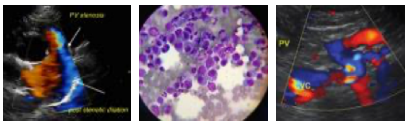
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

9/3/21

PATIENT

Zero Baer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

2008

WEIGHT

15.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Swan Creek VC

REFERRING VET

Dr. Receski

INVOICE

12021

PRESENTING CLINICAL SIGNS

History: Pet has been inappropriately urinating on things and in places. Was treated recently for a UTI with Convenia and fluids but still urinating on things. History of Elevated renal enzymes. Abnormal renal shape on lateral abdominal radiograph.

Current Medications: N/A.
Lab Results: GHP1 done 8/27/2021: RBC 14.75 High (6.54-12.20), HCT 69% High (30.3-52.3), CHEM: Creat 3.4 High (0.8-2.4), BUN 30 normal (0.8-2.4).
Radiographs: Abnormal kidney shape on right lateral radiograph.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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 mildly 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.

The left kidney is normal size (4.26 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex: medullar ratio with poor corticomedullary distinction. At least one cortical infarct is observed at the cranial pole. Linear foci of mineralization are visualized. A 1.61 x 1.60 cm multi-septated cystic lesion/mass is observed at the caudal pole. The lesion causes capsular expansion. There was no evidence of pyelectasia or hydroureter. There appears to be poor vascular uptake.

The right kidney is small in size (2.20 cm in length) with an irregular shape. The cortex is hyperechoic. Cortical infarcts are suspected. The cortical thickness is variable but overall thinner than normal. The internal architecture is disrupted with minimal normal appearing structures. There is poor corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. There is poor vascular uptake.

Adrenal Glands

The left adrenal gland is normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.90 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.

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 slight disruption in the normal 1:3 muscularis: mucosal ratio

and mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.22 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

The mesentery adjacent to several bowel loops is hyperechoic/reactive. There is no evidence of free fluid. Several prominent mesenteric lymph nodes are visualized, the largest measuring 0.85 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral age-related renal pathology with cortical infarcts and right non-obstructive nephroliths. The cystic lesions/mass in the left kidney may represent a benign process. Alternatively, an emerging neoplastic process (i.e., hemangiosarcoma) may be present.

Secondary Findings:

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. Reactive peritonitis is present, likely secondary to bowel pathology.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are suggestive of chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary tract issues, a urine culture and sensitivity is recommended 5-7 days after the Convenia has been eliminated from the body. If proteinuria is present, a UPC should also be considered. A baseline blood pressure measurement is also warranted. Consider repeat abdominal sonography in 3-4 weeks to reassess the left cystic renal lesion. Alternatively, an abdominal CT can be considered.
- If the patient develops gastrointestinal signs, further workup (i.e., fecal evaluation for ova and Giardia, malabsorption panel, +/- endoscopic or surgical gastrointestinal biopsies) may be warranted.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if fluid therapy is necessary in the future.


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IntraPet Imaging RBIILLC
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Bladder


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Spleen


IntraPet Imaging RBIILLC
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Pancreas
Dist 4.33 cm
Dist 0.22 cm


IntraPet Imaging RBIILLC
baer,zero
Abd small I
C11-3s
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mindray
Lt Kidney
Dist 1.61 cm
Dist 1.40 cm


IntraPet Imaging RBIILLC
baer,zero
linear ab
L14-6Ns
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LN
Dist 0.55 cm
Dist 0.38 cm


IntraPet Imaging RBIILLC
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Abd small I
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Stomach


IntraPet Imaging RBIILLC
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Liver


IntraPet Imaging RBIILLC
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Liver
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IntraPet Imaging RBIILLC
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CHUzbfeldshuf2008
mindray
LEFT
Pancreas


IntraPet Imaging RBIILLC
baer,zero
linear ab
L14-6Ns
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mindray

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