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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/18/22

PATIENT

Miss Kitty Meekins

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/28/15

WEIGHT

5.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound
Veterinary Services

REFERRING VET

Dr. Williams

INVOICE

42868

PRESENTING CLINICAL SIGNS

Recurrent urinary tract infections, on previous radiographs there was possible crystallization on bladder wall, has responded well to convenia injection in the past, presented Friday 11/11 for straining and producing small amounts of urine, normal temperature, no signs of obstruction on lateral radiographs.

Current Medications: gabapentin 100mg/mL- 0.2mL twice daily starting 11/11/22
Date of Previous IntraPet Ultrasound: No previous.

Sedation: 0.79 mg midazolam, 0.26mg hydromorphone IM.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented mild irregular contour and subnormal size on the left with cortical infarct. The left kidney measured 2.72 cm. Minor pyelectasia noted in the right kidney, some loss of corticomedullary definition, and corticomedullary mineralization.

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. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.54 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

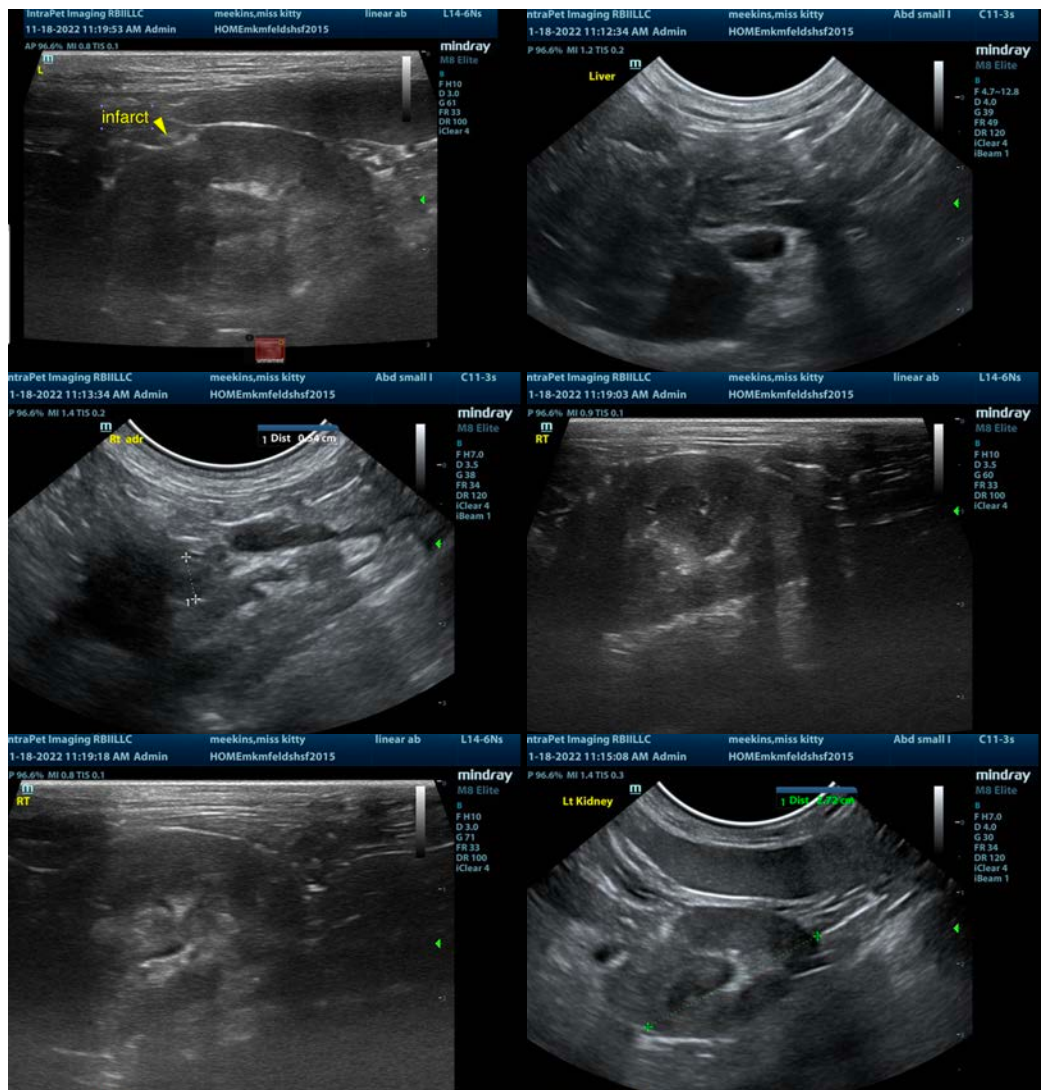
The **pancreas** presented hypoechoic parenchyma compared to surrounding mesentery. Dilated duct noted at 0.1 cm. The left limb measured 0.66 cm.

ULTRASONOGRAPHIC FINDINGS

- Prominent irregular pancreas
- Dystrophic left kidney with cortical infarcts
- Minor renal pyelectasia on the right

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low-grade pancreatitis and history of nephritis likely. Urinary workup warranted if not already performed. No obstructive disease noted at this time. However, the patient may have passed small calculus in the recent past given the patient history.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com