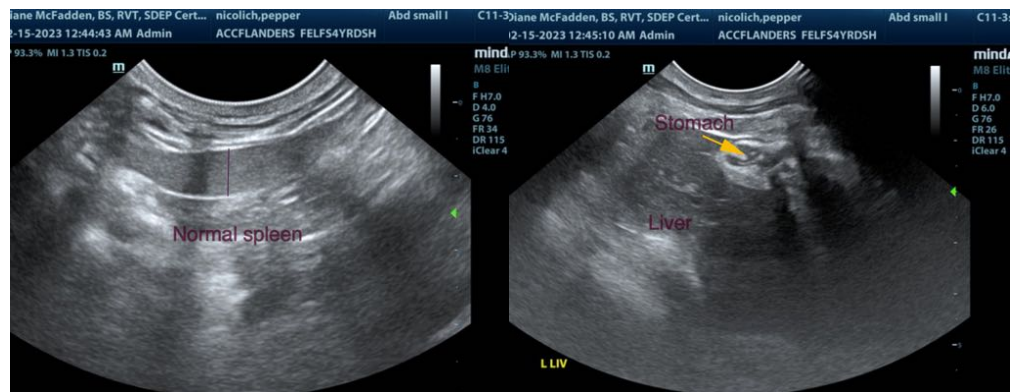
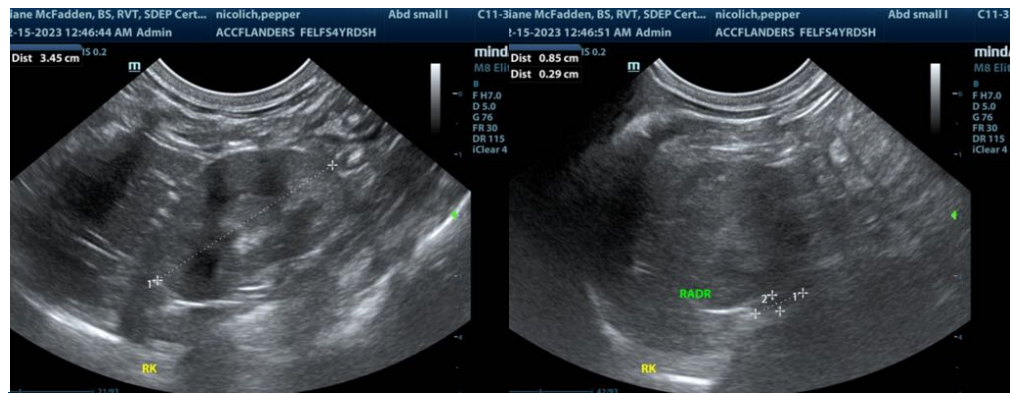
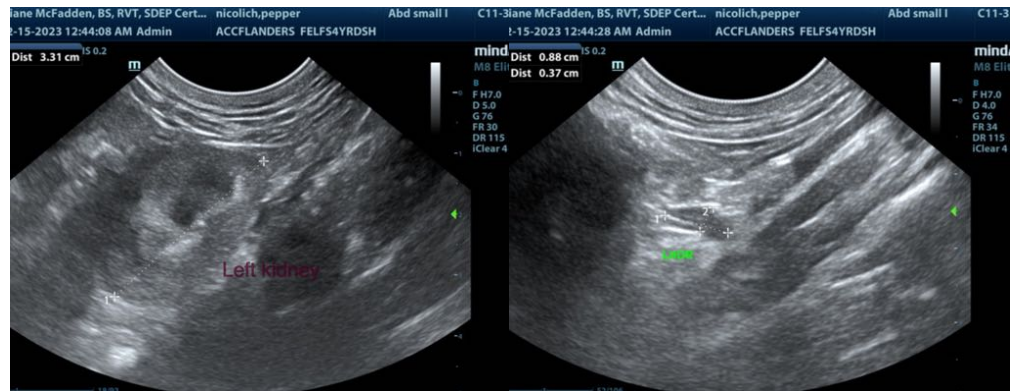
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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