

**DATE PRESENTING CLINICAL SIGNS**

4/29/2022

History: Increased respiratory rate.

PATIENT

Skittles Simms

Current Medications: None. CBC/Chem/T4 Unremarkable.

Lab Results: See attached.

Radiographs: Attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

10/12/2011

The left kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

3.13 lbs

The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro,
DMV, Diplomate
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Animal
Internal Medicine)

Adrenal Glands

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

Spleen

The spleen is normal in width (0.95 cm in width at the level of the hilus) with an elongated contour. The parenchyma is of appropriate echogenicity and echotexture and is diffusely homogenous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Chadwell Animal
Hospital

Liver

A lobe or a portion of a lobe is suspected to be within the thorax. The liver is otherwise normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Gold

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.

INVOICE

10822

Gastrointestinal

The gastric lumen is not distended. A portion of the stomach, as well as a few small intestinal loops and the ileoceocolic junction appear to be within the thorax. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Two to three mesentery lymph nodes are suspected within the thoracic cavity, the largest measuring 0.87 cm.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass. There is no obvious evidence of pericardial or pleural effusion. The diaphragm appears disrupted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

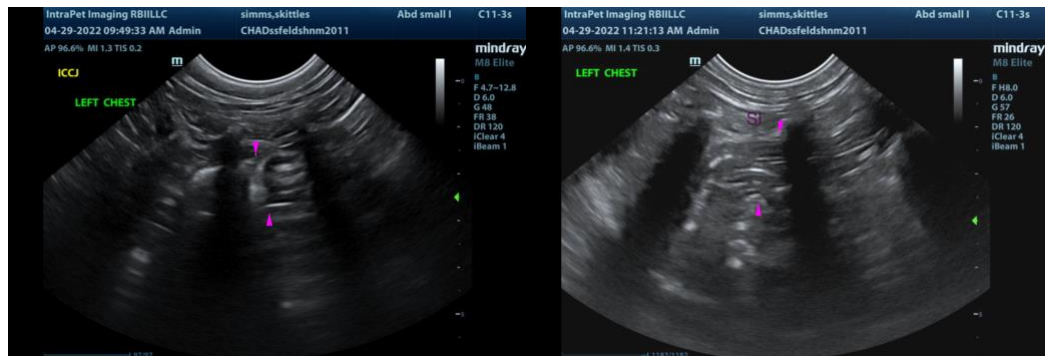
- Diaphragmatic hernia. Rule out traumatic vs. pericardial-peritoneal (less likely) vs. other. A few loops of small intestine, +/- a portion of the stomach, +/- a portion of the liver, +/- a few mesenteric lymph nodes appear to be within the thoracic cavity. Based on the radiographs, a portion of the colon may also be present within the thoracic cavity, although this is difficult to appreciate sonographically.

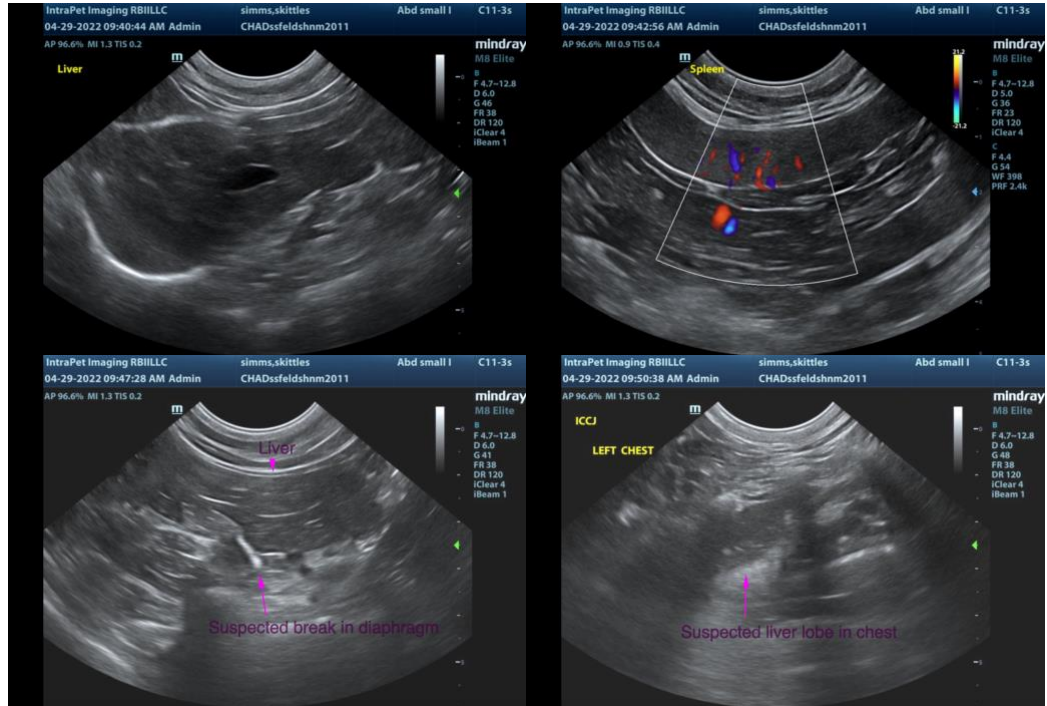
Secondary Findings

- Bilateral chronic renal changes.
- The elongated/prominent spleen may be a normal variant for this patient or may be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or less likely, infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consultation with a board-certified surgeon is recommended to discuss hernia repair.





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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