



**PATIENT**

Pipsy Jones-Musial

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

17 years

**WEIGHT**

2.87 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING  
PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

43287

**DATE**

3/14/23

**PRESENTING CLINICAL SIGNS**

History: Pt has not been interested in eating. O has offered treats and Pt sometimes will eat that. pt has been lethargic and has not been wanting to be get out of bed per o. Pt has been drinking and urinating normally. \_

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 6 HCT 29 WBC 20.13 Nut 15.9 band suspect mono 0.74 Chem: Creat 6.0 BUN 96 phos 9.0 TP 9.3 glob 5.9 Amly 1661 lipa 1652 Lytes: wnl T4: 1.9 UA: USG 1.018 30+ protein WBC 5/HPF RBC >50 No obvious bacteria Urine culture to IDEXX

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys are both small with smooth capsules and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Left pelvis is moderately dilated. Left ureter is not definitively dilated. There are multiple hyperechoic shadowing structures in left and right renal pelvises and calyces consistent with nephrolithiasis. The left kidney measured 2.94 cm and the right kidney measured 2.57 cm.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

The spleen had a generally smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. A few hyperechoic nodules were visualized most consistent with benign myelolipoma. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**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. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally



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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

Left limb of pancreas is visualized and is hypoechoic and slightly irregular with no enlargement, no fluid accumulation and no surrounding signs of inflammation.

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**Free Abdomen**

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Bilateral nephroliths and left pyelectasia
2. Splenic myelolipomas
3. Chronic pancreatitis, non-active

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pyelectasia with concurrent azotemia is concerning for pyelonephritis and urinalysis and culture are recommended, along with initiation of broad spectrum antibiotics while awaiting urine culture results along with IV fluid therapy. Given the presence of nephroliths and left sided pyelectasia, obstructive ureterolithiasis, either present or recently resolved is a plausible explanation for azotemia and clinical signs. No definitive ureteral dilation was visualized to indicate current ureteral obstruction.

Splenic changes are a common age related change and nodules are most consistent with benign myelolipomas. but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.



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Pancreatic changes are most consistent with chronic pancreatitis with no active signs of inflammation on ultrasound. If PLI is normal, active pancreatitis is unlikely.

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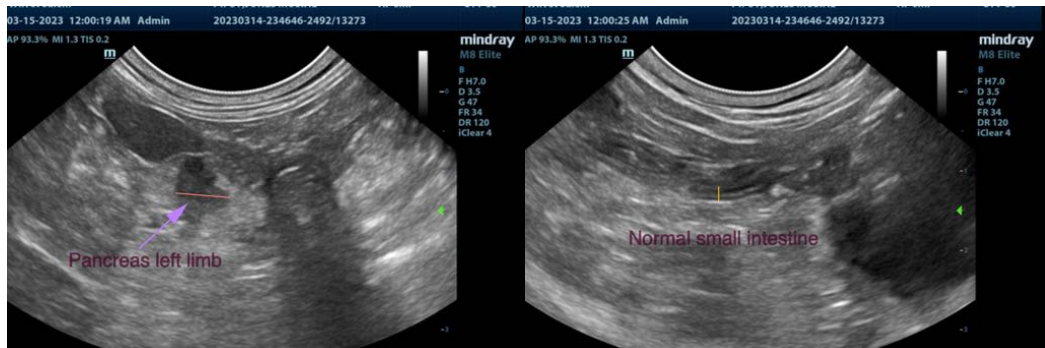
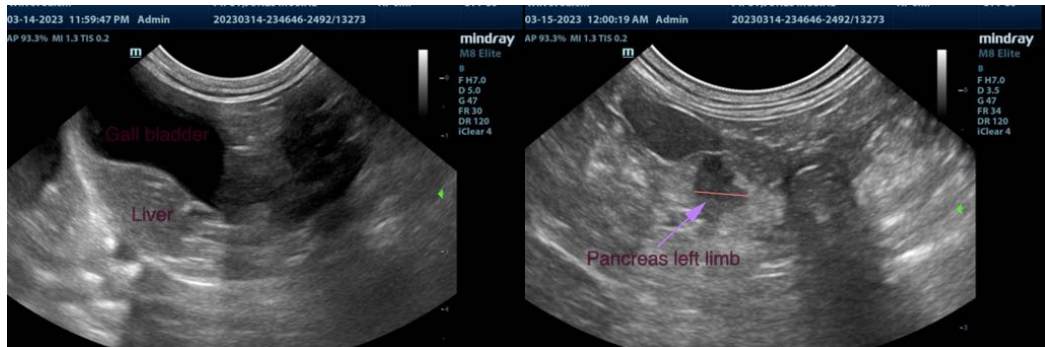
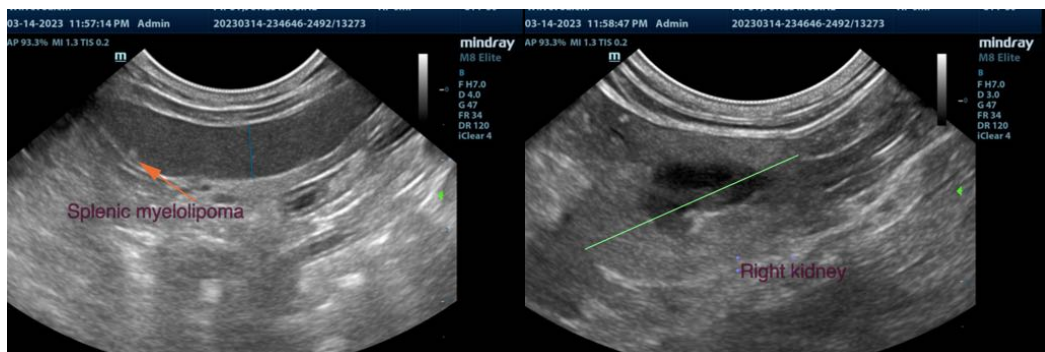
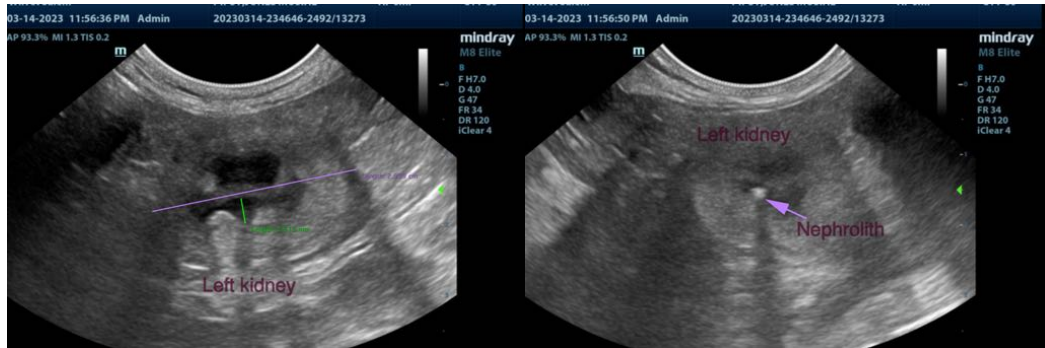
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC  
info@SonoPath.com