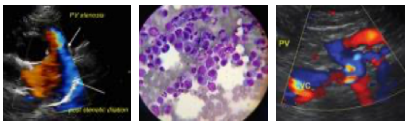
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/28/23

PATIENT

Abuelita Panela

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

12/26/2008

WEIGHT

11 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Montessi

INVOICE

14664

PRESENTING CLINICAL SIGNS

Urinary incontinence- improved on Proin. Recurrent UTIs, PU/PD. Hx of CKD IRIS stage 2. AUS on 1/17/23 suggest possible pyelonephritis (bilat. degen. renal changes, pyelectasia), stump pyometra (potential) vs remnant cystic region from recent spay, IBD vs less likely emerging lymphoma, urinary debris, cystitis and mineralization w/in bladder wall. PLAN enacted off these results: 1) Prednisolone 5mg 1/2T SID (.5mg/kg) likely long-term if well-tolerated. 2) Ciprofloxacin 250mg 1/2T SID x 30 days (O requests pills over liquid) #15. 3) Urinary diet of RC SO or Hills SD c/d to dissolve bladder debris. 4) Recheck AUS in 4-6 weeks. 5) +/- SQF 2-3x/week if able (O to try)

Current Medications: 1) Prednisolone 5mg 1/2T SID (.5mg/kg) likely long-term if well-tolerated. 2) Ciprofloxacin 250mg 1/2T SID x 30 days (O requests pills over liquid) #15.
Lab Results: None since previous.
Date of Previous IntraPet Ultrasound: 1/17/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 moderately distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.39 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. A cortical infarct is suspected at the caudolateral aspect. There is no evidence of hydroureter.

The right kidney is normal size (3.38 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. A cortical infarct is suspected at the caudolateral aspect.

Adrenal Glands

The left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.69 cm hyperechoic to heterogeneous nodule is observed approximately mid-spleen. Splenic vasculature is normal.

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. No focal lesions are observed. Hepatic vasculature and 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 scant amount of echogenic material is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. In a few small intestinal segments, a small amount of soft-shadowing material is observed. In the remaining segments, the lumen is empty. 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 obvious obstructive disease is noted.

Pancreas

The left limb of the pancreas is normal in size 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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.88 cm in length.

Other

The uterine stump is visible (0.50 cm in width). The lumen is mildly fluid distended. The wall appears subjectively normal in thickness.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The uterine stump changes have slightly improved compared to the previous sonogram. Pyometra cannot be excluded but is considered less likely given the sonographic improvement.
- The splenic nodule could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, myelolipoma or similar). Alternatively, an emerging tumor is possible.

Secondary Findings:

