

**DATE PRESENTING CLINICAL SIGNS**

4/21/23 History: Incidental findings on bloodwork. Weight loss.

**PATIENT**

Current Medications: Orbax 22.7mg ½ SID for 10 days.

Lab Results: BUN 39, Creat 2.0, SDMA 21, UPC 0.34. UA- well concentrated but proteinuria with suspected presence of bacteria. Hematuria likely iatrogenic cystocentesis.

Date of Previous IntraPet Ultrasound: 6/15/21. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

Yewie Chatterton

**SPECIES**

Feline

**BREED**

Burmese

**SEX**

Neutered Male

**AGE**

1/29/14

**WEIGHT**

7.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Schaupp

**INVOICE**

22131

**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 were 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. The left kidney measured 3.14 cm. The right kidney measured 2.91 cm. Cortical infarcts and remodeling were noted. Blood flow to the left kidney appeared to be only mildly subnormal. Blood flow to the right kidney was significantly subnormal. Slight subcapsular halo was noted in the right kidney.

**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 0.35 cm.

The region of the **left adrenal gland** revealed no evident pathology.

**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. Caudal folding of the spleen was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 upper **gastrointestinal** tract was mildly thickened with areas of muscularis hypertrophy. The colonic wall was thickened in this patient with increased echogenic submucosal layer. Wall thickness measured up to 0.36 cm. This change is most consistent with chronic colitis.

### ***Pancreas***

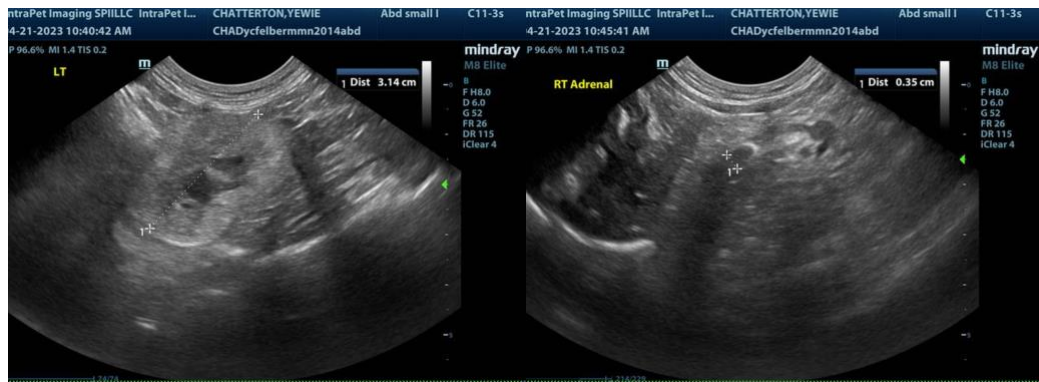
The **pancreas** was heterogenous with hypoechoic and hyperechoic nodular changes.

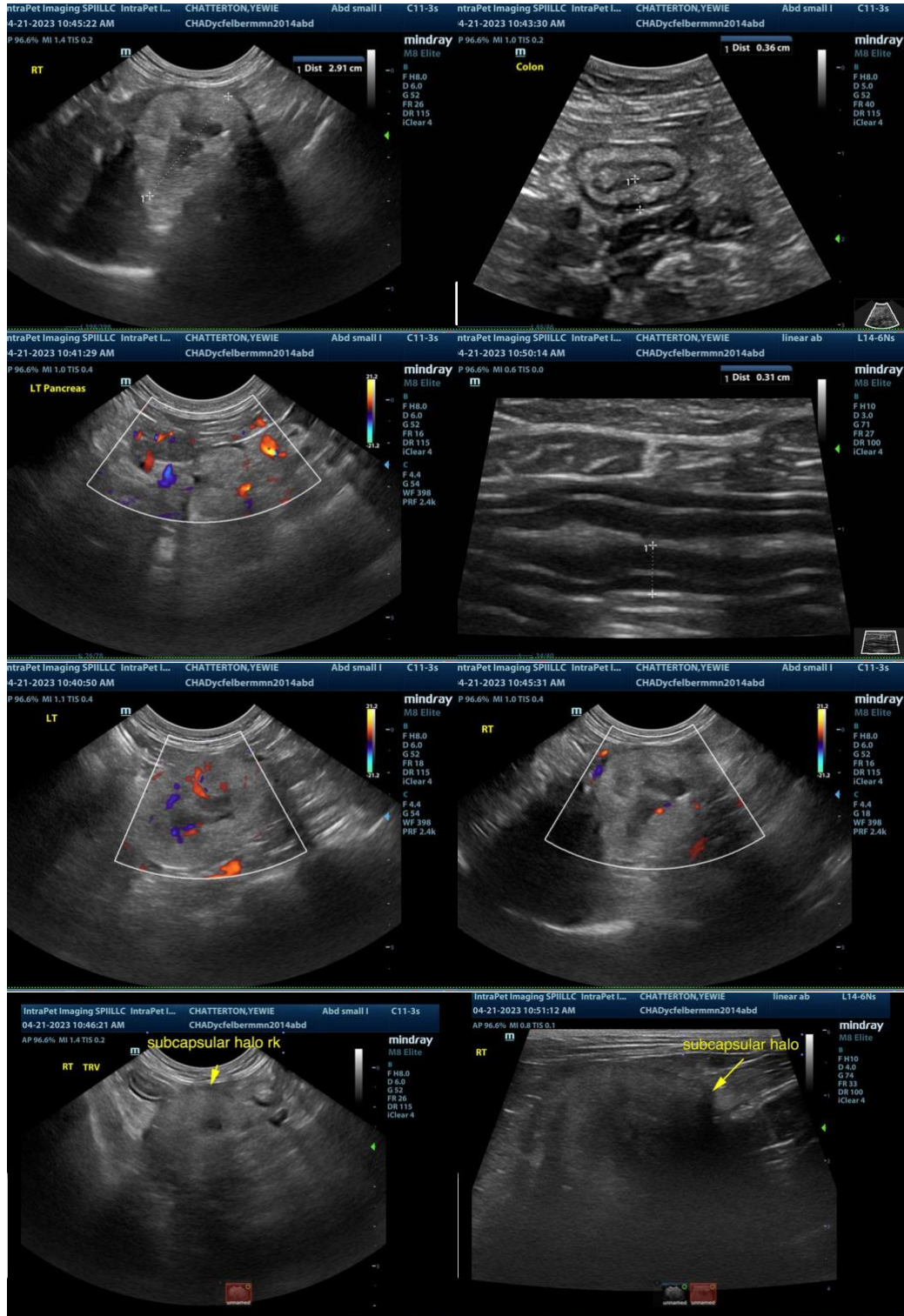
## **ULTRASONOGRAPHIC FINDINGS**

- Chronic interstitial nephrosis renal pattern with slight subcapsular halo in the right kidney.
- Inflammatory bowel/chronic colitis pattern
- Chronic pancreatic changes, suggestive for pancreatitis
- Age-related hepatic changes

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

I'm concerned about long term viability of the kidneys in this patient and underlying inflammatory bowel/colitis. Full urinary work up is warranted if not already performed. Colonic scraping or colonoscopy would be ideal. The slight subcapsular halo in the right kidney should be monitored for potential emerging round cell neoplasia. Follow up sonogram, after empirical therapy, is warranted over the next two weeks. If weight loss is a persistent issue, then FNA of the right kidney is indicated, or proactively, FNA of the right kidney could be performed to ensure an emerging lymphoma is not an issue. Prognosis is guarded.





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  
info@SonoPath.com