

**DATE PRESENTING CLINICAL SIGNS**

8/20/21

History: Getting weak in hind end. 9/8/20 Rt. kidney pyelonephritis, caudal abd lymphadenopathy.

PATIENT

Tequila Bunk

Current Medications: Prednisolone 5mg 1/2 tablet every other day, Zeniquin 25mg once a day for 21 days started 7/12/21.

Lab Results: July CBC, chemistry panel WNL. Urinalysis/USG 1.015. No proteinuria, inactive sediment. T4 upper end of normal.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 9-8-2020.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

SPECIES

Feline

BREED

Domestic shorthair

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 with mostly 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.

SEX

Female, spayed

AGE

4/5/2005

The left kidney is normal size (3.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

13 lbs. 6.5 oz.

The right kidney is normal size (3.65 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BYAndrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)**Adrenal Glands**

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

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

HOSPITAL NAMEChadwell Animal
Hospital**Spleen**

The spleen is normal in size (1.04 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.

REFERRING VET

Dr. Gold

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.

INVOICE

11931

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 diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Free Abdomen

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

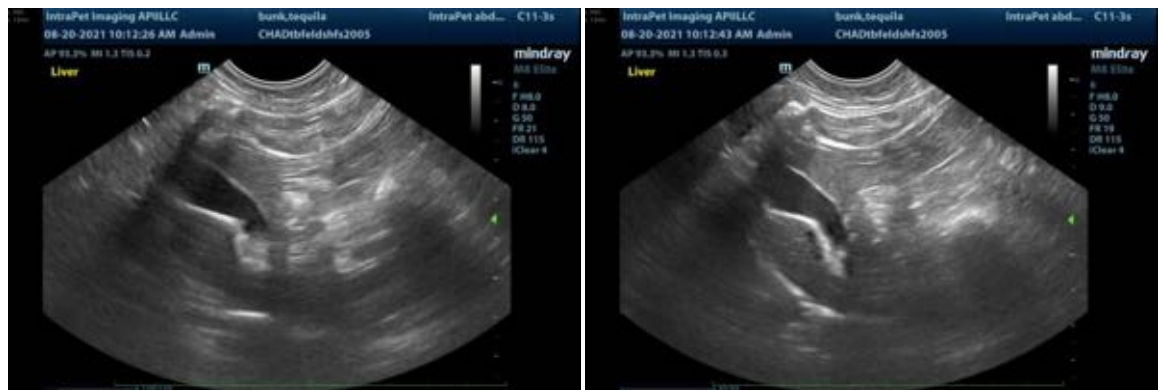
ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor age-related renal pathology.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include recurrence of pyelonephritis, orthopedic/neurologic disease, occult neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- Consider a urine culture and sensitivity to assess for occult pyelonephritis, preferably on a pre-antibiotic sample.
- Thorough orthopedic and neurologic evaluations are also recommended.
- Consider a baseline blood pressure measurement to assess for systemic hypertension.
- Depending on the results of the above diagnostics, referral to a board-certified veterinary neurologist may be warranted.







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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