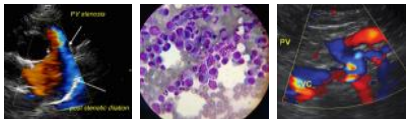
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
9/23/22

PATIENT

Autumn Barnes

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/1/18

WEIGHT

12.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

17423

PRESENTING CLINICAL SIGNS

History: Autumn, FS, 3, DSH PC: vomiting, inappetent and dehydrated Previous BW 9/21: ALT- 911 TP- 9 g/dL, GLOB- 5.9 g/dL PLT- 22 PCT- .03% Rads: SI- gas, dilated & thickened ATO in room: - ate a small amount of dry food today - stopped eating well Sunday - vomiting occurred Sunday but vomits at least once a week since adopted - vomiting has gotten less frequent and is not right away - past 24 hrs has been holding some food down - Hx of asthma dx 2021, not on any medication - friskys patte and indoor dry food diet- hx of vomiting with fancy feast when she was younger.

Current Medications: Mirtazapine, buprenorphine,ondansetron,
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb/Midazolam.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

Cortical collapse and infarct were noted at the cranial pole of the **right kidney**. The right kidney measured 3.19 cm.

The **left kidney** revealed pyelectasia and echogenic debris (0.71 cm) with cortical infarcts and dystrophic changes. The left kidney measured 4.01 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. The left adrenal gland measured 0.47 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** revealed slight coarse architecture. The gallbladder was unremarkable. The common bile duct was normal, measuring 0.27 cm.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The

intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a minor change.

Pancreas

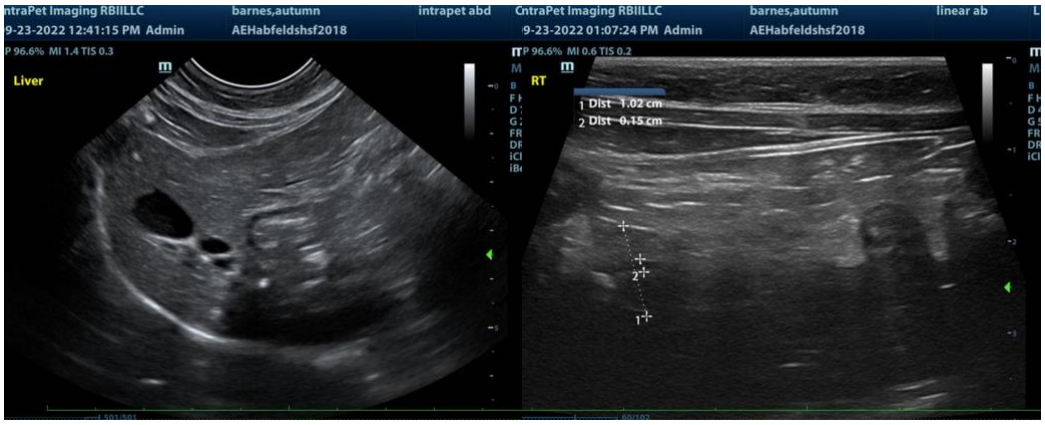
The right limb of the **pancreas** was mildly enlarged, measuring 1.02 cm, with a 0.15 cm minor duct dilation. The left limb of the pancreas was enlarged and irregular with enhanced mesentery, suggestive for inflammation.