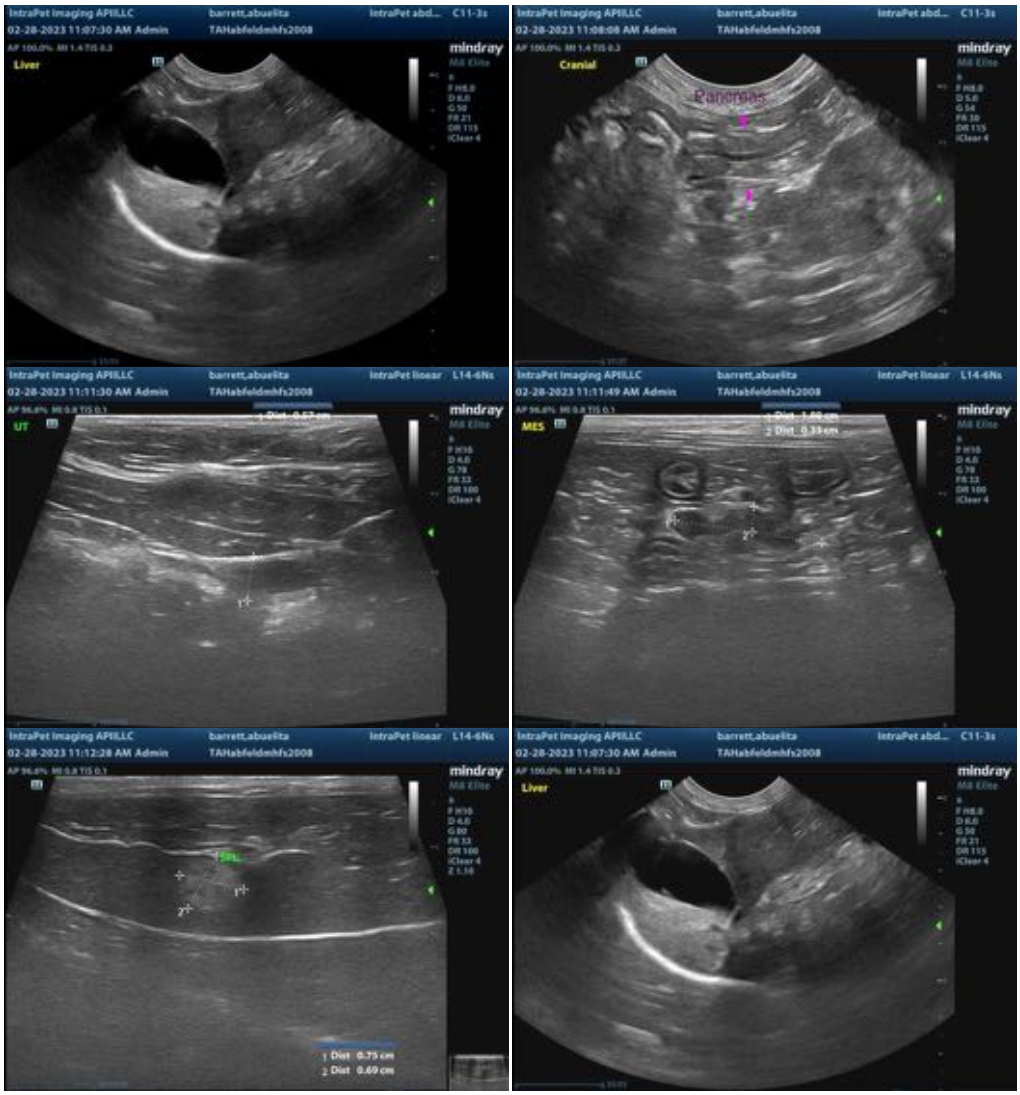
- Bilateral chronic renal changes with dystrophic mineralization, trace pyelectasia and a left cortical infarct.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Mild age-related pancreatic remodeling.
- The soft-shadowing material within the small intestinal lumen likely represents transient foreign material (i.e., hair). It appears non-obstructive at this time.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

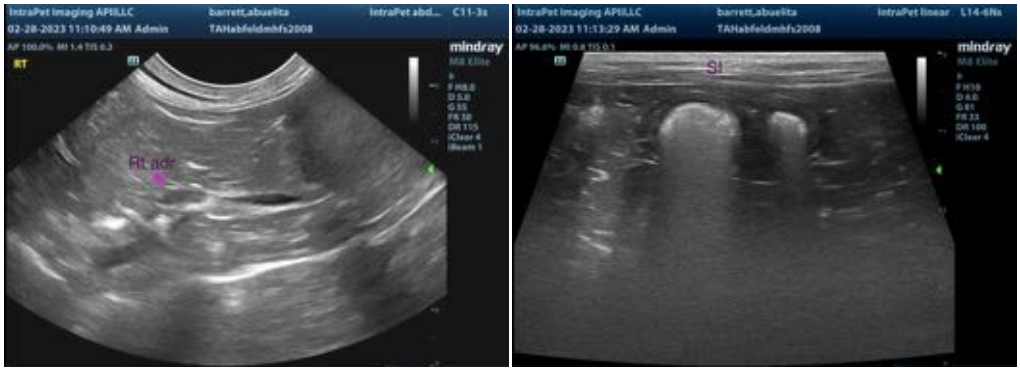
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the splenic nodule, if clotting status is appropriate. A 25-gauge needle should be used.

- Regarding the uterine stump, consider vaginal cytology to assess for potential stump pyometra, if not already performed. However, the changes appear improved compared to the previous sonogram so stump pyometra is considered less likely.

- Further diagnostics and treatments should be based on the patient's clinical status.





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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