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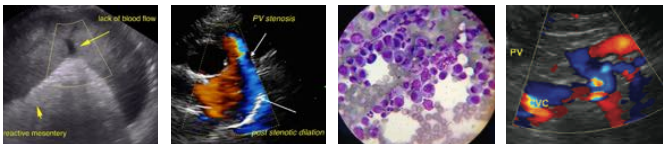

PATIENT

Carly Reber

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

10.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

INVOICE

30428

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: Presented 5/4/22 for vomiting/dry heaving. Sent home with metro, Re-presented the following day for vomiting now with blood, took rads and added carafate. As of 5/12/22 p still vomiting. Abnormal PE/Chem/CBC/UA Results: Bloodwork relatively wnl except very mildly elevated SDMA. Rads NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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. Pyelectasia was noted in the left kidney with slight corticomedullary mineralization and cortical infarcts. The right kidney measured 3.18 cm with cortical infarcts.

Adrenal Glands

The **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 0.33 cm. The right adrenal gland measured 0.34 cm in width.

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 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.

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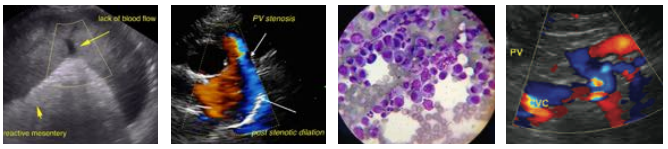

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Gastrointestinal

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. Slight mesenteric lymph node enlargement was noted and measured up to 0.6 cm.

Pancreas

A **pancreatic** nodule or potentially overlying lymph node was noted and measured 1.83 x 1.08 cm.

ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening.

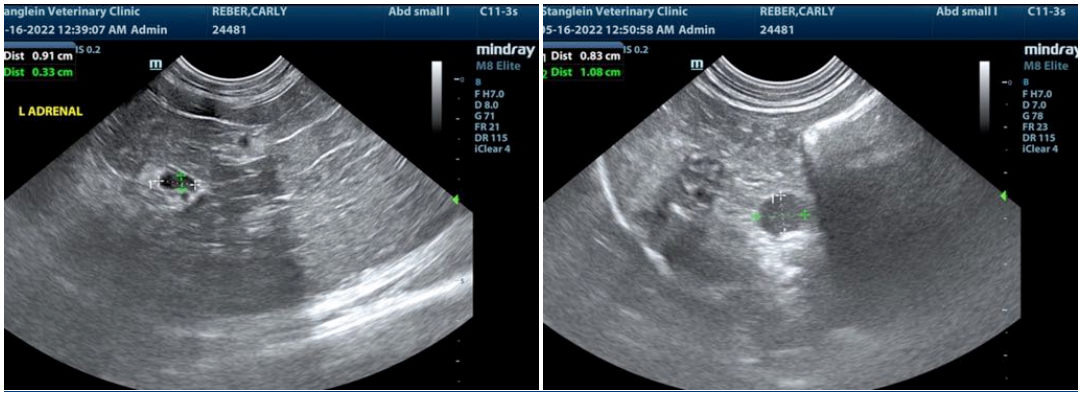
Cranial abdominal lymphadenopathy.

Chronic interstitial nephrosis pattern with pyelectasia and mineralization of the left kidney. Infarcts in both kidneys. Occasional cortical cyst was also noted.

Pancreatic nodule or overlying lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted in this patient. Underlying inflammatory bowel is likely. Microulcerative disease is likely given the patient's history. Endoscopy would be ideal for mucosal biopsies and inspection of the mucosa, yet no overt sonographic changes consistent with macroulcerative disease were present. If the sonographer is comfortable with ultrasound-guided FNA of the lymph node or pancreatic nodule in the cranial abdomen this would be ideal. Supportive care for GI upset/inflammatory bowel is warranted with full urinary work-up to assess for any inflammatory sediment or UTI. The kidneys appear 50-60% compromised. The renal values should be monitored carefully as well as blood pressures.



