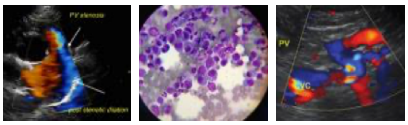
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/22/22

PATIENT

Charlotte Serpe

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

8/1/2007

WEIGHT

12.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry hall AH

REFERRING VET

Dr Baer

INVOICE

14262

PRESENTING CLINICAL SIGNS

Progressing azotemia and 1/2 lb weight loss since 08/22

Current Medications: 04/22- current Amlodipine 25mg/mL 0.25mL SID, SQF LRS 150mL q3-4d
Lab Results: Doppler BP: #3 tail 148, 152, 152 mmHg. Idexx Renal Profile- CBC: RBC (L) 6.7 (7.12-11.46). Renal Chemistries 8/19/22 : Creat (H) 3.7 2.9, BUN (H) 50 39, SDMA 14 13. UA : USG: 1.013, pH: 6.5
Radiographs: Similar mild bronchial pulmonary pattern; differential diagnoses include chronic allergic/inflammatory airway disease, less likely infectious etiologies. This finding may be incidental to the clinical presentation. 2. Chronic renal degeneration with right nephrolithiasis. Possible retroperitoneal effusion. Evaluation is limited.
Date of Previous IntraPet Ultrasound: 5/24/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A moderate amount of aggregated echogenic suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.81 cm in length) with a severely irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. There is loss of normal renal architecture. Several cortical infarcts are present. Hyperechoic shadowing diverticular foci are seen. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal. The mesentery effacing the serosal surface of the kidney is mildly hyperechoic.

The right kidney is borderline small in size (3.12 cm in length) with an irregular shape. The cortex is variably thickened and heterogeneous and there is poor corticomedullary distinction. Several cortical infarcts are present. A few mineralized foci are present. Trace pyelectasia is seen. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal in size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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 gall bladder lumen is moderately distended. The wall is normal in thickness. A small amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are visible/tortuous. The common bile duct is mildly dilated (0.41 cm in diameter). There is no obvious evidence of an intraluminal obstruction.

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 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 obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.80 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

