

**DATE**

10/25/21

PRESENTING CLINICAL SIGNS

History: Pet is a 15-year-old Persian. Recently elevated renal values and urinary tract infection that cultured as enterococcus. Renal values improved after antibiotics. Has also had chronic intermittent diarrhea and mild weight loss (1/4 pound).

PATIENT

Juliet Rahman

Current Medications: Probiotics.

Lab Results: 9/23/2021 - BUN 45, creatinine 2.3, T4 1.7 USG 1.028. bacteria in urine, cultured as enterococcus. 10/13/2021- fecal negative. 10/14/21 (post antibiotics)- BUN 30, creatinine 2.2, unable to obtain urine to repeat culture.

SPECIES

Feline

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: declined, not needed

Stat Report: not requested

BREED

Persian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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 was noted. Ureteral papillae were normal.

AGE

1/20/06

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. The right kidney measured 3.37 cm. The left kidney measured 3.51 cm. Blood flow was subjectively subnormal on color flow assessment of the kidneys.

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.49 cm.

HOSPITAL NAME

Banfield Pet Hospital
of Columbia

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 was noted.

REFERRING VET

Dr. Shobe

Liver

The **liver** was heterogenous with mildly increased portal markings. Left medial liver revealed a hypoechoic nodule that measured 0.75 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

INVOICE

92613

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malabsorption of nutrients if any weight loss is present. The stomach revealed progressively shadowing material. I suspect hairball accumulation. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The right limb of the pancreas measured 1.05 cm.

ULTRASONOGRAPHIC FINDINGS

Hairball type density in the stomach.

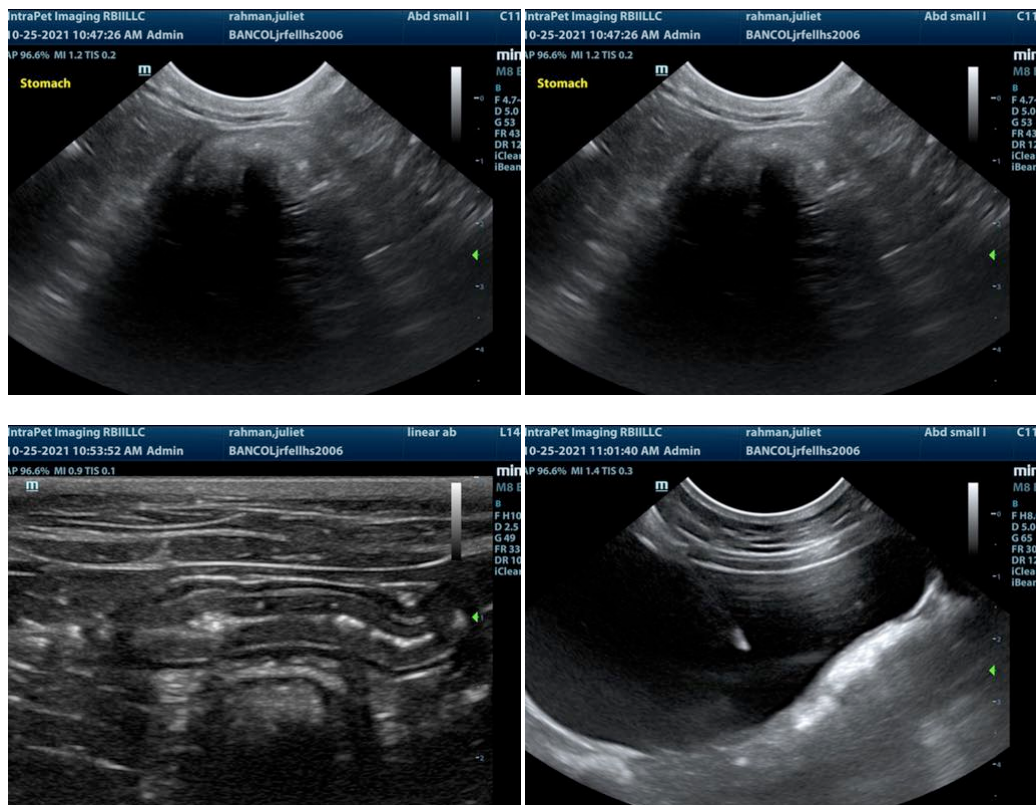
Moderate chronic degenerative renal changes, did not appear end stage. The kidneys appear subjectively 50% compromised.

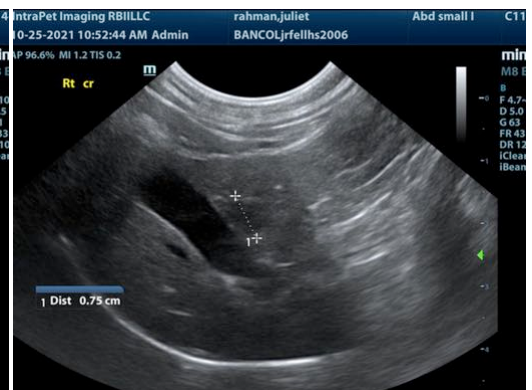
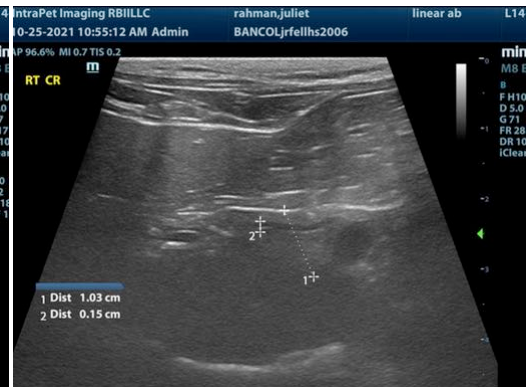
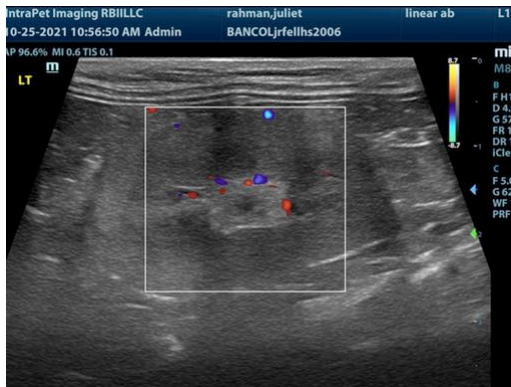
Prominent pancreas.

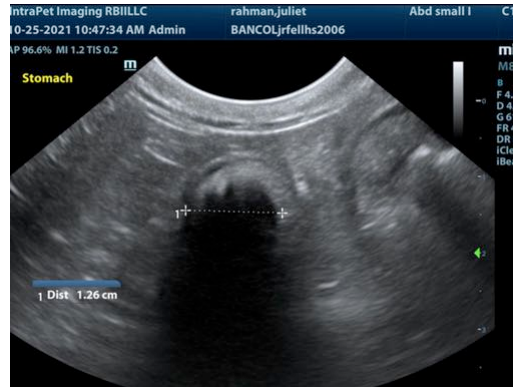
Liver nodule. Should be monitored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. IV fluid support is recommended to treat the azotemia as well as hairball therapy. Recheck sonogram is recommended in a week if the patient is stable.







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com