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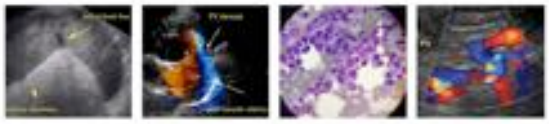

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8348

PATIENT

Janka Robert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

16 years

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Sheets

INVOICE

94496

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: Referring veterinarian: Lindsay Sjolin, DVM Patient's Name: Janka Owner's first and last name: Roger Sibley Species: Feline Gender(altered?) N Age: 16Y Weight in #: 13 Breed: Domestic Shorthair History: History of chronic renal disease. Currently on renal diet and receiving daily subcutaneous fluids. Physical exam findings: BARH, no abdominal pain or masses Abnormal CBC values: all WNL Abnormal Chemistry Values: IDEXX SDMA 20 (0 - 14 µg/dL), Creatinin 4.6 (0.9 - 2.3 mg/dL), Bun 74 (16 - 37 mg/dL) Abnormal UA Values: usg 1013. Trace protein. Borderline proteinuric on UPC Radiograph Findings(email radiographs if available): N/A Reason for Ultrasound: evaluate kidneys for cause of persistent azotemia: CKD vs pyelonephritis vs neoplasia vs other

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 (4.15 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.54 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Mild pyelectasia was noted and measured 0.25 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.43 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. No focal parenchymal abnormalities are visualized.

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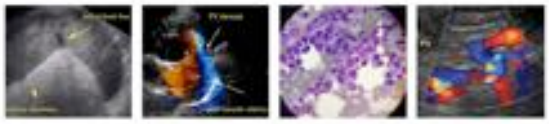

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Liver

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 gallbladder 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 an increased thickness of 0.6 cm (less than 0.36 cm is normal) 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. The jejunum measured 0.31 cm. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 prominent and mottled compared to the surrounding isoechoic 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 are prominent mesenteric lymph nodes and measured 0.23 cm, 0.2 cm and 0.21 cm. The omentum is generally hyperechoic in the region of the prominent lymph nodes.

Heart

No significant pericardial effusion.

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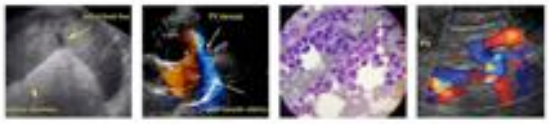

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Decreased corticomedullary distinction in both kidneys with mild pyelectasia of the right kidney. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Questionable gastric wall thickening. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other. These finding could be consistent with uremic gastritis.
- Prominent, muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

SECONDARY FINDINGS:

- Prominent, mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent, mesenteric lymph nodes. These lymph nodes are not overtly enlarged, but are prominent. The mesentery surrounding them is hyperechoic. This is most consistent with reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the kidneys are most consistent with chronic, progressive renal disease. They do not appear small and shrunken so there is a possibility that you are observing an acute on chronic crisis rather than slowly progressive disease. There is mild pyelectasia of the right kidney. This can be due to fluid therapy or infection. There was no evidence of obstruction visualized.

- Recommend urinalysis and culture.
- Recommend blood pressure evaluation.
- If well tolerated I recommend canned low-protein renal diet.

There are some mild abnormalities visualized in the small bowel, pancreas and mesentery. These findings are subjective and can be common in older cats, but they can also be seen with gastrointestinal disease. You can consider a GI panel to Texas A&M with a quantitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. If signs of GI upset exist then I recommend symptomatic therapy as this could be a primary problem or secondary to uremia.

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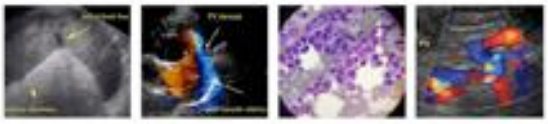

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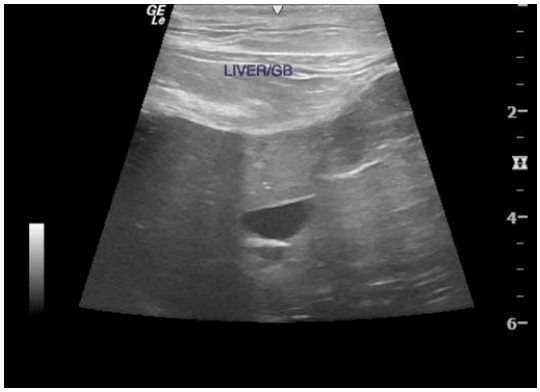

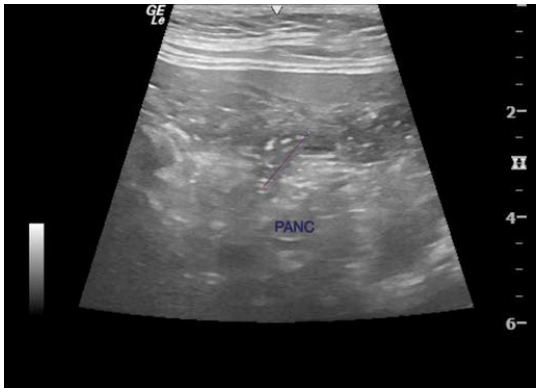

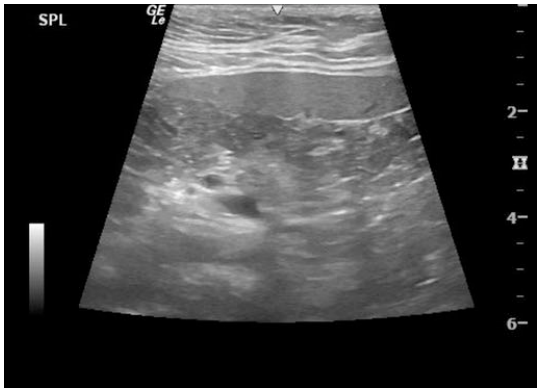

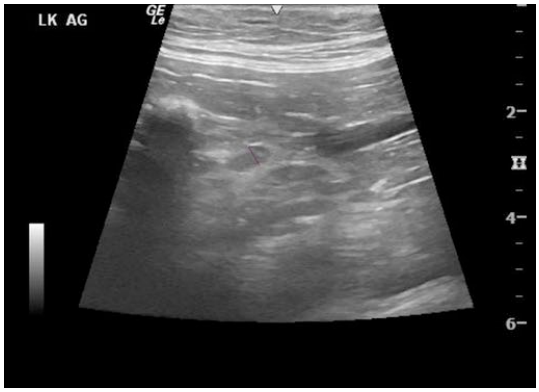

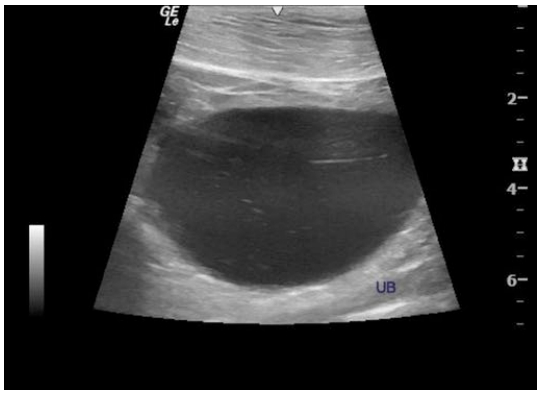

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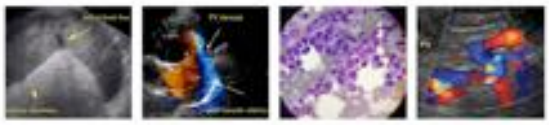

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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