



PATIENT

Chip Mahadeviah

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

15 Years

WEIGHT

9 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

43662

DATE

12/21/22

PRESENTING CLINICAL SIGNS

Tentative dx of IBD several years ago, treated only with B-12 injections. IRIS Stage 2 renal dz for years, but suddenly progressed to stage 3, and he is losing wt. Marked hematuria on urinalysis, culture pending. Rest of CBC / Chem / T4 unremarkable. Normotensive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys exhibit poor corticomedullary differentiation. Infarcts are seen within the renal cortex. Both kidneys have a medullary rim sign. The left kidney has mild to moderate dilation of the renal pelvis with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 3.1 mm. The right adrenal gland measures 2.6 mm.

Spleen

The spleen is of appropriate size (7.5 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with fluid and foreign material. The gastric wall is thickened at 45.1 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.0 mm for the duodenum and 4.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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Pancreas

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

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- Marked chronic renal changes with left kidney pyelectasia
- Diffuse infiltrative bowel changes
- Diffusely thickened gastric wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or low grade gastrointestinal lymphoma. Recommendations include:

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- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, or empiric cobalamin supplementation
- ❖ Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

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The presence of pyelectasia raises the concern for pyelonephritis, though mild renal pelvic dilation can also be seen with recent fluid therapy or as a chronic degenerative change. Recommendations include:

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- ❖ CBC, chemistry and urinalysis with culture
- ❖ Blood pressure measurement
- ❖ If pyelonephritis is suspected, then empiric antimicrobial therapy may be started while awaiting culture results. The International Society for Companion Animal Infectious Diseases (ISCAID) Working Group recommends fluoroquinolones or cefpodoxime as initial empiric treatment choices, with a total therapy duration of 10 - 14 days.
- ❖ Chronic cases of pyelonephritis may require longer courses of treatment than the recommended 10 -14 days. Historically, treatment for up to 4-6 weeks has been recommended, with follow up culture shortly after discontinuation of therapy.

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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com