

**DATE PRESENTING CLINICAL SIGNS**

1/7/2021

Feline / Domestic Shorthair / Female Spayed / 6-28-2009 / 14.14 Lbs.

PATIENT

History: Chronic cystitis, painful urination etc. comes and goes 3-4x per year. No urine in bladder during exam.

Moxie Bergeron

Current Medications: Royal Canin urinary SO moderate calorie dry.
Radiographs: 2020 rads were normal.**SPECIES**

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Feline

Sedation: IM sedation.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

Urinary System**SEX**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

Spayed Female

AGE

6/28/2009

The left kidney is normal size (3.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

14.14 Lbs

The right kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BYAndrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)**Adrenal Glands**

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAMEJacksonville Veterinary
Clinic

The right adrenal gland is upper limits of normal size for a cat (0.57 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Lynch

Spleen

The spleen is normal in size (0.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. A few ill-defined nodules are observed within the parenchyma. The pancreatic duct is visible, but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

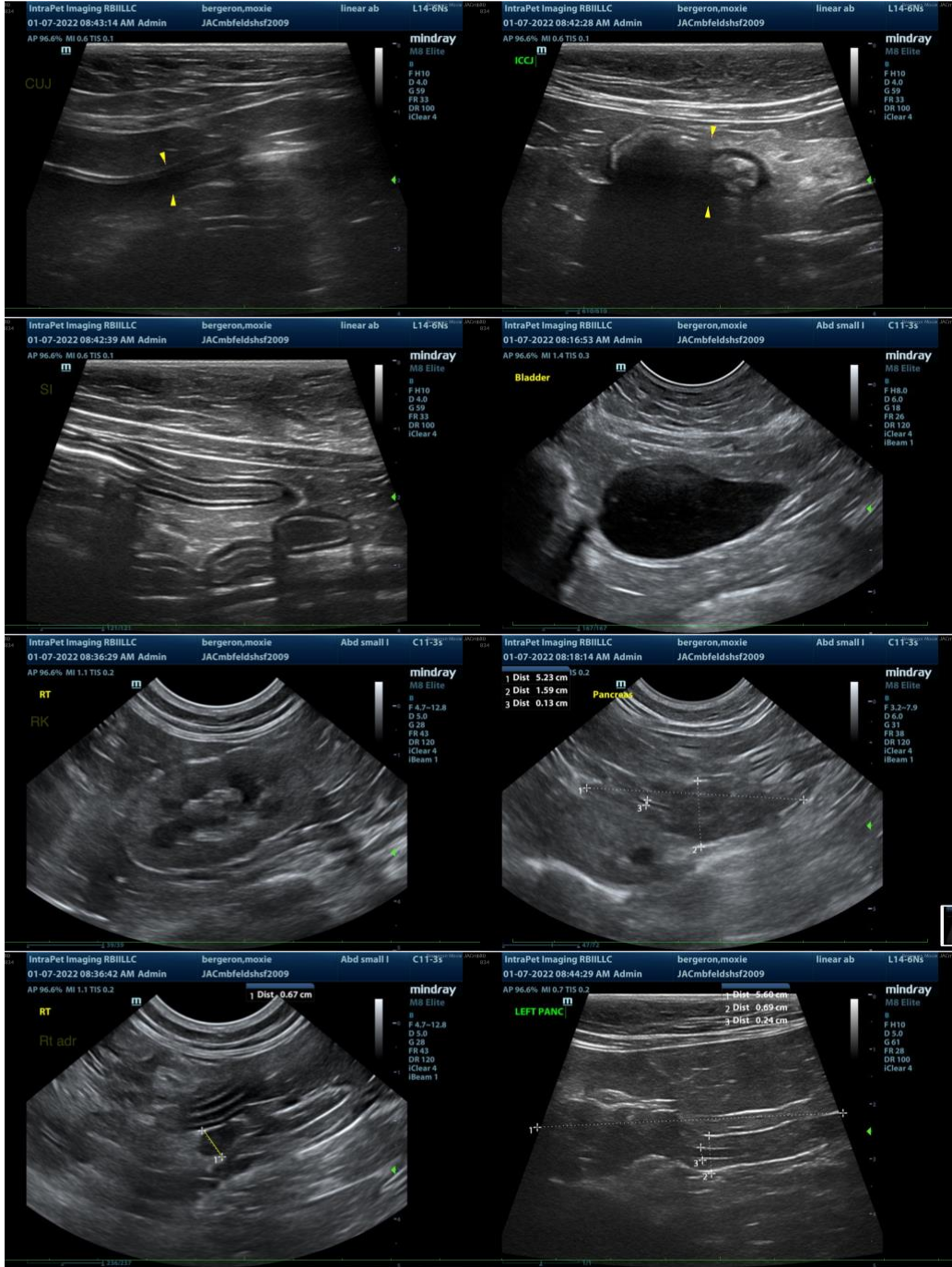
Primary Findings

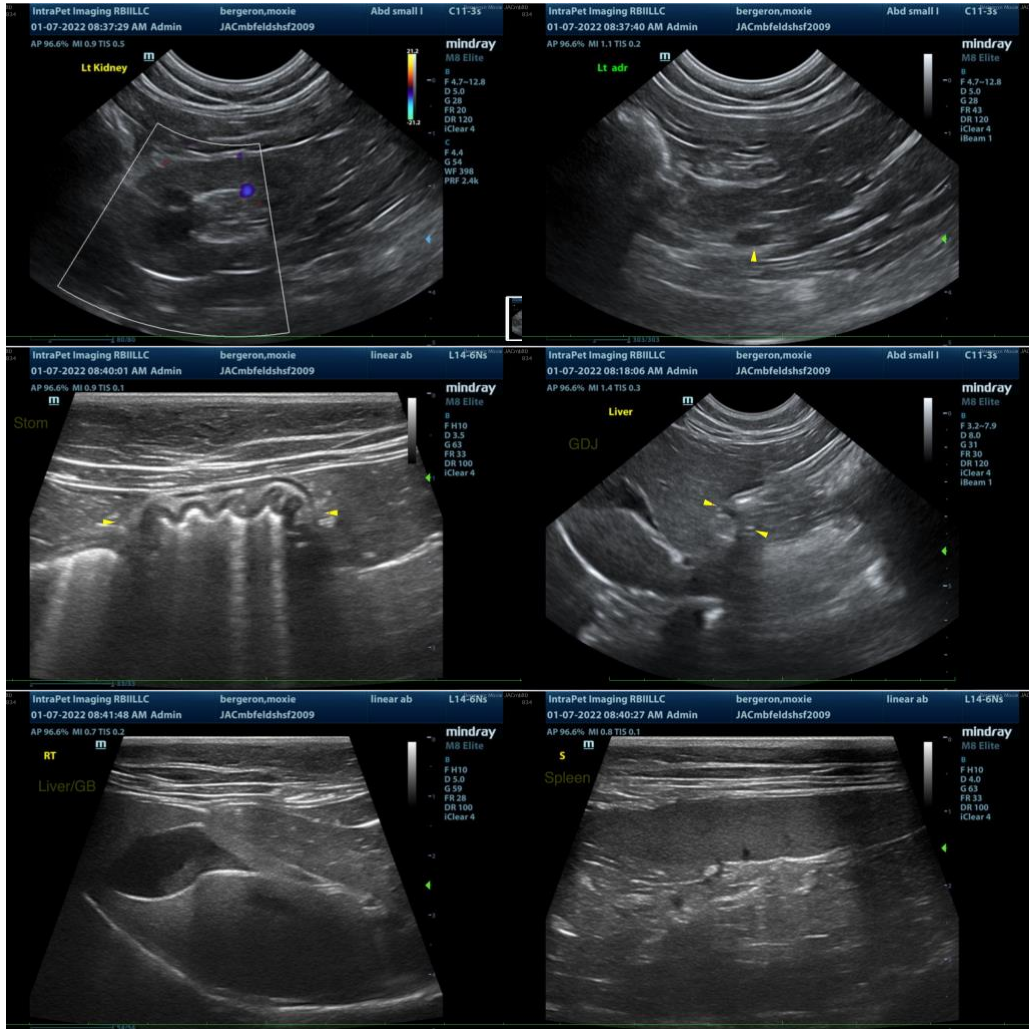
- The pancreatic changes are consistent with chronic active pancreatitis with possible benign nodular hyperplasia.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma
- Bilateral age-related renal changes

*An obvious cause for the patient's lower-urinary tract signs is not identified in this study. Differentials include urinary tract infection, idiopathic cystitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the pancreatic and bowel changes seen sonographically, consider a malabsorption panel, including serum cobalamin and folate TLI and PLI. If gastrointestinal signs are present, a more advanced GI workup may be warranted.
- Regarding the lower-urinary tract signs, a urine culture and sensitivity is recommended when the patient is symptomatic. If negative, support care for idiopathic cystitis is recommended.





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.

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