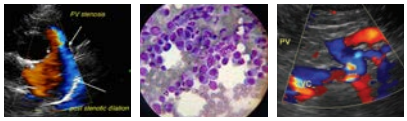
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/14/22

PATIENT

Bella Glinowiecki

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/17/08

WEIGHT

10.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Thompson

INVOICE

38691

PRESENTING CLINICAL SIGNS

06-13-2022 Notes: Bella is a 14 y/o FS DSH who presents for vomiting - was treated by RDVM with cerenia and SQ fluids, no overt obstruction on AXR. On PE Abdomen palpates normally, hypersalivation on abdominal palpation, Normal bronchovesicular sounds bilaterally, retching on tracheal palpation.

Current Medications: Pantoprazole, Ondansetron, Buprenorphine, Gabapentin.
Lab Results: SDMA 32 (0-14), TT4 1.7 (0.8-4.7), PCV 24 (30-45), TS 9 (5.0-8.0). Elevated Creat 2.8.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is small in size, measuring 2.94. The right kidney is normal in size, measuring 3.44 cm. Contour of both kidneys is distorted by the presence of capsular indentations at hyperechoic wedge-shaped cortical lesions consistent with chronic infarcts. There is a normal 1:3 cortex to medulla ratio with decreased corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney. Pyelectasia is present bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively mildly enlarged. Margins are smooth, but round. It has a normal homogeneous echotexture. Parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evident. Visible vasculature appears normal.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min).

The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is prominent in size and mildly irregular, almost scalloped in shape, with a diffusely coarse, almost nodular echotexture, and heterogeneous to hypoechoic echogenicity. Mild enhancement of peripancreatic fat is appreciated. No free fluid is noted.

Free Abdomen

There is no evidence of peritoneal effusion. The root of the mesentery demonstrates mildly enlarged hypoechoic mesenteric lymph nodes as well as enhanced hyperechoic fat and mesentery.

