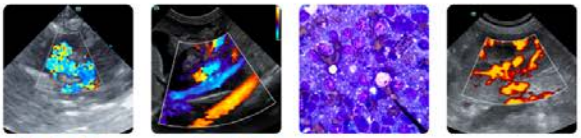

PATIENT

Klaus Hewitt

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

15 Years 1 Month

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Black River Veterinary Hospital

REFERRING VET

Dr. Hewitt

INVOICE

71680

DATE

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PRESENTING CLINICAL SIGNS

Hematuria, pu/pd, poor appetite, lethargy, gross hematuria- intermittent episodes. Over past 2 years, chronic progressive weight loss. Diabetic- in remission since 9/2023. Meds: Zeniquin, Cerenia/ mirtazapine PRN

Abnormal PE/Chem/CBC/UA Results: 9/2 BUN >130, Cr 9.4, Phos 12.9, TP 9.6, glob 5.9, Amyl 1732, Lipase 1956, Urine: 8/30: Pyuria, hematuria, USG 1.013

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is large with a rounded, irregular in shape, measuring 4.45 cm. The cortex is of increased echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is significant pyelectasia at 0.42 cm. The proximal ureter is mildly dilated measuring 0.27 cm but is lost to visualization adjacent to the kidney. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney is small and irregular in shape, measuring 2.57 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.38 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.

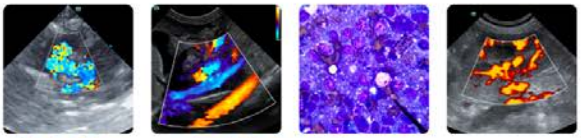
The right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.42 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

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



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of mineralized debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a small amount of fluid. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 large, hypoechoic and irregular in shape. It is surrounded by severely reactive mesentery. The pancreas is severely mottled with nodular/cystic appearing lesions. Both limbs of the pancreas are severely affected.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The mesentery is severely reactive around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hyperechoic left kidney with significant pyelectasia and a small, irregular right kidney with decreased corticomedullary distinction – Right kidney changes are most consistent with renal injury and fibrosis. The left kidney changes are suggestive of possible hypertrophy and pyelonephritis. Infiltrative disease is possible.
- Severe pancreatitis with pancreatic nodules/cystic lesions.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild gastric distention of the stomach and small intestine with fluid – Findings are suggestive of diffuse ileus. Obstructive disease is less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney is small and shrunken, most consistent with chronic renal disease/fibrosis. The left kidney is large and irregular in shape with pyelectasia. I suspect chronic pyelonephritis. Recommend diuresis, a urine culture, and treatment for pyelonephritis in addition to a blood pressure evaluation. If the patient is not responding to therapy, you could consider a fine needle aspirate of the kidney (provided coagulation parameters are normal), as infiltrative disease such as round cell neoplasia, FIP or similar cannot be definitively ruled out.

