

**DATE PRESENTING CLINICAL SIGNS**

11.30.22

Started prednisolone due to mass; clinically doing great--gained 1 lb since diagnosis. Out of remission for DM due to pred. DM managed with at home curves. Inappropriate urination with groaning; culture negative, empirically treated with Veraflox and Simplicef. Have not rechecked BW (will do at time of ultrasound) since starting prednisone.

PATIENT

Pearl Russell

SPECIES

Feline

Current Medications: Pred:2.5 mg BID, Lantus 2 units BID. Was gradually increased. Simplicef 50 mg SID, week 3, Azithromycin: 50 mg q 3 days, asthma/pneumonia, Cyproheptadine 2 mg BID : will get facial swelling/allergy attacks, Cerenia: 6 mg q 24 hr. For nausea. Flovent: 250 mcg/puff, q 12 hr, Gabapentin 100 mg BID. Off Buprenex, Adequan not as much, Vitamin B12 q 1 month, 75 mL SQF EOD, tendency towards constipation.

BREED

Siamese

Lab Results: 10/29 culture Low colony count negative.
 Date of Previous IntraPet Ultrasound: 8/31/22. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

9/5/2005

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

WEIGHT

12.4 lbs

The left kidney is normal size (3.37 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The right kidney is normal size (3.77 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. A cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Paradise Animal Hospital

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.

REFERRING VET

Dr. Riehl

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

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.

INVOICE

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Intrahepatic biliary stones are present. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended, echogenic debris is observed within the lumen. 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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The previously observed jejunal wall thickening is not visible at this time. The bowel appears normal on today's study.

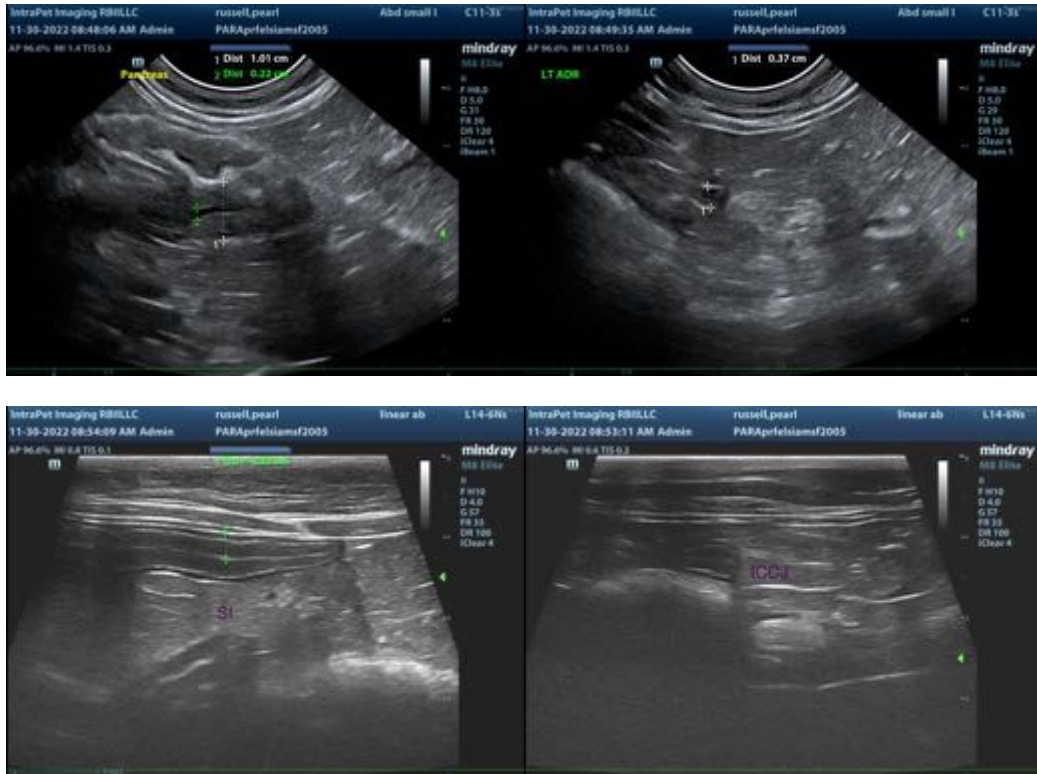
Secondary Findings

- Bilateral degenerative renal changes with nonobstructive nephrocalcinosis and cortical infarcts. Changes are similar to the previous sonogram.
- Intrahepatic biliary stones – incidental. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider rechecking and an abdominal ultrasound in 3 months or sooner if clinical signs recur.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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