

DATE PRESENTING CLINICAL SIGNS

10/25/22

6/2021 presented for weakness, anisocoria, blindness, hypertension. Started Amlodipine, seen by cardiologist- dx with primary hypertension. 10/2021 began soft stool, initially responded to probiotics then course of Metronidazole and maintained with probiotics. 9/2022 increased vomiting noted. Cerenia and novel protein diet began, minimal response.

PATIENT

Wall-E Wuyscik

Current Medications: Amlodipine 0.625mg SID, Visbiome probiotic, Cerenia 12mg SID.

Lab Results: 2/2022 no abnormalities.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10/4/09

WEIGHT

11.92 lbs

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.

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. Cortical infarct was noted in the caudal pole of the left kidney. The right kidney revealed irregular pyelectasia at 1.44 x 1.06 cm. The right kidney measured 4.27 cm. Blood flow to the kidneys was subnormal on color flow assessment.

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 0.56 cm. The right adrenal gland measured 0.55 cm.

HOSPITAL NAME

Hickory VH

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. McNesby

INVOICE

42137

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 malassimilation of nutrients if any weight loss is present. Intestinal wall thickness measured up to 0.31 cm. Reactive mesentery was noted associated with the distal small intestine. 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 left limb of the pancreas measured 1.12 cm with a dilated duct measuring 0.13 cm.

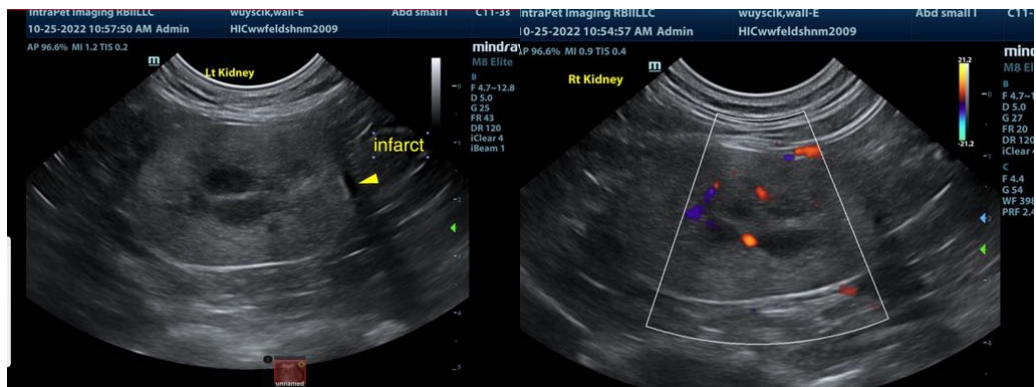
ULTRASONOGRAPHIC FINDINGS

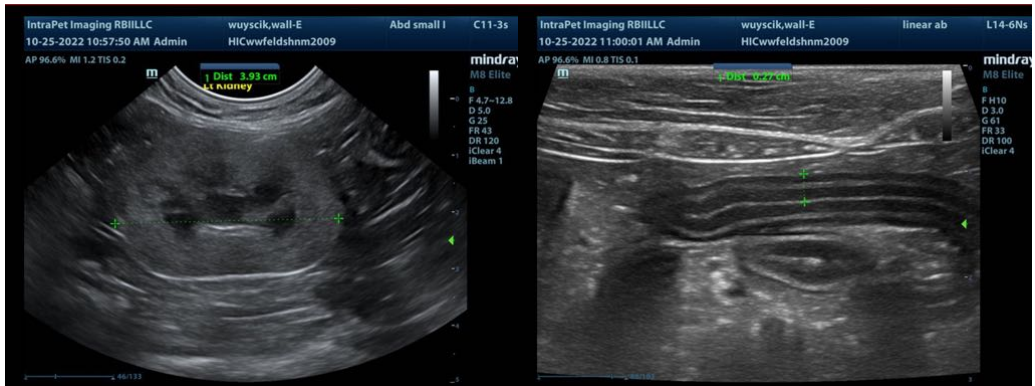
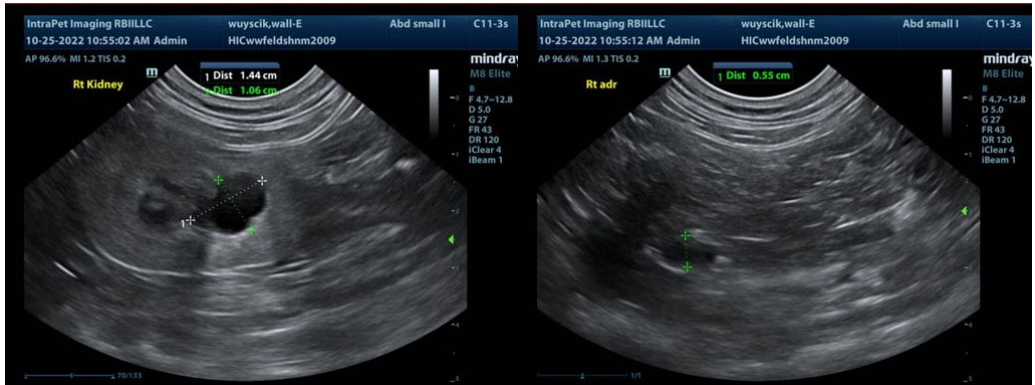
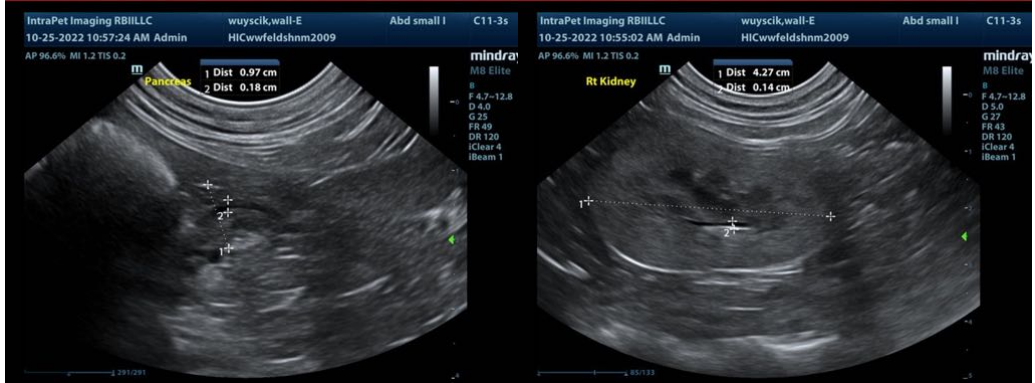
Chronic interstitial nephrosis renal pattern with cortical infarcts and pyelectasia of the right kidney. Minor intestinal thickening. Reactive mesentery associated with the distal small intestine. Prominent, age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for long term viability of the kidney sin this patent as RAAS interruption may be an issue causing hypertension even if renal failure is not overtly present. The kidneys appear 50-60% compromised. Full urinary work-up is warranted if not already performed.

There is likely some level of enteritis.







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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