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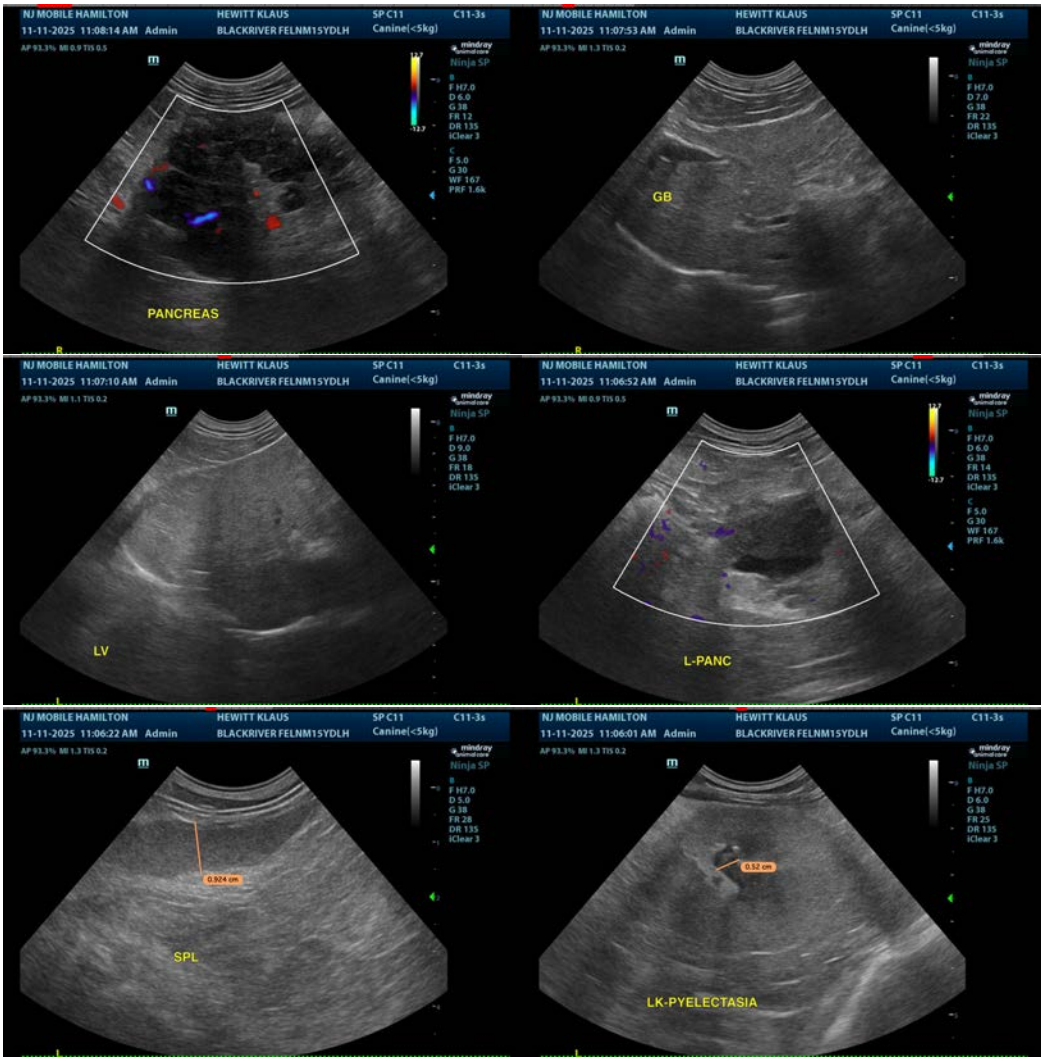
The pancreas is severely inflamed and hypoechoic with irregular, mottled, nodular/cystic parenchyma. Findings are suggestive of severe pancreatitis, although pancreatic neoplasia or similar cannot be ruled out. Recommend aggressive therapy for pancreatitis and possibly a fine needle aspirate of the pancreas for cytologic evaluation.

No focal lesions are visualized associated with the bladder. Hematuria is suspected to arise from cystitis and pyelonephritis, although continued monitoring is warranted.

The liver is somewhat hyperechoic. This could be consistent with a diabetic hepatopathy, mild hepatic lipidosis, or fatty infiltration in a large cat.

Consider continued monitoring of the pancreas with ultrasound, looking for the possible development of a pancreatic abscess or similar.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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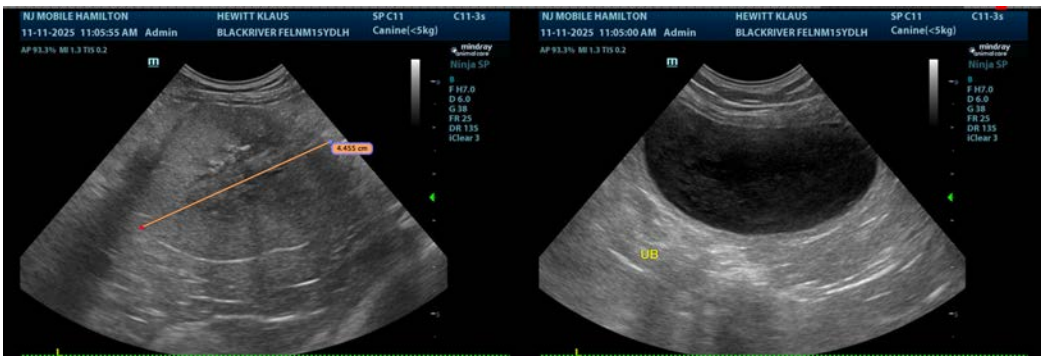

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com