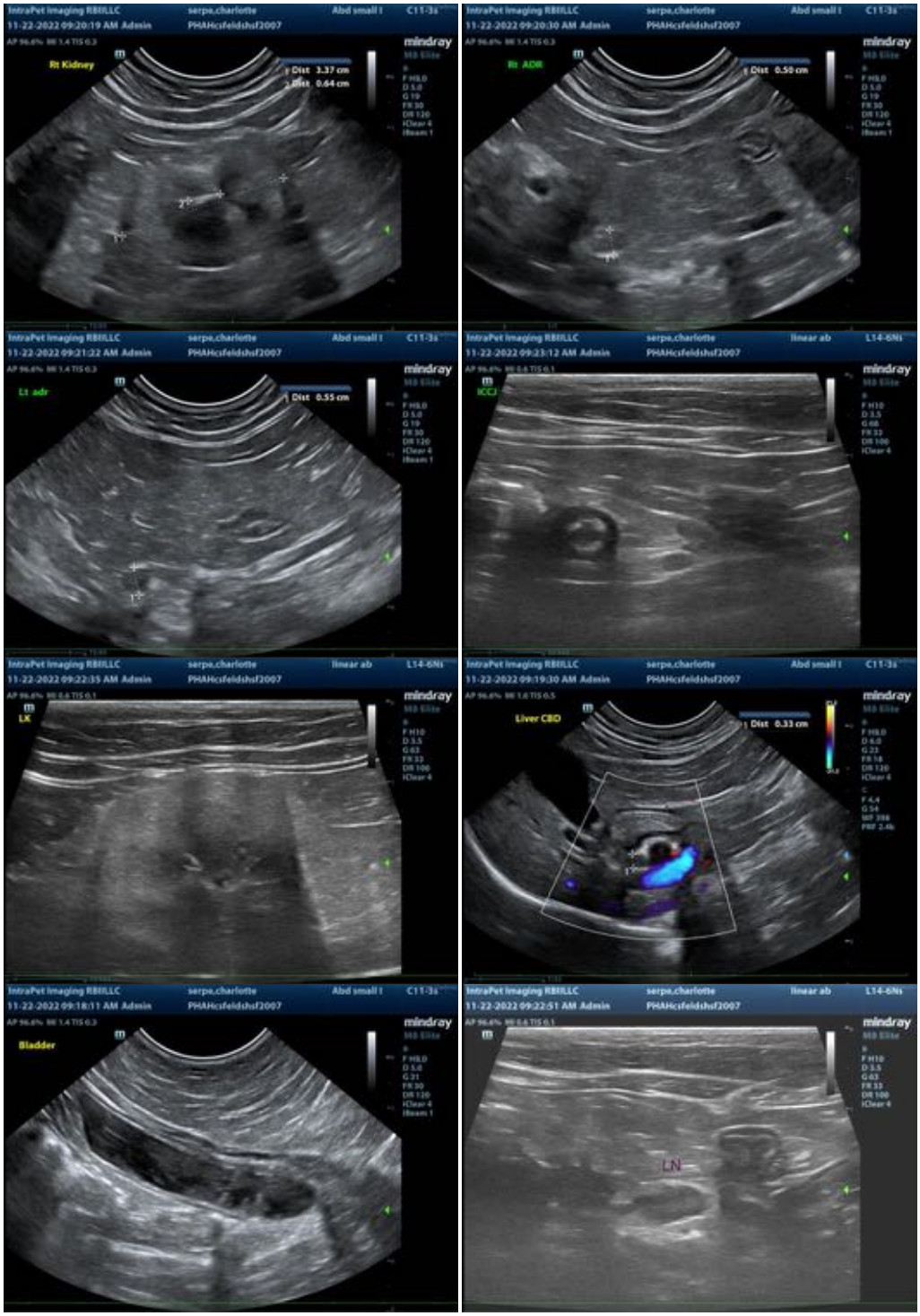
- Bilateral, degenerative renal changes with cortical infarcts and non-obstructive nephrocalcinosis. Mild retroperitonitis is present adjacent to the left kidney. Renal changes appear to have progressed sonographically since the previous study.
- Urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

Secondary Findings:

- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's 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 mildly dilated cystic and common bile ducts may be secondary to cholangitis, previous choledocholith, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a urine culture and sensitivity to assess for pyelonephritis.
- Continued symptomatic care is recommended along with serial monitoring of the patient's blood pressure and renal values.


IntraPet Imaging RBIILLC
serpe,charlotte
Abd small I
C11-3s
11-22-2022 09:20:19 AM Admin
PHAHcsfeldshsf2007
mindray
Rt Kidney
Dist 3.37 cm
Dist 0.64 cm
IntraPet Imaging RBIILLC
serpe,charlotte
Abd small I
C11-3s
11-22-2022 09:20:30 AM Admin
PHAHcsfeldshsf2007
mindray
Rt ADR
Dist 0.50 cm
IntraPet Imaging RBIILLC
serpe,charlotte
Abd small I
C11-3s
11-22-2022 09:21:22 AM Admin
PHAHcsfeldshsf2007
mindray
Lt adr
Dist 0.55 cm
IntraPet Imaging RBIILLC
serpe,charlotte
linear ab
L14-6Ns
11-22-2022 09:23:12 AM Admin
PHAHcsfeldshsf2007
mindray
ICCJ
IntraPet Imaging RBIILLC
serpe,charlotte
linear ab
L14-6Ns
11-22-2022 09:22:35 AM Admin
PHAHcsfeldshsf2007
mindray
LK
IntraPet Imaging RBIILLC
serpe,charlotte
Abd small I
C11-3s
11-22-2022 09:19:30 AM Admin
PHAHcsfeldshsf2007
mindray
Liver CBD
Dist 0.33 cm
IntraPet Imaging RBIILLC
serpe,charlotte
Abd small I
C11-3s
11-22-2022 09:18:11 AM Admin
PHAHcsfeldshsf2007
mindray
Bladder
IntraPet Imaging RBIILLC
serpe,charlotte
linear ab
L14-6Ns
11-22-2022 09:22:51 AM Admin
PHAHcsfeldshsf2007
mindray
LN

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)
info@SonoPath.com