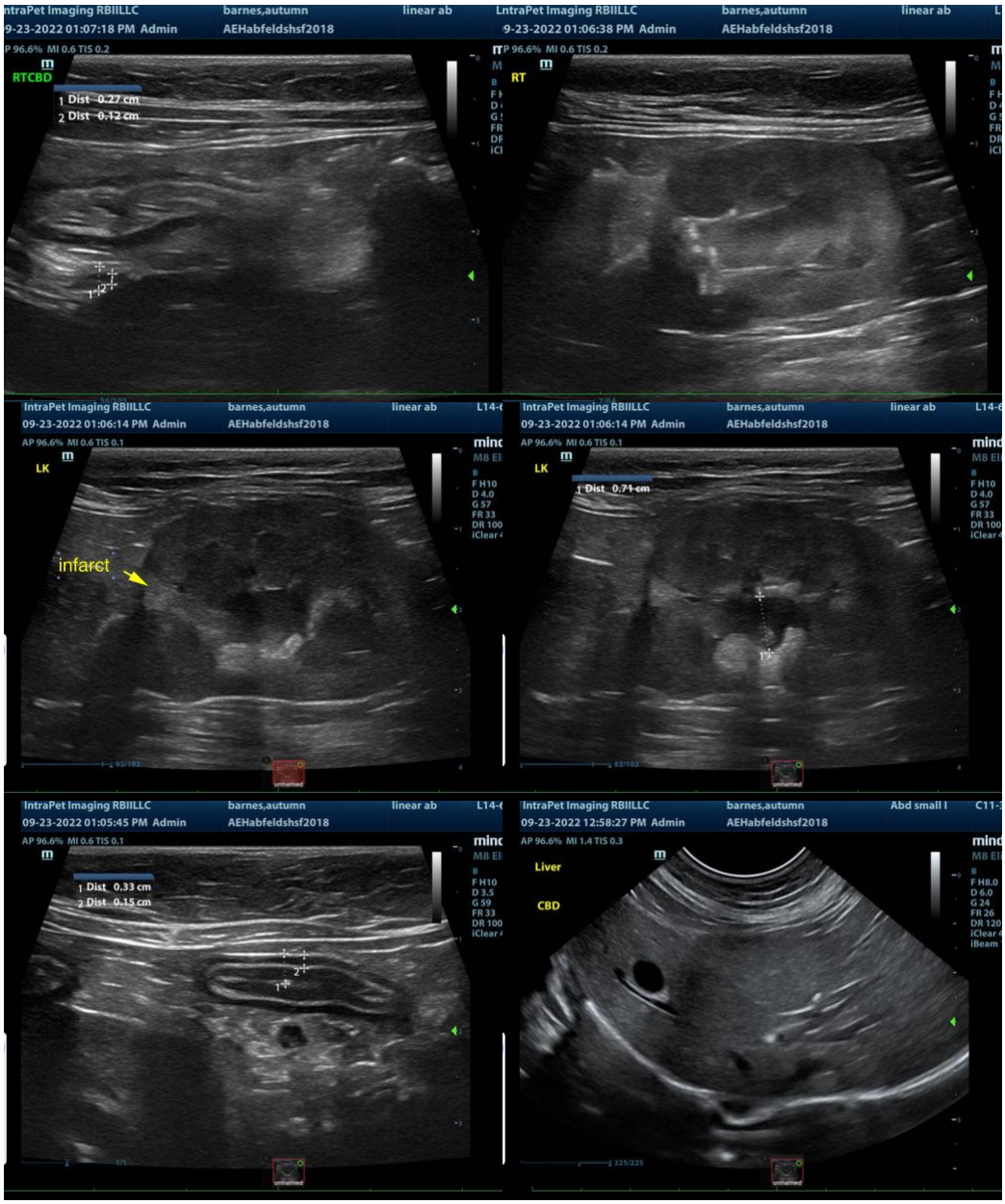
ULTRASONOGRAPHIC FINDINGS

- Renal infarcts and pyelectasia
- Chronic active pancreatitis
- Diffuse intestinal thickening without neoplastic criteria
- Likely reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Work up for underlying UTI/pyelonephritis is indicated given the echogenic material noted in the renal pelvises. Underlying infectious agents should be considered given the renal infarcts and pancreatic presentation. Toxoplasmosis, bartonella or similar should be considered. Palpation of both kidneys indicated to assess for any discomfort, particularly in the right kidney the infarct appears to have active inflammation. No evidence of neoplasia.




IntraPet Imaging RBIILLC
barnes,autumn
linear ab
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AEHabfeldshsf2018
RTCBD
1 Dist 0.27 cm
2 Dist 0.12 cm
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barnes,autumn
linear ab
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RT
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Abd small I
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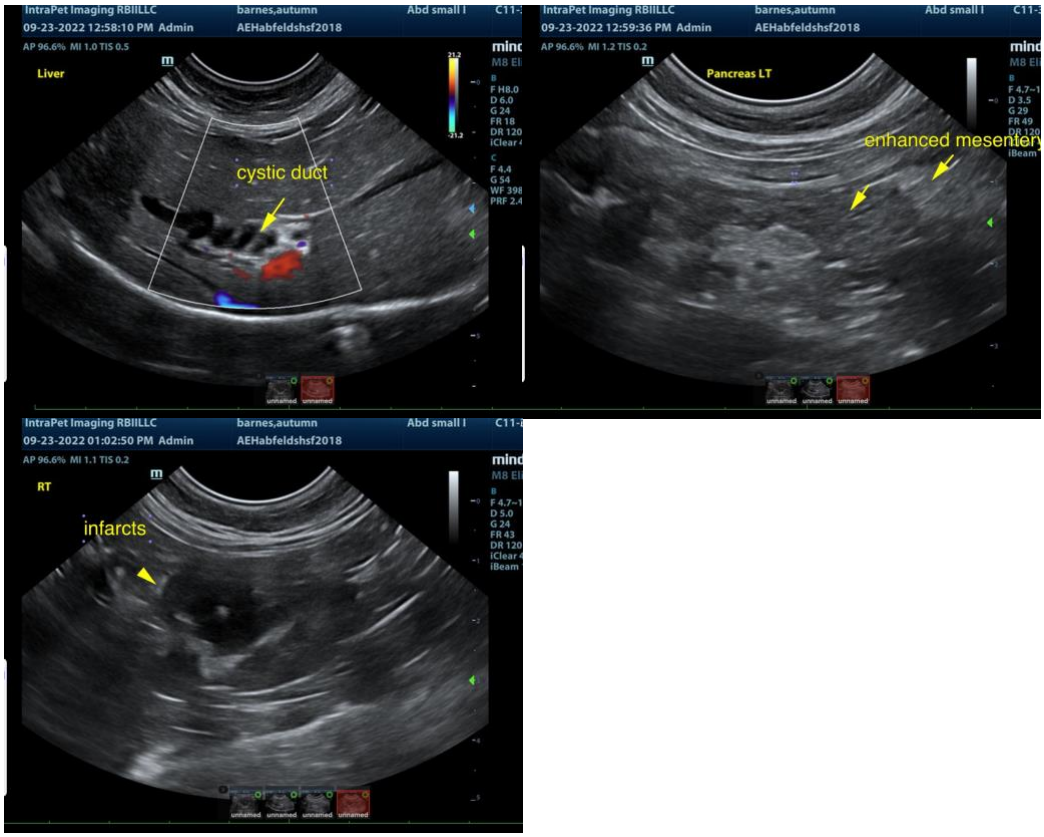
Liver
CBD



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.

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