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Clinical Sonography & Telecytology
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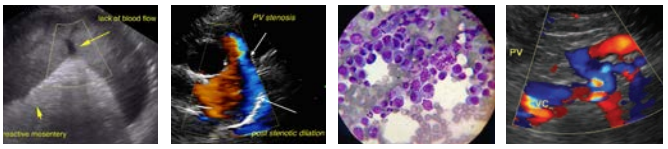

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1-800-838-4268 info@sonopath.com

PATIENT
Tiggy Gaffney

SPECIES
Feline

BREED
DSH

SEX

AGE
8 Years

WEIGHT
Not Provided

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Jessica Miller

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Chun

INVOICE
26131

DATE
10/6/21

PRESENTING CLINICAL SIGNS

azotemic, weight loss Current meds: IV unasyn, pantoprazole, cerenia, sucralfate
Abnormal PE/Chem/CBC/UA Results: crea 2.5 (initially 3.5), BUN 36.5 (initially 73.6) UA: 2+ protein, 1+ blood, MA >30, 4-10 sq. epi SG: 1.016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.26 cm). Overall echogenicity is significantly increased with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.77 cm). Overall echogenicity is significantly increased with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 0.3 cm hyperechoic nodule visualized within the splenic parenchyma.

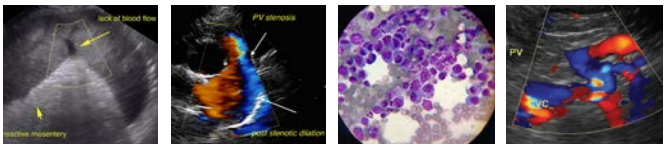
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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Many of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is overall normal. Bowel loops follow a curvilinear path, generally with distinct wall layering, but some areas display a prominent muscularis layer, which does not display the typical 1:3 muscularis:mucosa layer ratio. There is a focal loop of bowel in the mid abdomen that is thickened at 0.29 cm and shows a complete loss of layering. Omentum is hyperechoic around this loop of bowel, and there are prominent mesenteric lymph nodes. The normal jejunum measures 0.18 cm. The duodenum appears normal. Visualized peristalsis appears appropriate.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy in the area around the abnormal bowel. A mesenteric lymph node mearues 0.44 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally hyperechoic around the abnormal bowel.

PRIMARY FINDINGS

- Focal bowel thickening with loss of layering – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Hyperechoic kidneys – Increased echogenicity is most consistent with interstitial nephritis.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Hyperechoic foci in the spleen – hyperechoic nodules tend to be more benign, but a neoplastic process cannot be excluded as a possibility.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidney changes are relatively mild in appearance, but this does not always correlate with the clinical picture. Recommend blood pressure evaluation, urinalysis and culture, diuresis, and urine protein/creatinine ratio.

Additionally, there is a very thickened bowel loop with a loss of layering, which is very concerning for infiltrative disease. I suspect surgical biopsies would be necessary to obtain a diagnosis. It might be possible to aspirate a mesenteric lymph node, but they are small and mobile in a cat. Receommend 3-view thoracic radiographs.

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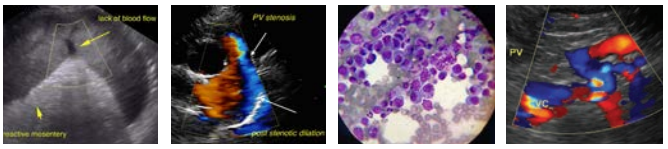

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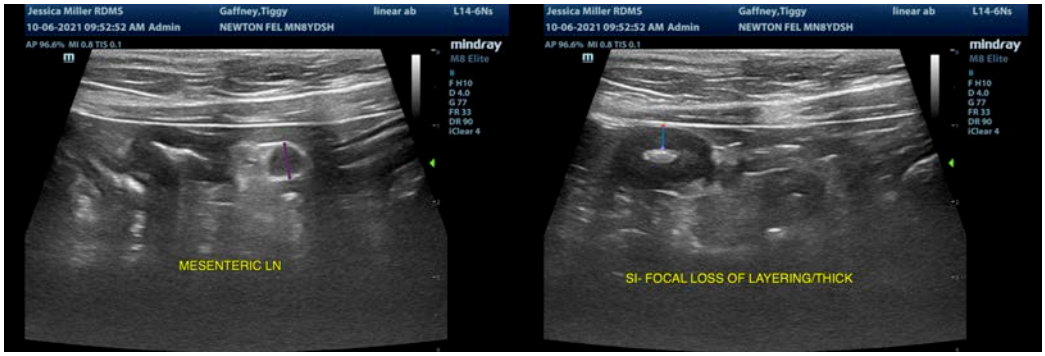

