

**DATE**

1/31/22

PRESENTING CLINICAL SIGNS

History: decreased appetite, lethargy, and vomiting starting on 1/26/22; has lost 1.5# since Oct 2021. Saw P on 1/27/22 and gave Cerenia and SQ LRS - as of 1/28/22 P a bit less lethargic and ate a small amt, also gave Convenia injection.

PATIENT

Lab Results: inc neutrophils, mild inc BUN and ALT
USG = 1.024.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE NORMAL**SPECIES**

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

9/10/06

WEIGHT

8.75 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (4.32 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. A non-obstructive nephrolith within the pelvis of the left kidney is noted.

Right kidney is normal in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.52 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.49 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Karbonik

Liver

Liver is subjectively normal in size with normal, smooth, curvilinear peripheral contour. The parenchyma is slightly heterogenous in echotexture and diffusely hypoechoic characterized by more prominent than normal portal vein walls. No focal lesions are evident and visible vasculature appears normal. Visible vasculature and biliary tree appear normal without distension or congestion. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

95661

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to hypoechoic echogenicity.

Free Abdomen

Mild mesenteric lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

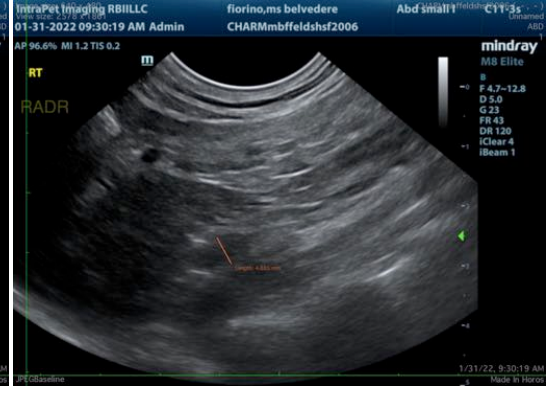
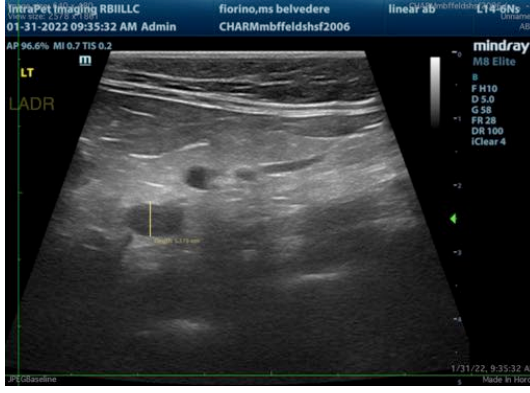
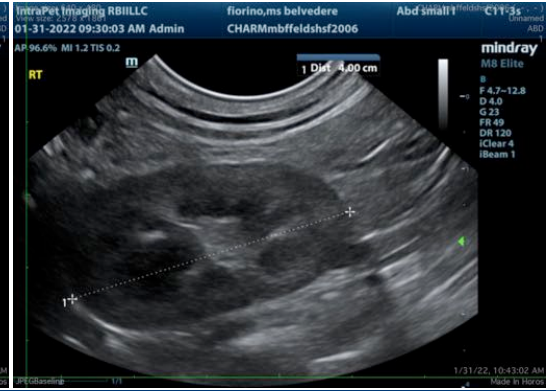
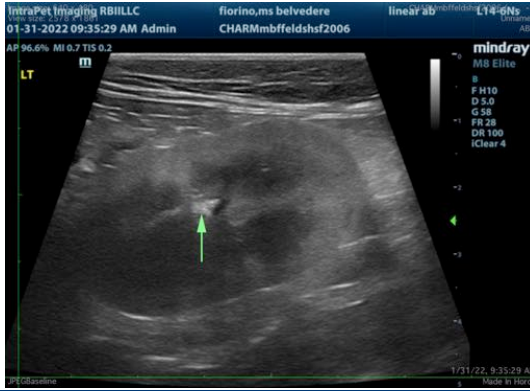
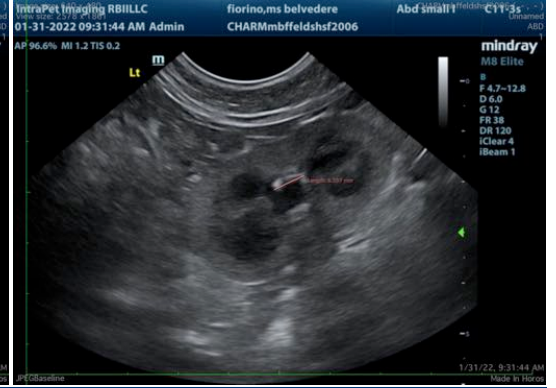
PRIMARY FINDINGS:

