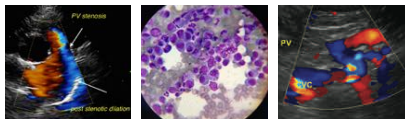
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
2/17/22

PATIENT
Bonjo Davis

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
5/15/11

WEIGHT
10 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Perry Hall AH

REFERRING VET
Dr. Hatzigiannakis

INVOICE
96149

PRESENTING CLINICAL SIGNS

History: Marked hypertension despite medication. Echo with CVCA showed mild cardiac changes, systolic grade 2-3 left parasternal systolic murmur. Attached separately. Chronic otitis AS.
Current Medications: Amlodipine 2.5 mg, 1/2 tab po sid *increased on 2/3/22 to 1/2 in AM and 1/4 in pm, Apoquel 5.4 mg 1/2 tab po sid.
Lab Results: BP 2/2/22 200 mmHg. Labs 10/15/22: NT-proBNP: 352 (H), USG ~1.020 in Oct and Nov. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is normal in size (3.26 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The right kidney is normal in size (3.66 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is normal in size (0.28 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.34 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.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

Gastrointestinal
The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

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.

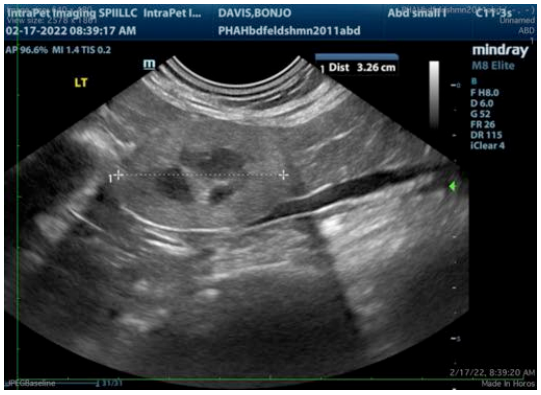
Pancreas
Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

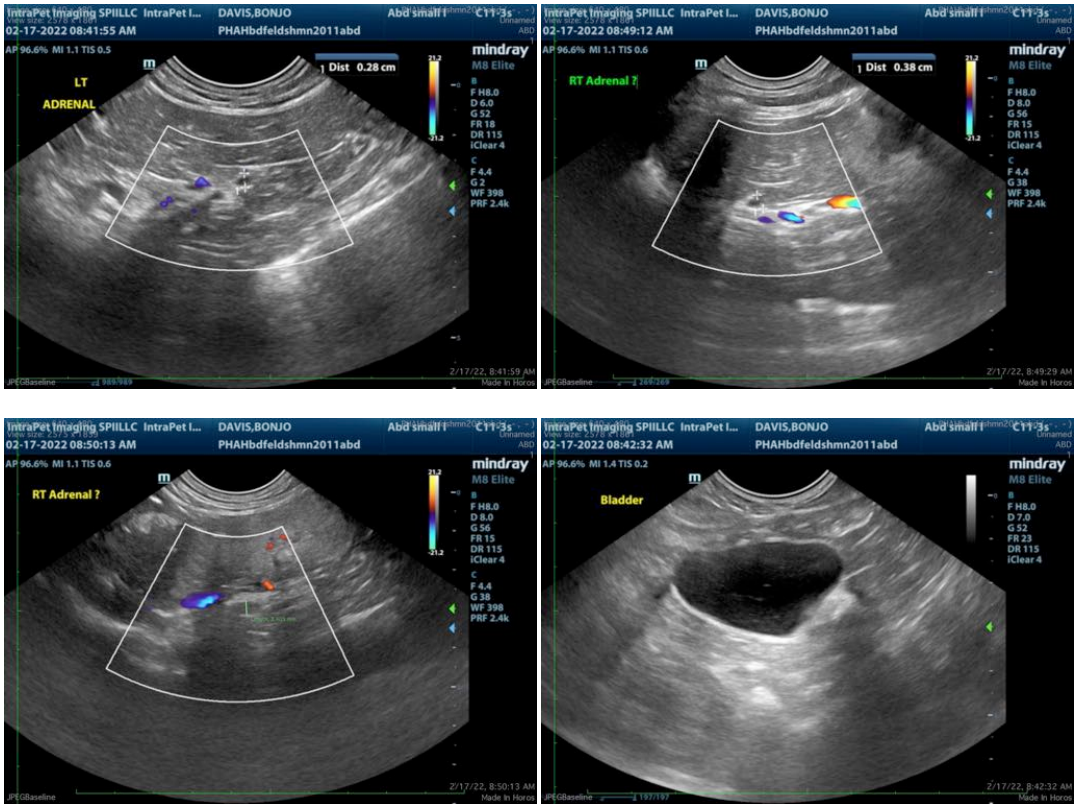
Free Abdomen
Lymph nodes are normal with no observed enlargement.

ULTRASONOGRAPHIC FINDINGS
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

- Hyperechoic normal size kidney – most consistent with normal fat deposition.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
There is no ultrasonographic reason to explain this patient's hypertension. Differentials still include early renal disease versus potentially hyperthyroidism with a T4 of 2.0, this can be considered the gray zone and a free T4 is recommended to rule out unlikely but possible hyperthyroidism.





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
Beth.Johnson@SonoPath.com