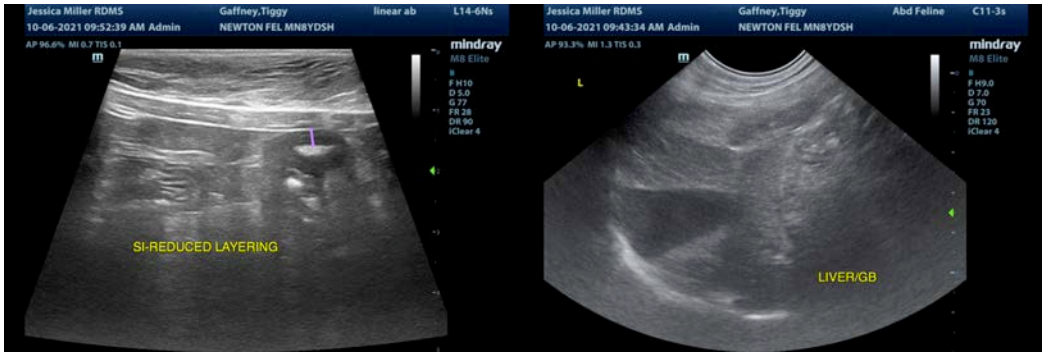

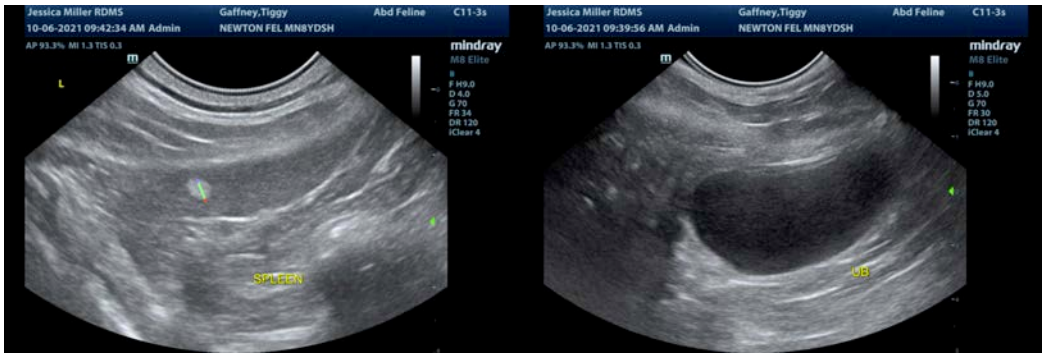

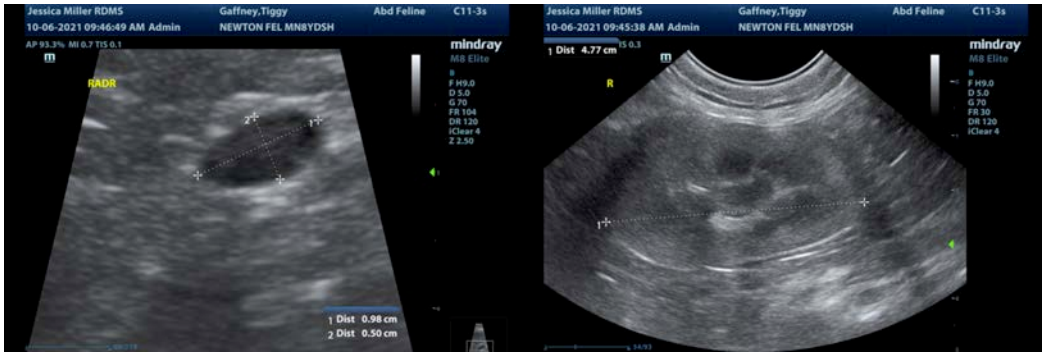

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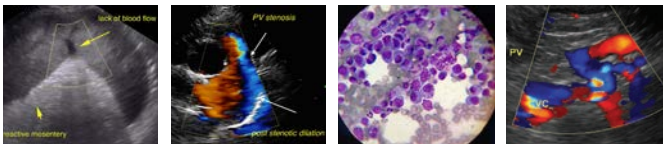

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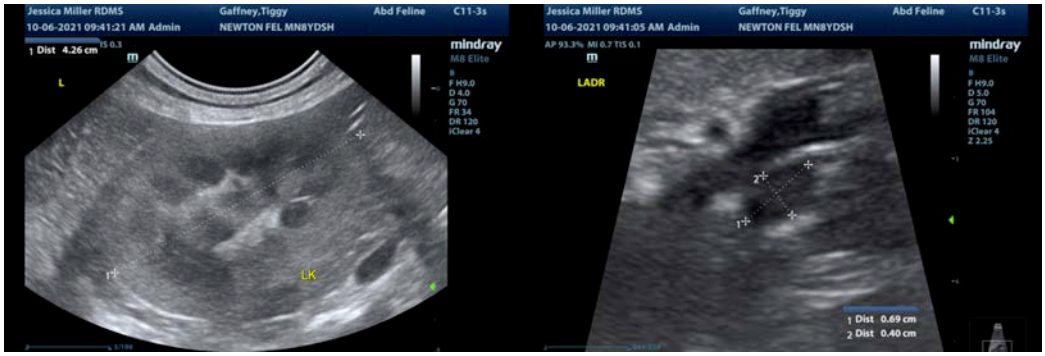

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com