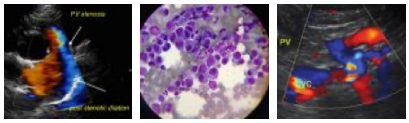
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

1/17/23

PATIENT

Ollie Bente

SPECIES

Feline

BREED

American Shorthair

SEX

Female, spayed

AGE

3/1/2013

WEIGHT

10.5 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Baer

INVOICE

14457

PRESENTING CLINICAL SIGNS

Recheck from ultrasound 10/20/22.

Current Medications: 10/27/22 Cobalequin daily, fortiflora daily.
Lab Results: 10/27/22 GI panel- Cobalamin, Folate TPLI, FPL WNL. Felv/FIV/HW neg x3, fecal negative.
Date of Previous IntraPet Ultrasound: 10/20/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few cystic calculi are visualized, the largest measuring 0.26 cm in diameter along with a small amount of gravity-dependent mineralized sand. The region of the trigone and the visible portion of the proximal urethra re normal.

The left kidney is borderline enlarged (4.55 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.18 cm in the longitudinal plane). The proximal ureter is dilated (up to 0.37 cm) for a several cm after which it is no longer visible. There is a questionable 0.10 cm ureterolith within the lumen. However, the ureter is visible beyond this structure. There is no evidence of infarcts. Several nephroliths are visualized. The mesentery surrounding the kidney and proximal ureter is hyperechoic. Trace retroperitoneal fluid is also seen.

The right kidney is normal in size (4.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.26 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.77 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.

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 gallbladder 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace retroperitoneal fluid is observed on the left side. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Left hydronephrosis/hydroureter, which may be secondary to a small ureteral stone, stricture, tumor (less likely), other. A small left ureterolith is suspected but isn't likely to be causing the hydroureter distally.
- Retroperitonitis is present. Bilateral chronic age-related renal changes with nephrocalcinosis, which is more severe on the left side.
- Tiny cystic calculi and urinary bladder sand.
- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the left renal/ureteral changes, a urine culture and sensitivity is recommended along with IV fluid diuresis, symptomatic care (if needed) and broad spectrum antibiotics (while awaiting sensitivity results).
- Serial sonographic monitoring of the left kidney and ureter are recommended to assess for worsening hydronephrosis/hydroureter. If this occurs, surgical intervention (i.e., subcutaneous ureteral bypass or stenting) may be warranted.
- Once the patient has stabilized, a cystotomy with stone removal, analysis and culture should be considered to help identify the stones and possibly take measures to reduce the risk of future stone formation.


IntraPet Imaging SPIILLC
BENTE,OLLIE
Abd small I
01-17-2023 09:01:53 AM
PHAHobfelashfs2013abd
mindray
LT Pancreas
Dist 0.67 cm


IntraPet Imaging SPIILLC
BENTE,OLLIE
Abd small I
01-17-2023 09:02:16 AM
PHAHobfelashfs2013abd
mindray
LT Adrenal
Dist 0.26 cm


IntraPet Imaging SPIILLC
BENTE,OLLIE
Abd small I
01-17-2023 09:05:35 AM
PHAHobfelashfs2013abd
mindray
LT Sag
Lt ureter


IntraPet Imaging SPIILLC
BENTE,OLLIE
Abd small I
01-17-2023 09:08:53 AM
PHAHobfelashfs2013abd
mindray
RT SAG Adrenal
Dist 0.30 cm


IntraPet Imaging SPIILLC
BENTE,OLLIE
linear ab
L14-6NS
01-17-2023 09:11:05 AM
PHAHobfelashfs2013abd
mindray
Dist 0.24 cm
SI


IntraPet Imaging SPIILLC
BENTE,OLLIE
linear ab
L14-6NS
01-17-2023 09:11:55 AM
PHAHobfelashfs2013abd
mindray
LT
LK


IntraPet Imaging SPIILLC
BENTE,OLLIE
Abd small I
01-17-2023 09:08:17 AM
PHAHobfelashfs2013abd
mindray
RT
Dist 4.55 cm
RK


PHAHobfelashfs2013abd
Liver SAG

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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