

**DATE PRESENTING CLINICAL SIGNS**

8/18/21

History: Poor appetite for 48 hours prior to initial presentation, hiding, lethargic. Not eating well for 5 days. Evidence of osteitis and super-eruption of right maxillary canine tooth.

Pet had repeated mild discomfort on palpation around right kidney.

**PATIENT**

Ella Benedek

Current Medications: Mirtazapine 2 mg SID transdermal - 5 days Clavamox 75 mg BID - 4 days, Gabapentin 50 mg BID - 4 days.

Planning to start Orbioxacin 40 mg SID once owner can obtain the medication.

**SPECIES**

Feline

Lab Results: Leukocytosis - 40.6 K, Neutrophilia - 37.0 K, mild toxic changes noted Mild eosinophilia - 1600 UA - NSF. UCS - pending.

Radiographs: thoracic rads: NSF.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not needed.

**BREED**

Stat Report: Not requested.

Domestic shorthair

**SEX**

Female, spayed

**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 moderately distended. A small to moderate amount of aggregated echogenic suspended debris is observed within the lumen. 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**

8/12/2009

The left kidney is normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. The mesentery at the caudal pole is hyperechoic and extends to the level of the urinary bladder.

**WEIGHT**

11.5 lbs.

**INTERPRETED BY**

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

The right kidney is normal size (4.07 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with slight loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. The mesentery at the caudal pole is hyperechoic and extends to the level of the urinary bladder.

**HOSPITAL NAME**

Stevenson Village  
Veterinary Hospital

**Adrenal Glands**

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**REFERRING VET**

Dr. Vinson

**Spleen**

The spleen is normal in size (0.94 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**

11907

**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/not seen.

### ***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 some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the proximal colon is fluid distended. Within the lumen of the distal descending colon hard shadowing fecal material is visualized. 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***

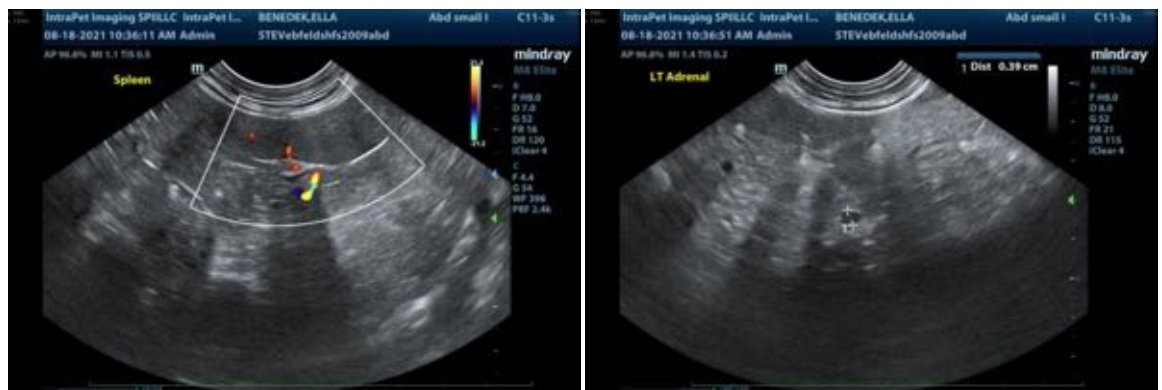
There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

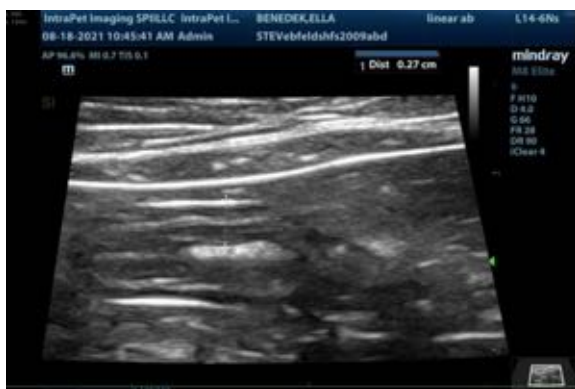
## **ULTRASONOGRAPHIC FINDINGS**

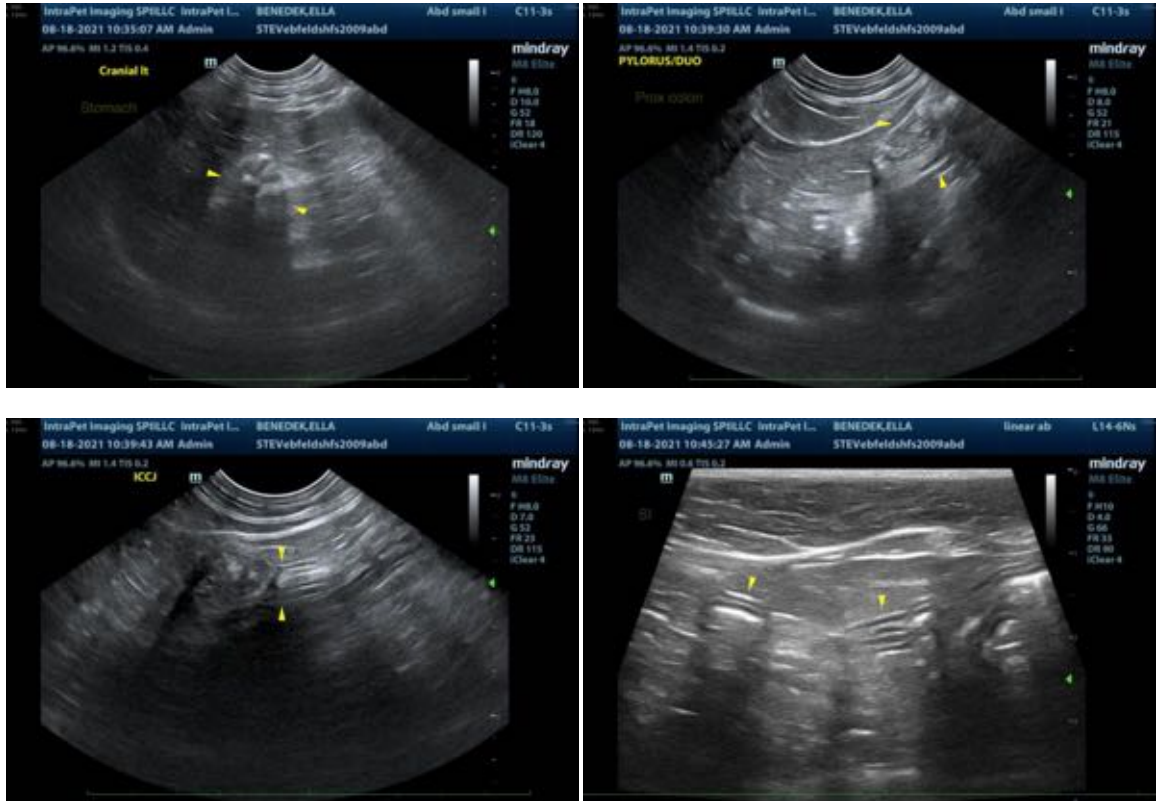
- Minor age-related renal changes with diffuse retroperitonitis. Differentials for the retroperitonitis include urinary tract infection, trauma, other.
- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Continued administration of antibiotics and pain medication is recommended while awaiting urine culture and sensitivity results.
- Given the sonographic small intestinal changes, consider further GI workup (i.e., malabsorption panel, fecal evaluation for ova and Giardia, +/- endoscopic or surgical gastrointestinal biopsies) if clinical signs do not improve.







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.

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