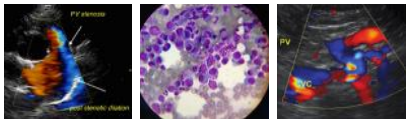
IMAGING PERFORMED BY

IntraPet.com



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DATE

12/10/21

PATIENT

Stella Lee Montes De Oca

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/25/17

WEIGHT

7.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

12895

PRESENTING CLINICAL SIGNS

History: Lethargy and inappetence starting 12/4, Chrysanthemum exposure noted by O on 12/3. ADR, no vomiting, or diarrhea. Poison control notified; amount/frequency of Chrysanthemum exposure not significant. P treated symptomatically for pain and dehydration, no improvement. Mild hyperglobulinemia.
Current Medications: Buprenorphine, SQ fluids LRS, Convenia.
Lab Results: Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. 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.

The left kidney is enlarged (4.78 cm in length); with a normal shape smooth peripheral contours. The cortex is hypoechoic and there is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Surrounding mesentery is hyperechoic. A small amount of retroperitoneal fluid is visualized adjacent to the caudal pole.

The right kidney is enlarged (5.14 cm in length); with a normal shape smooth peripheral contours. The cortex is hypoechoic and there is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present (0.15 cm) in the transverse plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Surrounding mesentery is hyperechoic.

Adrenal Glands

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

The right adrenal gland is normal size (0.57 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.80 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 thin and smooth. Luminal contents are anechoic. 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 colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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

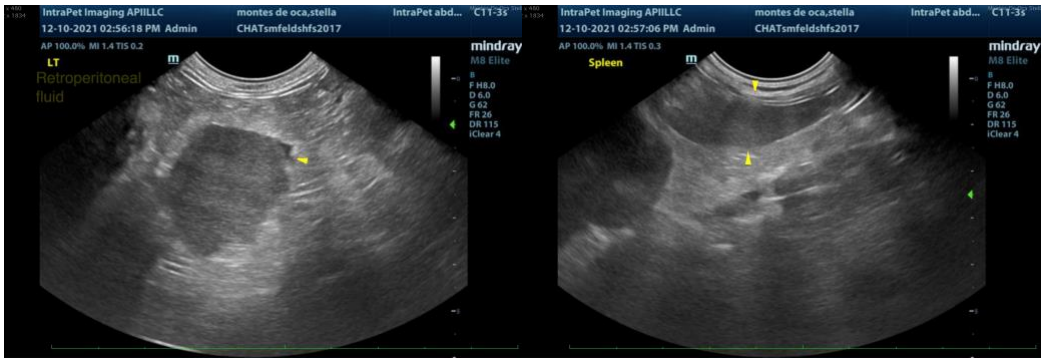
- The bilateral renal changes could be consistent with inflammatory/infectious disease (i.e., pyelonephritis, FIP) or infiltrative neoplasia (i.e., lymphoma). Retroperitonitis is present, likely secondary to renal pathology.

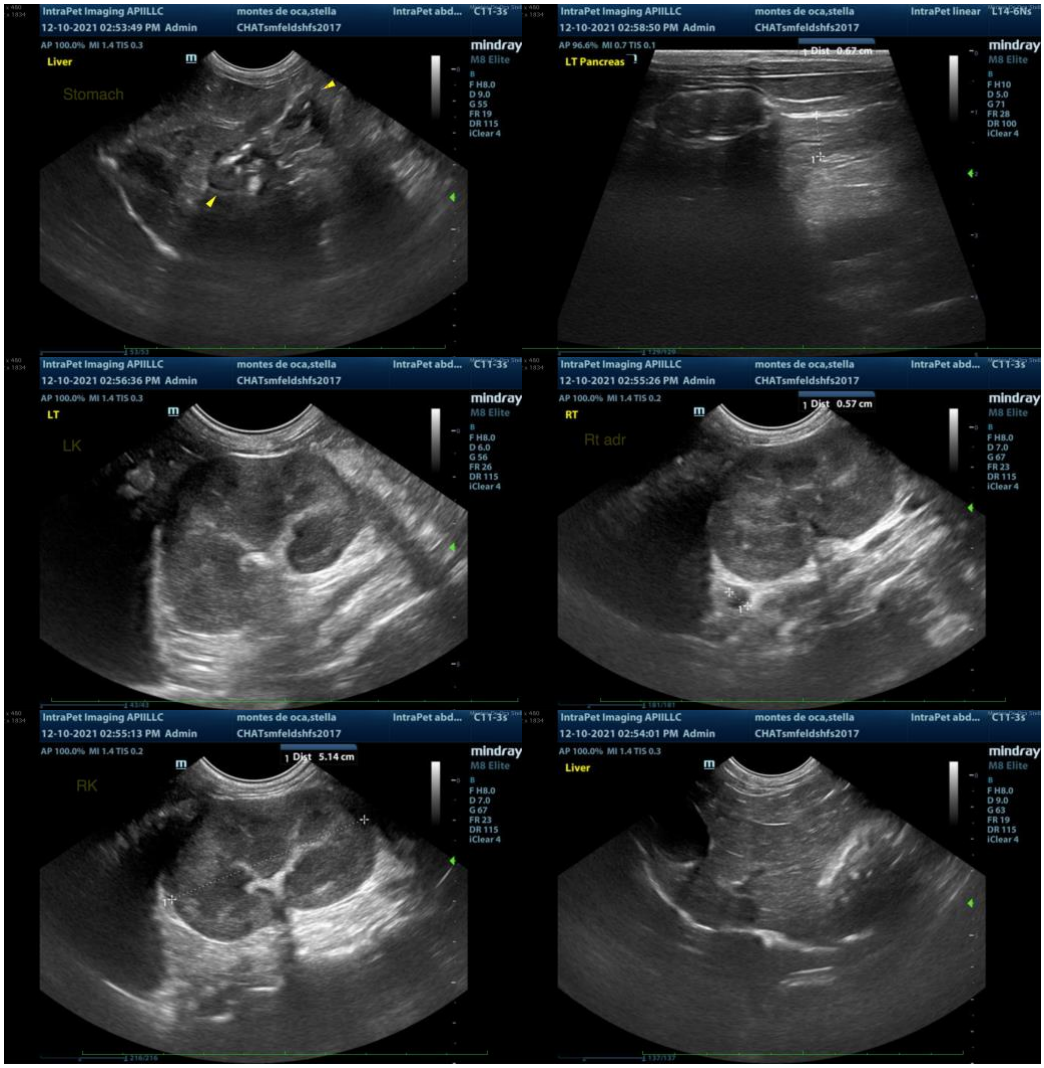
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

- A urine culture and sensitivity is recommended. Also consider a renal aspirate if clotting status and blood pressure are normal. A 25-gauge needle should be used. While awaiting test results, empirical treatment for pyelonephritis (i.e., fluoroquinolone) is recommended along with pain medication, IV fluids and supportive care.

- Close monitoring of the patients' renal values is strongly 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.

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