

**PATIENT**

Boots Tait

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

7.6 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

East Credit VH

**REFERRING VET**

Webster

**INVOICE**

12741

**DATE**

4.10.23

**PRESENTING CLINICAL SIGNS**

History: hypoalbuminemia noted on routine BW, urinalysis showed marked proteinuria, neg C&S, UPCr markedly elevated, repeatable elevated protein on first morning samples meds: gabapentin, Zylkene

Abnormal PE/Chem/CBC/UA Results: (Please see attached labs).

**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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.3 cm in length. The right kidney is 3.8 cm in length.

**Adrenal Glands**

The left adrenal gland is diffusely enlarged and mineralized. Both adrenals have normal phrenic vasculature and are found in the normal location. The left adrenal gland measures 1.1 cm in height and 1.8 cm in length. The right adrenal gland measures 5.5 mm in height.

**Spleen**

The spleen is of appropriate size 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 at 6.2 mm.

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 2.9 cm x 4.8 cm inhomogeneous mass located on the left side of the liver. 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**

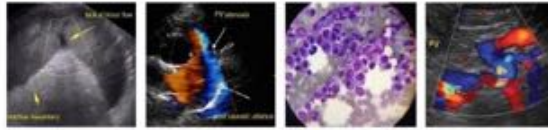
The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.7 mm for duodenum and 3.7 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. 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**

**Primary Findings**

- Diffuse intestinal thickening, consistent with infiltrative bowel disease
- Left-sided liver mass

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**Secondary Findings**

- Enlarged mineralized left adrenal gland

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no specific cause for the noted proteinuria on today's ultrasound, though there is evidence of intraabdominal disease, which may be unrelated. Addition recommendations would include checking a T4 level, as hyperthyroidism can be associated with both proteinuria and adrenal enlargement in cats. A blood pressure measurement (if not already performed) is also recommended. Empiric treatment with a renal diet, telmisartan, or an ACE inhibitor, and Omega 3 fatty acids supplementation would be recommended as empiric treatment for proteinuria.

The mass noted on the liver may be either a benign adenoma, or less likely, carcinoma. Fine-needle aspirate is recommended for a definitive diagnosis.

The changes in the small intestines, along with the elevated fPL level are suggestive of infiltrative bowel disease and possibly "triaditis." Intestinal biopsies would be a consideration for definitive diagnosis. Additional recommendations, particularly if clinical signs such as weight loss, vomiting or diarrhea are noted, would include:

- 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.

The changes to the adrenal gland are nonspecific, and may represent a benign adenoma, benign hyperplasia, or less likely, a neoplastic process. Serial monitoring via ultrasound would be a reasonable course of action, to see whether the changes progress, as adrenal neoplasia in cats, that is not associated with hyperaldosteronism or hyperadrenocorticism is very rare. Both of these endocrine diseases are ruled out by the lack of electrolyte and glucose changes on the lab-work.

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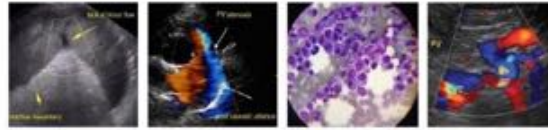
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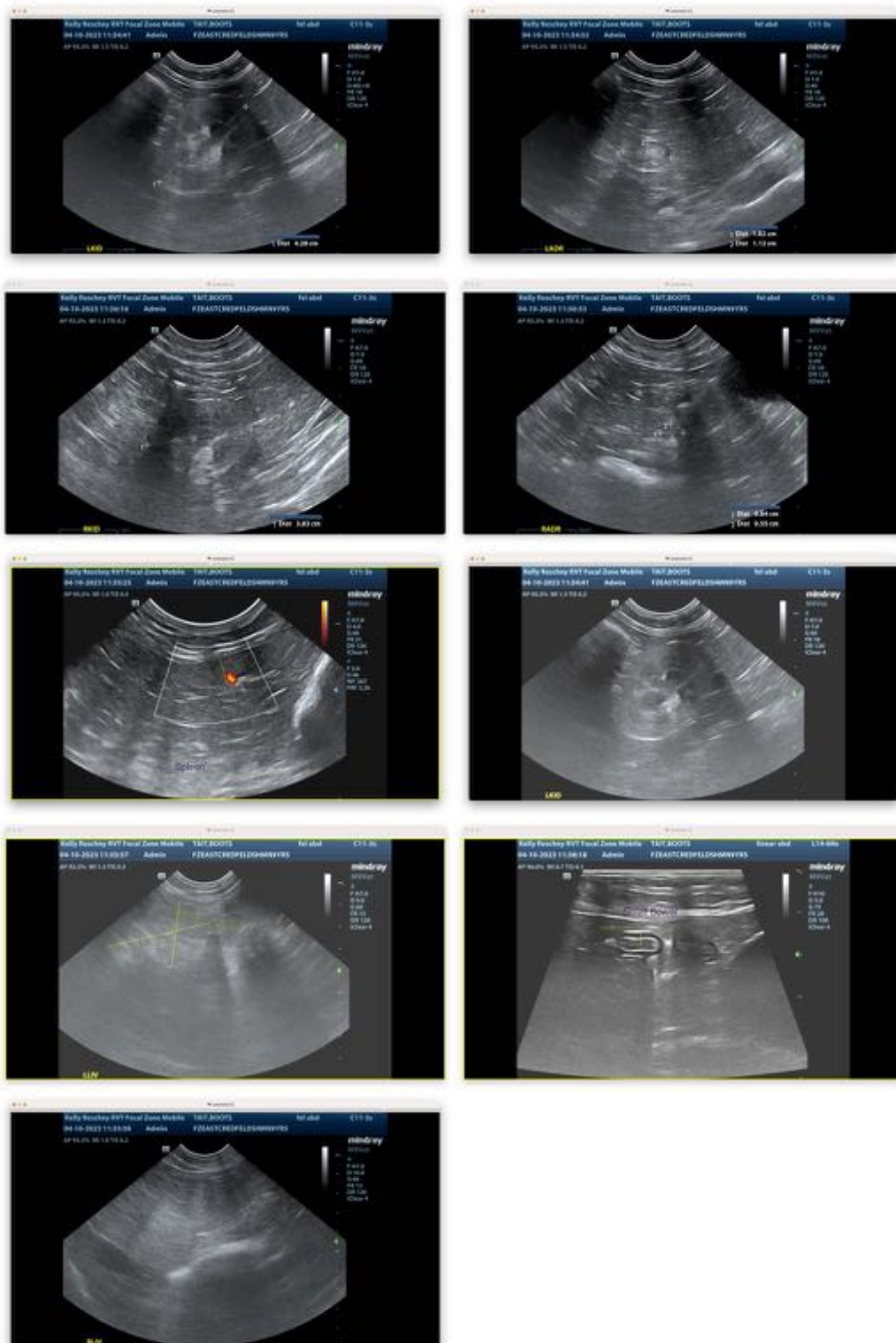
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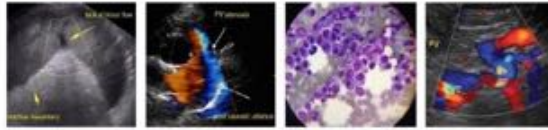
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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