

**DATE**

8/22/22

**PRESENTING CLINICAL SIGNS**

History: Patient is icteric. History of early CRF. Not painful on abdominal palpation.

**PATIENT**

Claus Kluttz

Current Medications: K/D diet.

Lab Results: See attached.

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**

DSH

**SEX**

Neutered Male

**AGE**

6/14/07

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 multiple infarcts, corticomedullary calculi and irregular contour. The left kidney was subnormal in size, measuring 2.66 cm. The right kidney revealed similar infarcts and multifocal cortical collapse with corticomedullary mineralization (0.31 cm). The right kidney measured 3.07 cm. Blood flow to the kidneys appeared to be subnormal. Pyelectasia was noted in the right kidney (0.45 cm).

**Adrenal Glands**

The **left 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 left adrenal gland measured 0.42 cm.

The region of the **right 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.

**HOSPITAL NAME**

Abbey AH

**REFERRING VET**

Dr. Kluttz

**Liver**

The **liver** was structurally unremarkable and uniform, other than minor echogenic gallbladder wall. No evidence of posthepatic obstruction or obvious neoplasia.

**INVOICE**

16992

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.33 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**

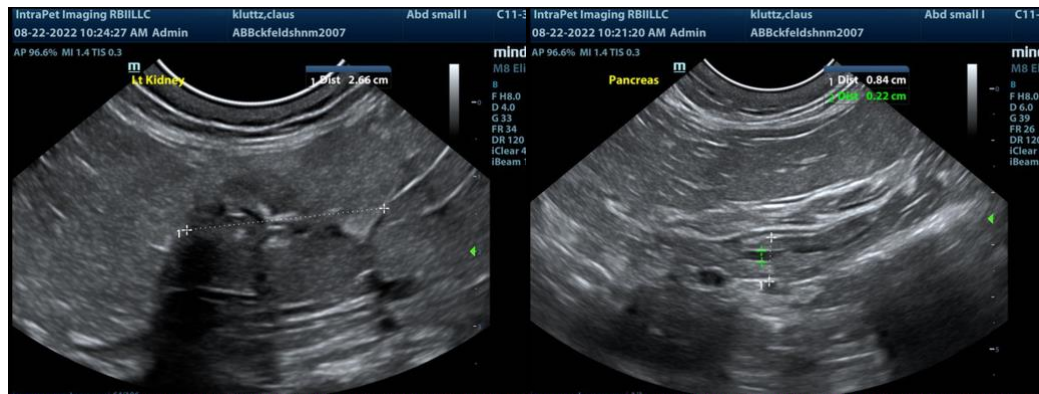
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. The pancreas measured 0.84 cm in width.

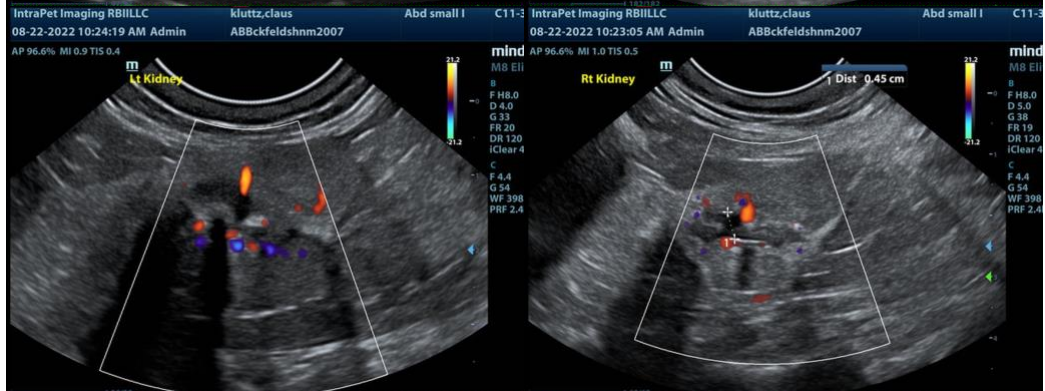
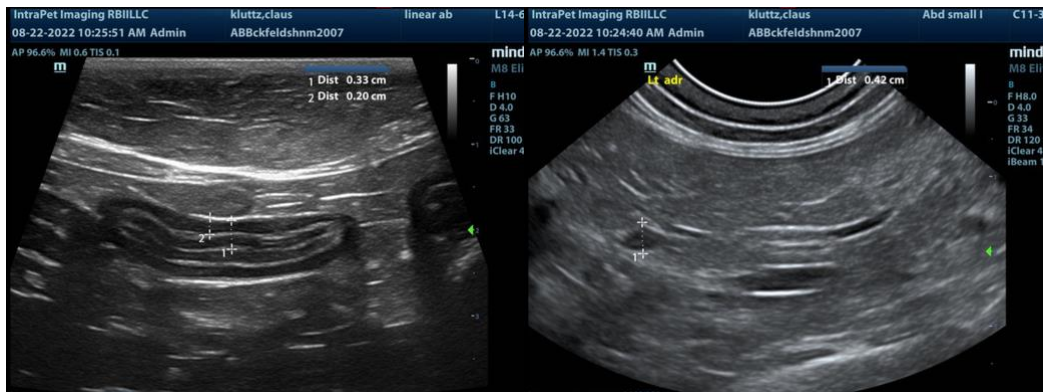
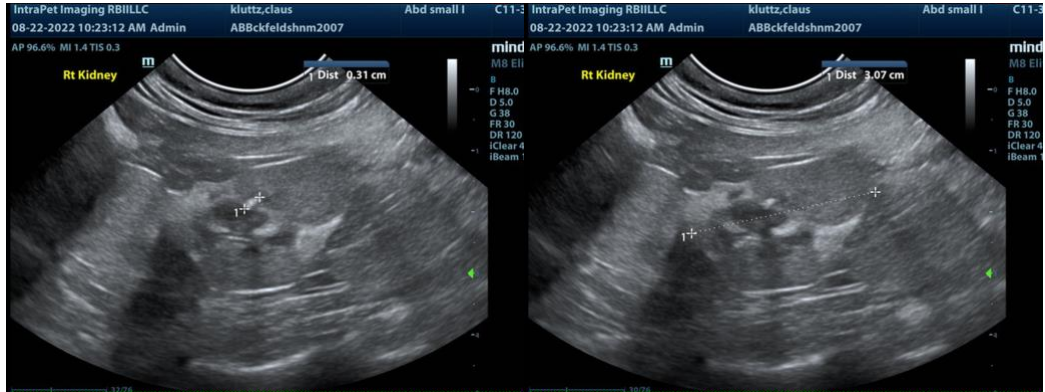
### **ULTRASONOGRAPHIC FINDINGS**

- Severe renal dystrophy, renal infarcts and mineralization
- Diffuse mild intestinal thickening
- Minor echogenic gallbladder wall
- Age-related pancreatic changes

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

Renal values should be monitored in this patient, as subjectively the kidneys appear to be significantly compromised. The cause of the reported icterus is unclear. Updated bloodwork is recommended, given that on 8/17, no elevation of liver enzymes was present. Diagnosis is open. The intestinal thickening is most consistent with stable inflammatory bowel with idiopathic muscularis hypertrophy.





**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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