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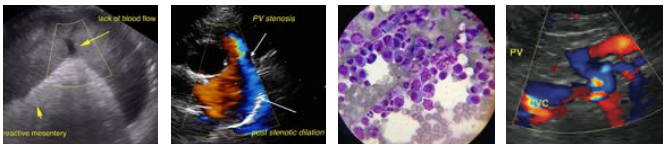

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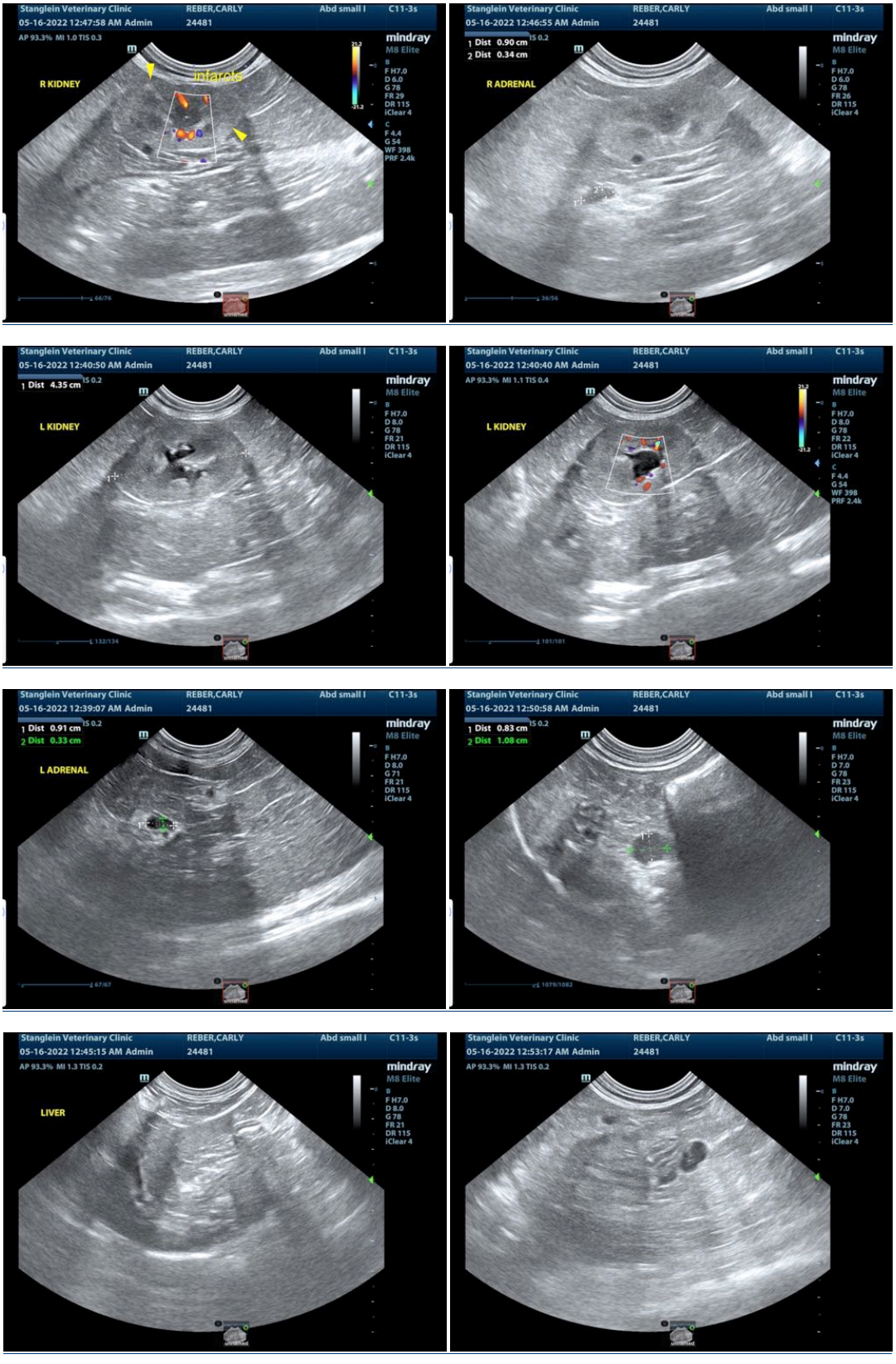

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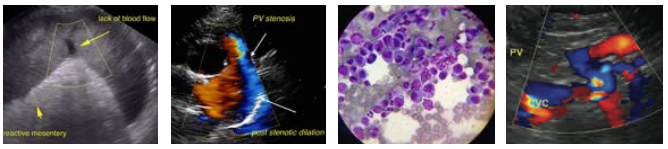

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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