

**DATE**

1/21/22

**PRESENTING CLINICAL SIGNS**

History: Alfie is a ckd stage 2 cat (dx'd in 9/21) and has had weight loss of 2 pounds since Sept. Bloodwork shows stable kidneys but no other issues. Suspect IBD/intestinal neoplasia.

**PATIENT**

Alfie Bertling

Current Medications: Miratz.

Lab Results: Attached separately.

Radiographs: Attached separately.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Imaging Performed By: Rachel Brillhart, RDMS.

Siamese Mixed Breed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**AGE**

4/26/09

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Pyelectasia (0.53 cm) was noted in the right kidney. The right kidney measured 3.9 cm. Pyelectasia in the left kidney measured 0.23 cm. The left kidney measured 3.65 cm.

**WEIGHT**

11.5 Lbs.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

The **right adrenal gland** was 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 right adrenal gland measured 0.73 cm.

**HOSPITAL NAME**Cat Sense Feline  
HospitalThe region of the **left adrenal gland** revealed no evident pathology.**REFERRING VET**

Dr. Sinclair

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**INVOICE**

13559

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### **Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### **Free Abdomen**

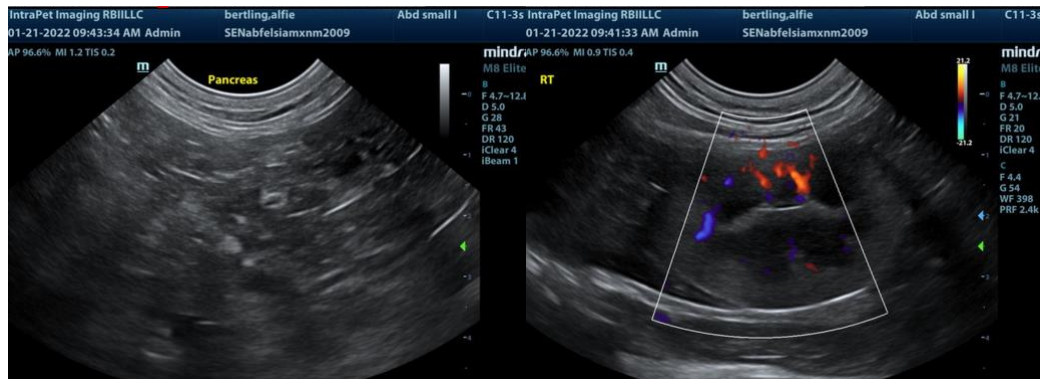
The mesenteric **lymph node** (1.1 cm x 0.62 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

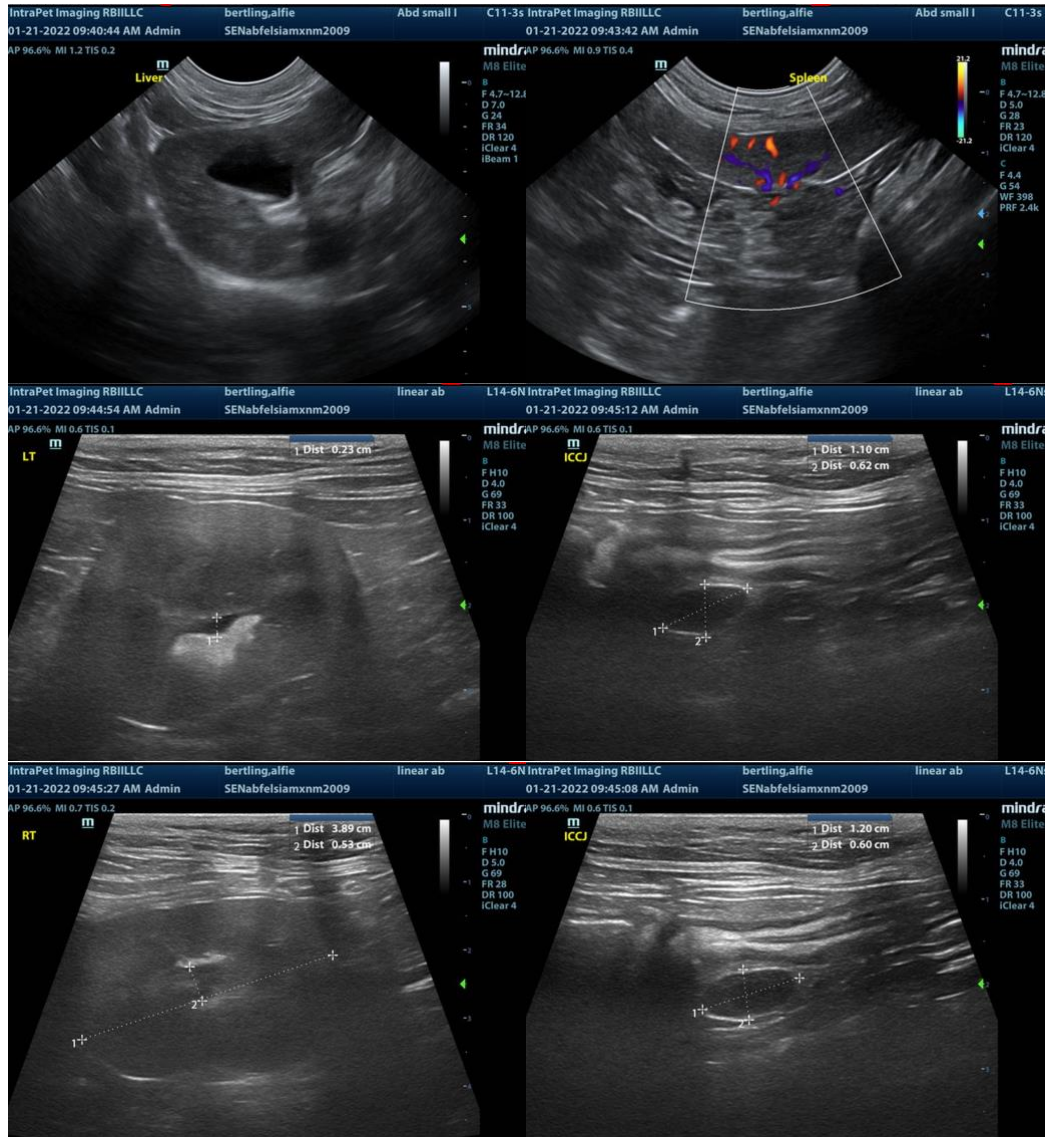
## **ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic renal changes with pyelectasia.
- Reactive mesenteric lymph node
- Age-related pancreatic changes
- Unremarkable abdomen otherwise

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

Suspect UTI/Pyelonephritis, this is a complicating factor. Blood pressure measurements, urine culture and sensitivity, 72-hour IV fluid protocol and reassessment of the azotemia and urinary parameters recommended. The kidneys do not appear end-stage, therefore complicating factors should be considered.





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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