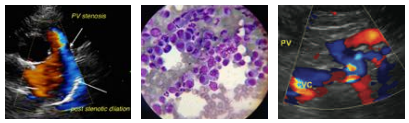
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
4/18/22

PATIENT
JC Erven

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
7/24/08

WEIGHT
9.41 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Bayside Animal Medical Center

REFERRING VET
Dr. Sims

INVOICE
99340

PRESENTING CLINICAL SIGNS

Weight loss. History of hypercalcemia controlled with pred (since 2011).
Current Medications: Prednisolone.
Lab Results: See attached.
Radiographs: Calcified kidneys. Left kidney appears irregular and slightly enlarged.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 left kidney revealed pyelectasia with echogenic debris measuring up to 0.81 cm with multiple, pelvic calculi and moderate degenerative cortical changes. Thickened, irregular cortices were noted with loss of corticomedullary definition. The left kidney measured 3.72 cm. The right kidney was moderately to severely dystrophic with pyelectasia that measured 0.31 cm. Mineralization was noted. The right kidney was subnormal in size and measured 2.25 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.

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.

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. The common bile duct measured 0.29 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.27 cm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early

neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

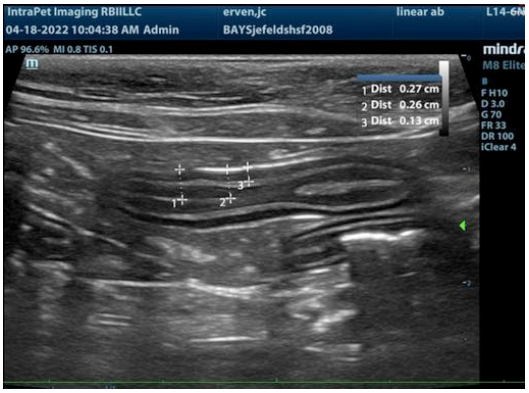
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

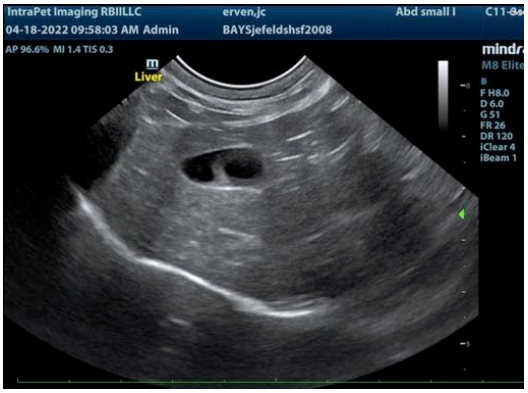
ULTRASONOGRAPHIC FINDINGS

Renal dystrophy with moderate to severe on the right and mild to moderate on the left with pyelectasia and calculi.
Age related hepatic changes.
Intestinal thickening, no evidence of neoplasia. Likely quiescent inflammatory bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity along with blood pressure measurements are indicated. I am concerned for long term viability of the kidneys. Ultrasound-guided pyelocentesis of the left kidney can be considered with culture and renal support management. There is no evidence of neoplasia.





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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