

**DATE**

1/17/23

PRESENTING CLINICAL SIGNS

Urinary incontinence- improved on Proin. Recurrent UTIs, PU/PD. Hx of CKD IRIS stage 2.

PATIENTToffee Abuelita Panela
Barrett

Current Medications: Proin 6.25mg SID ~1.5 mo duration

Lab Results: 12/1/22: CBC: WBCs 20 (mature neutrophilia 14.2k). Chem: Cre 2.7, BUN 85, SDMA 26.1. UA: usg 1.015, pH 6.0, RBCs 2+. U. culture: E. coli susceptible to all but Cefalosporins

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Feline

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic longhair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. A small to moderate amount of gravity-dependent echogenic debris is observed within the lumen. The wall is mildly thickened (up to 0.24 cm) with a slightly irregular mucosal surface. A 0.26 cm linear focus of mineralization is observed in the dorsal wall, in the region of the cystourethral junction. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (3.43 cm in length) with an irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is present at the lateral aspect. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of hydronephrosis. Renal vasculature is normal.

AGE

12/23/2008

The right kidney is normal in size (3.69 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Moderate to severe pyelectasia was present (0.64 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

11 lbs.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)**Adrenal Glands**

The left adrenal gland is normal in size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is normal in size (0.83 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.

REFERRING VET

Dr. Montessi

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. There was a subtle increase in portal markings. Vascular is of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is normal in thickness. A scant amount of mineralized sand is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

14462

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 diffusely

thickened (up to 0.33 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 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

There is no evidence of free fluid. A few prominent mesenteric root lymph nodes are visualized, the largest measuring 3.54 cm in length.

Other

The uterine stump is visible and prominent in size (0.68 cm in width). The lumen is moderately fluid filled (up to 0.50 cm in diameter). The fluid is anechoic. A hyperechoic linear structure is observed that is thought to represent suture material.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral degenerative renal changes with dystrophic mineralization, pyelectasia and a left cortical infarct.
- Urinary bladder wall changes are most consistent with cystitis. A focus of mineralization is observed in the caudodorsal wall.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

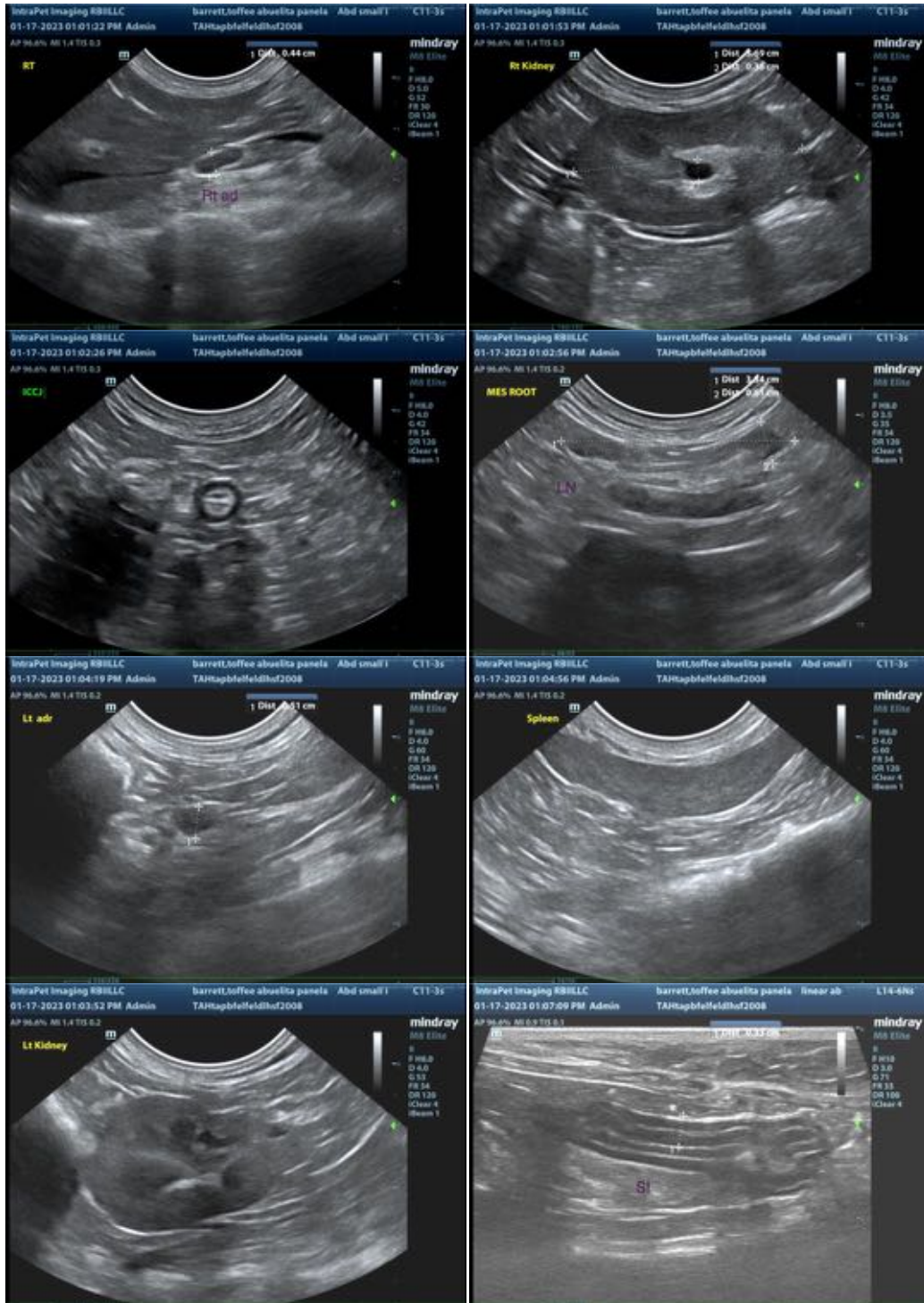
Secondary Findings:

