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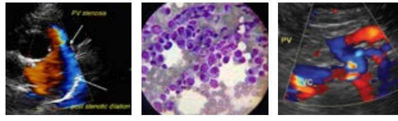

SonoPath

Clinical Sonography & Telecytology

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DATE

1/25/23

PATIENT

Finn Elutrio

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

7/5/19

WEIGHT

9.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Essex Middle River VC

REFERRING VET

Dr. Hicks

INVOICE

44531

PRESENTING CLINICAL SIGNS

1/14/23- PetER- URI, nasal discharge, anorexia, breathing difficulty; O's did prev. have COVID earlier in month; Given Convenia injection. 1/16/23- pres. to our hospital- +clear mucous nasal discharge, ++nasal congestion, normal temp/HR/RR; Bloodwork/rads , IV fluids; BG ws high and glucose in urine so started on Prozinc. 1/18/23- BG low to normal so discontinued. Prozinc; continued IV fluids, supportive care; did nebulize with Gent/Dex solution this day and 1/19 2 x's/day. Hospitalized daily until Friday pm; Went home for weekend and started oral Azithromycin. Returned 1/23/23- Still anorexic, did start to V after force feeding until ate the Churo; weight loss; still +congestion but now seeing thick mucus yellow discharge from nares and O also saw large glob of mucous expectorated
T- 98.8, RR 20; HR 180(no murmur)

Current Medications: As of 1/23/23: Azithromycin 40mg SID, Cerenia injection
Mirataz- transdermal once daily, Current SQ fluids, Vit B12 injection.
Lab Results: In house lab: bg- 304; URINE DIPSTICK 3+ GLUCOSE, NEG FOR KETONES, tp- 9.7, gLOB- 6.8, t-BILI- 1.4, aLK PHOS- <10, hct- 57%, wbc- 17.7, pLT- Low.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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. There is a focal area in the dependent portion of the urinary bladder of what appears to be slightly hyperechoic debris.

The left kidney has a normal shape and size (4.34 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.75 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.81 cm), 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains large amount of shadowing ingesta. 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. The large volume of shadowing ingesta impairs evaluation of the stomach.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate fluid/chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. The intraluminal chyme and fluid visualized obscures full evaluation of the small bowel.

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

- Suspect dependent debris in the urinary bladder – Recommend urinalysis and culture and evaluation for possible mobility of this material to differentiate it from focal bladder wall thickening.

- Mildly decreased corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. If renal values are normal and urine is concentrated, this could be within normal limits for this individual.

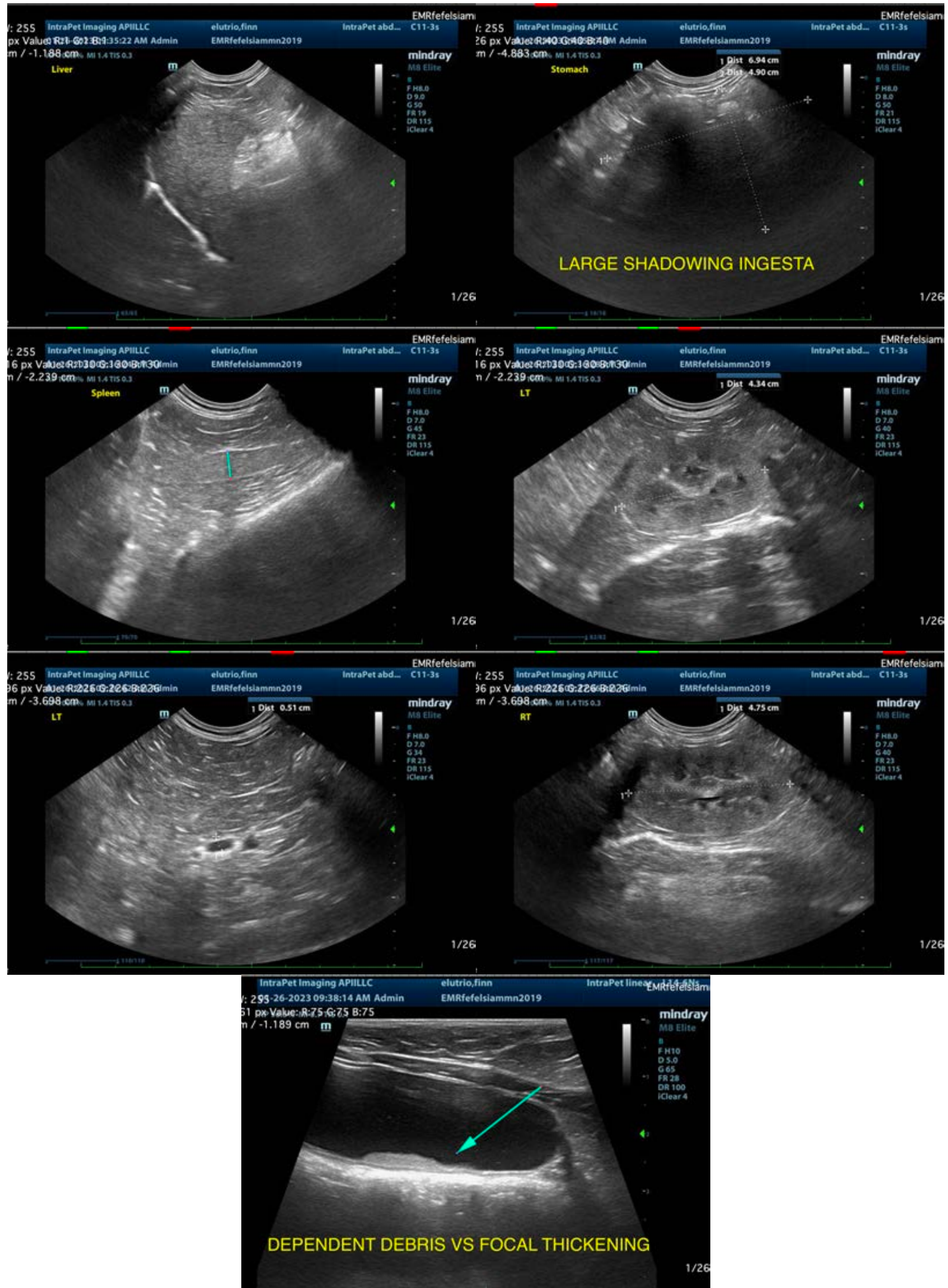
- Large shadowing ingesta within the gastric lumen and small bowel – Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. None of the lesions described are likely related to the nasal signs described, and no obvious complicating factors are visualized associated with the diabetes (pancreatitis, adrenal changes, etc.). Recommend a urinalysis and culture and continued monitoring of the irregularity of the urinary bladder wall. Consider workup for nasal disease with ideally a contrast CT scan and rhinoscopy, as

well as a retroflex evaluation of the nasal cavity, larynx, etc., looking for a mass, foreign body, anatomic abnormality, etc. Screening for cryptococcus is also recommended.

Continued monitoring for recurrence of diabetes in this likely transient diabetic is recommended, and consider a low carbohydrate diet.



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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