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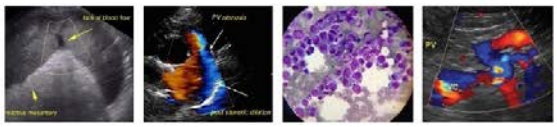

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Toffee Serban

SPECIES

Feline

BREED

Birman X

SEX

Neutered Male

AGE

4 Years

WEIGHT

7.67 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

34956

DATE

1/20/22

PRESENTING CLINICAL SIGNS

intermittent diarrhea that resolves with ABs, no blood/mucous noted, multiple episodes of urgency when occur. chronic intermittent vomiting, occ urination outside litterbox, large urinations twice/day in the last 6-12 months, will soak his feet and continue to dribble outside box
Abnormal PE/Chem/CBC/UA Results: please see attached BW & UA from last summer.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.84 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.8 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal/borderline large in size (1.0 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.

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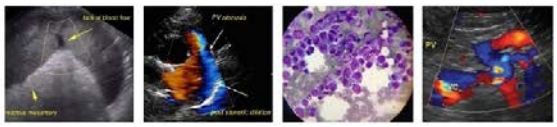

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.2 cm. 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

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with right-sided mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic lesions visualized on today's exam are relatively mild. Unfortunately, the severity of the ultrasonographic changes does not always correlate with the severity of the clinical signs exhibited.

There is subjectively decreased corticomedullary distinction of the kidneys for this young of a cat. Additionally, there is mild pyelectasia present. In the urinalysis provided, there appears to be an infection present. Recommend urinalysis and culture and treatment for pyelonephritis if present. Antibiotic use should be very carefully implemented according to culture and sensitivity results, and mid treatment cultures should be performed to make sure the infection is being adequately controlled.

An obvious cause for the urinary tract infection is not visualized. If urine leakage is a big issue, then an ectopic ureter is possible, but none was seen on today's exam. Often a contrast study (contrast CT scan) is needed to visualize small ectopic ureters.

The history sounds most consistent with an antibiotic responsive diarrhea. These often occur secondary to dysbiosis and the frequent use of systemic antibiotics. Recommend chronic probiotic use. Consider a novel protein or hydrolyzed protein diet in case there are dietary sensitivities. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for evidence of pancreatic disease, exocrine pancreatic insufficiency, dysbiosis, etc.

If symptomatic therapy with diet and probiotics is not successful, then obtaining GI biopsies may be necessary.

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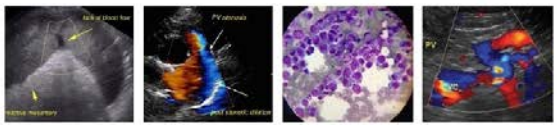

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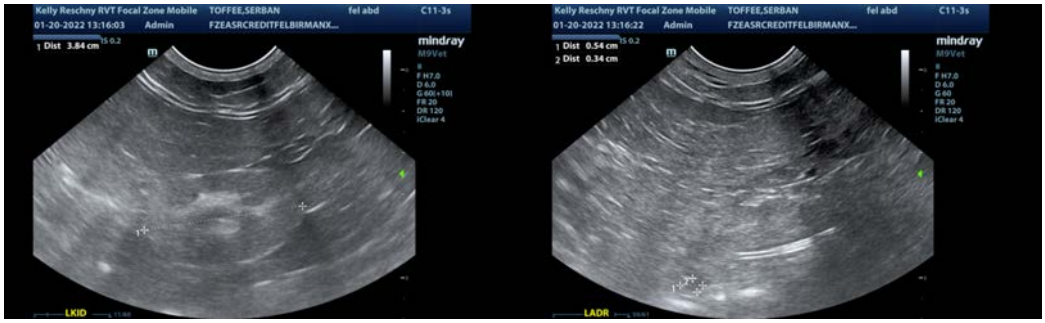

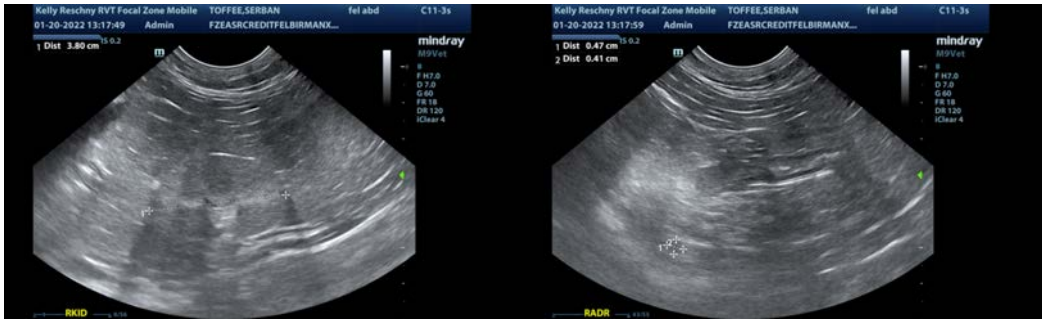

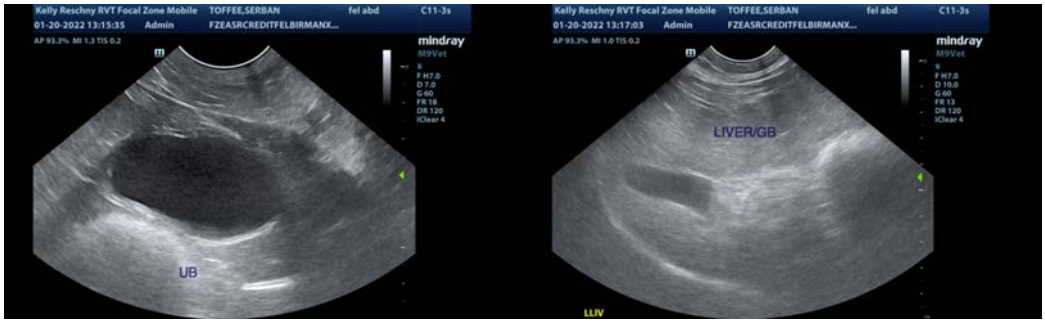

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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