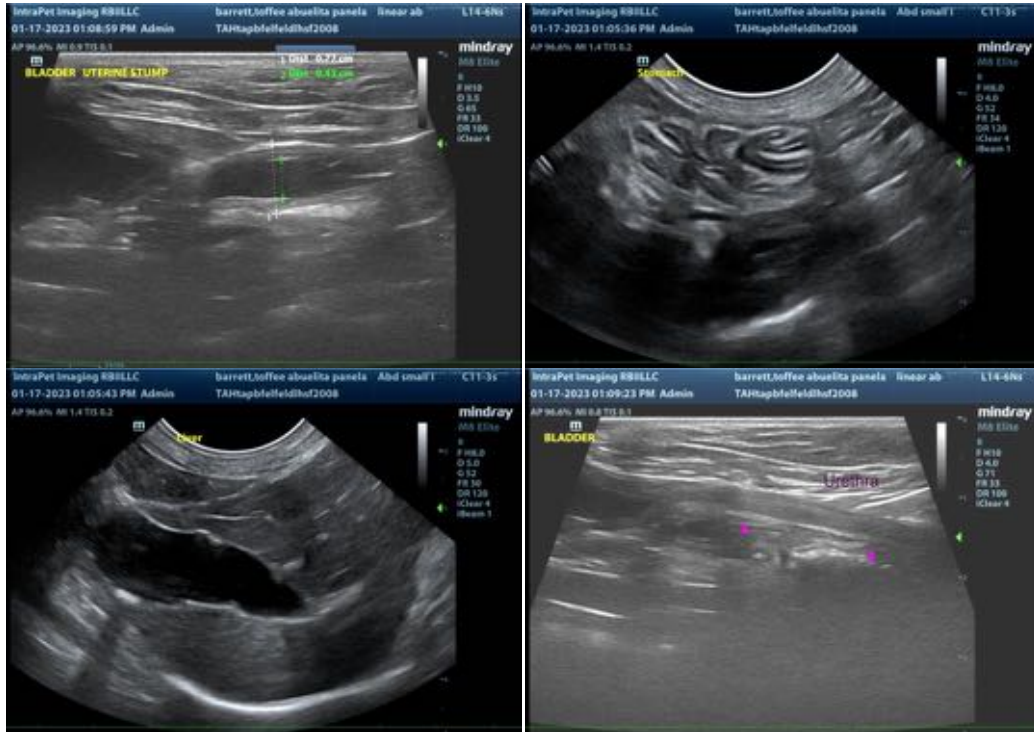
- Mild age-related hepatic parenchymal changes. The increase in hepatic portal markings may be a normal variant for this patient or may represent mild inflammatory disease. Correlation with the patient's liver values and clinical history is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The significance of the uterine stump changes is unclear. They may represent an emerging stump pyometra, suture reaction, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for pyelonephritis is recommended, including fluid therapy as needed and broad-spectrum antibiotics. Also consider a baseline blood pressure measurement. If the patient is eating, consider transitioning to a prescription renal diet.
- Regarding the uterine stump changes, consider a vaginal cytology to assess for possible pyometra.

- If the patient is exhibiting gastrointestinal signs, further GI workup (i.e., fecal evaluation, GI panel +/- GI biopsies) may be warranted.





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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