ULTRASONOGRAPHIC FINDINGS

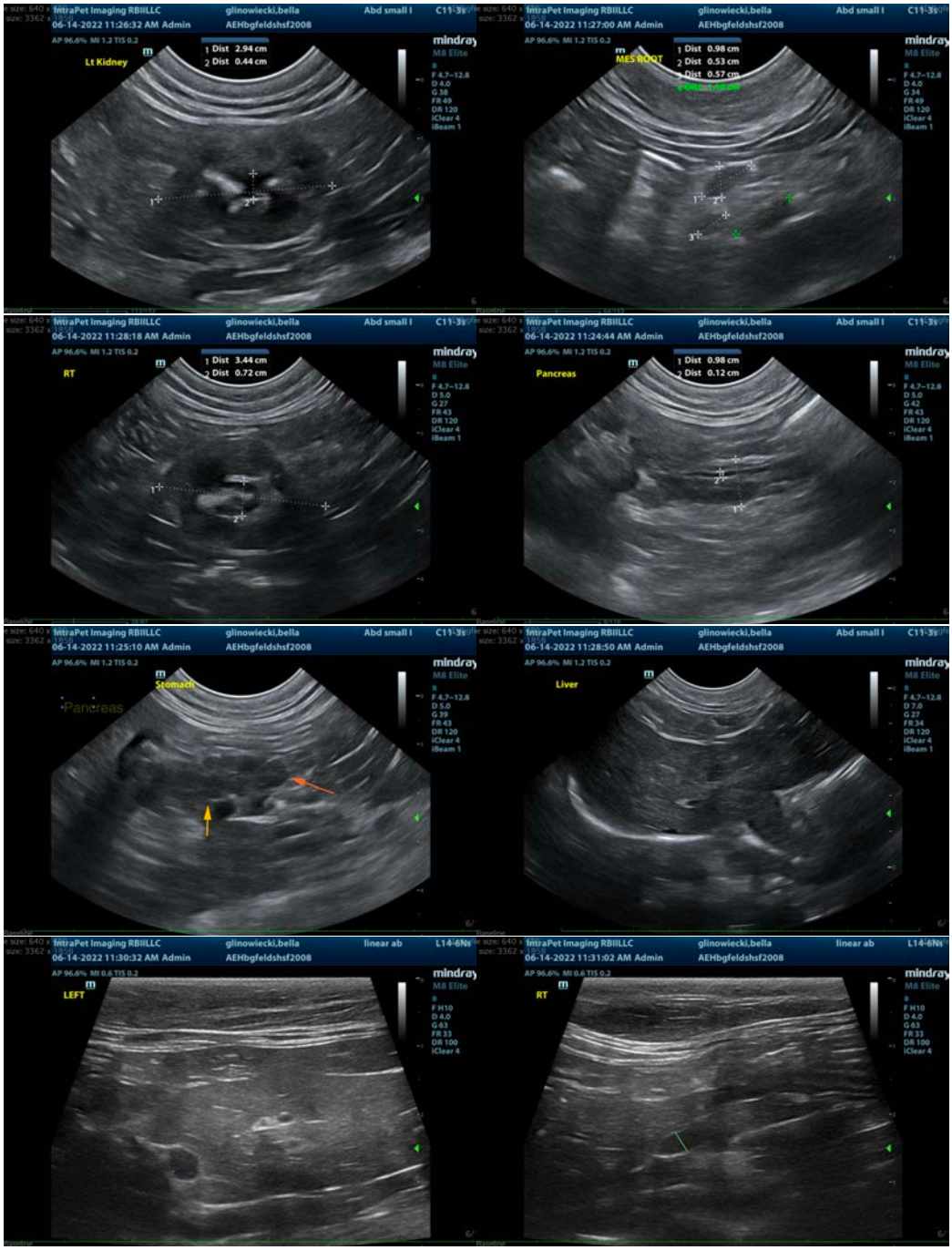
- Acute on chronic infarcting kidney disease with non-obstructive nephrolithiasis and bilateral pyelectasia.
- Acute on chronic smoldering pancreatitis with possible nodular hyperplasia. Infiltrative disease is possible, but considered slightly less likely.
- Hypoechoic hepatomegaly – rule out normal patient variant versus acute hepatitis, cholangiohepatitis versus infiltrative neoplasia such as round cell neoplasia. Chance is mild.
- Mild mesenteric lymphadenopathy – differentials include both reactive lymph nodes as well as infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- A fine needle aspirate of the liver if patient's coagulation status is appropriate, as well a PLI to further evaluate the pancreas.
- Urinalysis and urine culture, if indicated based on urinalysis results, as well as a UPC if there is protein in the urine and an otherwise quiet sediment.
- Blood pressure if not recently evaluated.

Medical management of pancreatitis/gastroenteritis with antiemetics, gastroprotectants, appetite stimulants (if necessary), pain management (if indicated), fluid support, etc. is recommended with monitoring of clinical signs, etc. If the pancreatic changes persist, and/or clinical signs do not resolve, a fine needle aspirate of the pancreas to rule out concurrent infiltrative disease could be considered.


IntraPet Imaging RBIILLC
glinowiecki,bella
Abd small I
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AEHbgfeldshsf2008
Lt Kidney
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2 Dist 0.44 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
Abd small I
06-14-2022 11:27:00 AM Admin
AEHbgfeldshsf2008
MES ROOT
1 Dist 0.98 cm
2 Dist 0.53 cm
3 Dist 0.57 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
Abd small I
06-14-2022 11:28:18 AM Admin
AEHbgfeldshsf2008
RT
1 Dist 3.44 cm
2 Dist 0.72 cm
mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
Abd small I
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AEHbgfeldshsf2008
Pancreas
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mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
Abd small I
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AEHbgfeldshsf2008
Stomach
Pancreas
mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
Abd small I
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AEHbgfeldshsf2008
Liver
mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
linear ab
06-14-2022 11:30:32 AM Admin
AEHbgfeldshsf2008
LEFT
mindray
M8 Elite
IntraPet Imaging RBIILLC
glinowiecki,bella
linear ab
06-14-2022 11:31:02 AM Admin
AEHbgfeldshsf2008
RT
mindray
M8 Elite

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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