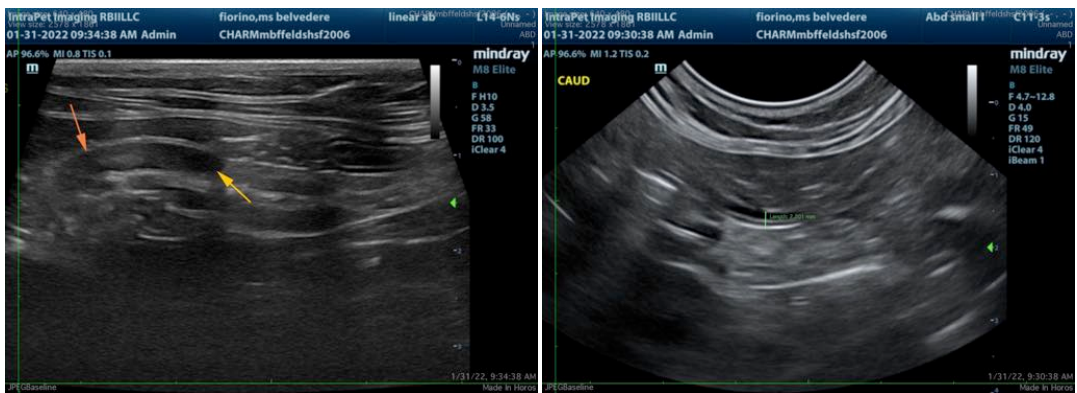
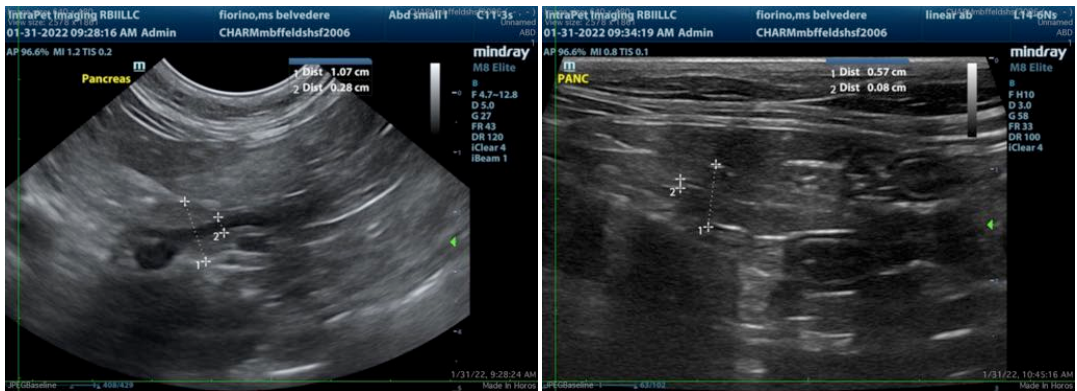
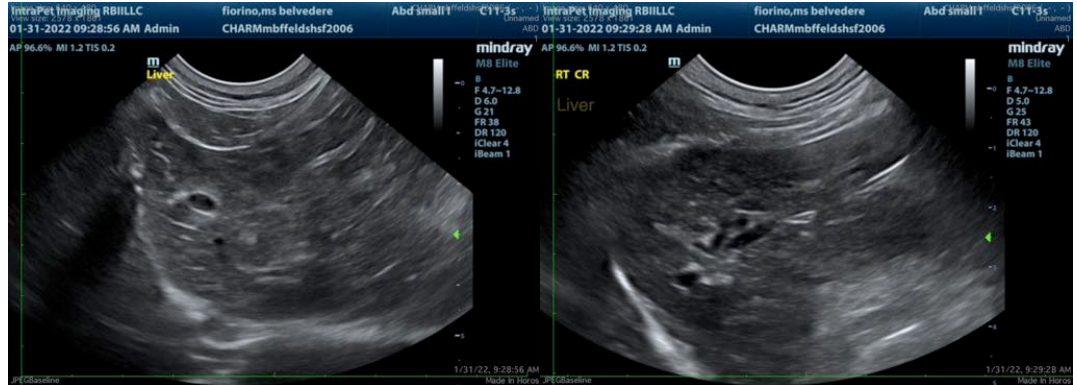
- Pancreatic remodeling, which can be a normal variant with age; however, chronic pancreatitis cannot be ruled out.
- Heterogenous, hypoechoic liver. Rule outs include normal patient variant versus hepatitis/cholangiohepatitis, infiltrative neoplasia such as lymphoma is possible, but considered less likely given the normal size of the liver.
- Non-obstructive nephrolith in the left kidney.
- Reactive mesenteric lymphadenopathy (infiltrative neoplasia cannot be ruled out, but is considered less likely).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the left kidney appear consistent with a nephrolith. Abdominal radiographs can be considered to further evaluate the left kidney as well as the left ureter for possible radiopaque mineral that is difficult to observe via ultrasound without marked obstruction. A urinalysis is recommended if not already performed followed by a urine culture if indicated based on urinalysis results. FNA of the liver is recommended if the patient's coagulation status is appropriate. Given the changes in appetite and the mild pancreatic changes a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory is indicated for further assessment of the gastrointestinal tract and pancreas.

In the meantime, given the marked neutrophilia empirical antibiotics and supportive medical management of gastrointestinal signs with antiemetics, appetite stimulants, gastroprotectants, etc. are recommended. If clinical signs persist and/or azotemia develops monitoring of the left kidney for progressive evidence of mineral migration/obstruction is recommended.







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.

Beth Johnson, DVM DACVIM

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