

**DATE PRESENTING CLINICAL SIGNS**

9/29/21

**PATIENT**

History: For over a week, the patient has had a decreased appetite. On physical exam on 9/24, she was painful in her cranial abdomen. She has a history of suspect IBD which has never been confirmed by imaging but has responded well to a novel protein diet and steroids.

Razzberry Arroyo

**SPECIES**

Current Medications: Cerenia 8 mg PO SID since 9/24, Buprenex 0.2 mL transmucosal BID-TID since 9/24. Lab Results: 9/24/21: Chemistry: creat 3 (high), BUN 39 (high), rest wnl; CBC: wnl; fPL snap normal; UA (cysto): USG 1.048, WBC 5/hpf, RBC > 50/hpf (suspect from traumatic cysto).

Feline

Radiographs: Not provided by the veterinarian.

**BREED**

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

DSH

Sedation: Gabapentin, Butorphanol, and Dexdomitor administered prior to scan.

**SEX**

Stat Report: STAT report not requested by the veterinarian.

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE****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 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.

11/5/2011

**WEIGHT**

The left kidney is borderline small in size (3.13 cm in length); with a slightly irregular shape. The cortex is thin and mildly heterogeneous in appearance and there is moderate loss of corticomedullary distinction. Moderate pyelectasia is present, measuring 0.37 cm in the transverse plane. Hyperechoic shadowing diverticular foci are present. There is no evidence of hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. The mesentery surrounding the kidney is hyperechoic.

11.8 Pounds

**INTERPRETED BY**

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. Renal vasculature is normal. The mesentery surrounding the right kidney is mildly hyperechoic.

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(Small Animal  
Internal Medicine)

**HOSPITAL NAME****Adrenal Glands**

The left adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Paradise AH

**REFERRING VET**

The region of the right adrenal is evaluated and no obvious pathology is observed.

Dr. Rieckert

**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. No focal lesions are observed. Splenic vasculature is normal.

**INVOICE**

13365

**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 ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

### ***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***

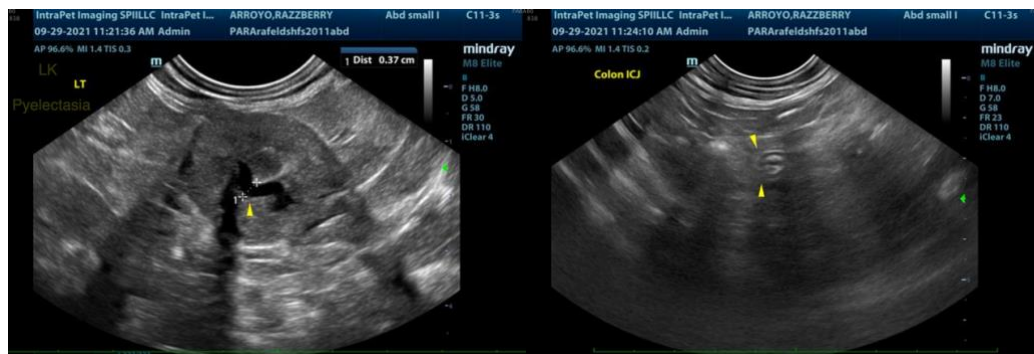
Trace free fluid is observed. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

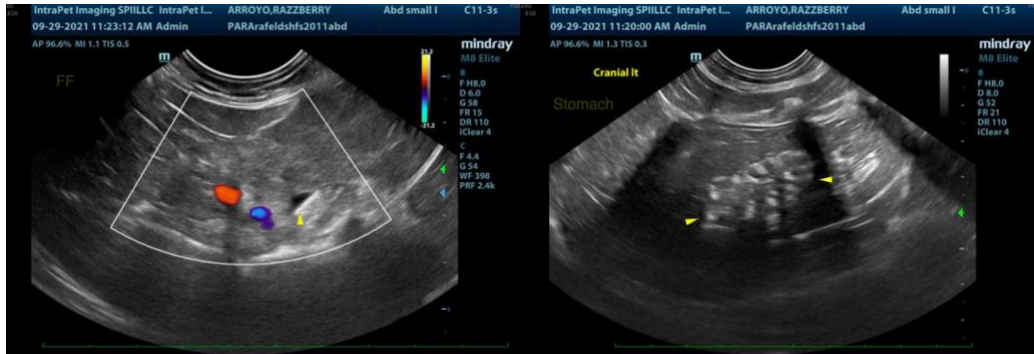
## **ULTRASONOGRAPHIC FINDINGS**

- The left renal changes are concerning for pyelonephritis with regional peritonitis. Bilateral age-related renal pathology is also seen.

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

- Urine culture and sensitivity and baseline blood pressure are recommended
- Empirical treatment for pyelonephritis (i.e., flouroquinolone) as well as IV fluid therapy is recommended while awaiting test results
- Serial monitoring of the patients' renal values is strongly recommended
- 3-view thoracic radiographs should also be obtained to assess cardiopulmonary status, particularly if fluid therapy is to be administered





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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