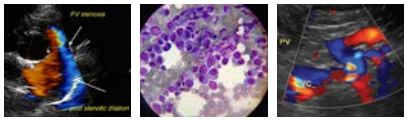
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

10/1/21

PATIENT

Goldie Stark

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/27/15

WEIGHT

5.5 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Stephens

INVOICE

26027

PRESENTING CLINICAL SIGNS

History: Had an echo with CVCA and a large right-sided diaphragmatic hernia was noted. Intestines and possibly stomach reported to be in thorax. Did have a period of walking strangely in August, so perhaps there was a fall that wasn't noted?

Current Medications: Not provided by the veterinarian.
Lab Results: Not provided by the veterinarian.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 7-9-21, 12-8-20.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

Report was limited due to patient condition/respiratory distress.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Kidneys

The left kidney has a normal shape and size (3.3 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. Mild mineralization is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.59 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. A non-obstructive nephrolith was noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Liver

Visualization of the liver is limited due to limited exam. The previous nodule is not visualized. No significant abnormalities noted.

Gastrointestinal

Portions of the stomach are visualized. Gastric wall appears to have normal layering and thickness, and distinction of gastric wall layering is adequate. No abnormalities noted, but visualization was limited.

The visualized areas of small intestine appear to have normal wall thickness and normal distinction. Many loops are evident up in the thoracic cavity at the level of the cardiac silhouette. No focal lesions are observed.

Other

There is a small amount of anechoic pleural effusion present. The diaphragm is difficult to visualize, but there is a significant amount of small intestine within the thoracic cavity. Additionally, I suspect some soft tissue associated with either the liver or the spleen, and some prominent mucosa, which could be consistent with part of the gastric wall within the thoracic cavity as well. These findings are consistent with herniation of intestinal contents into the thoracic cavity.

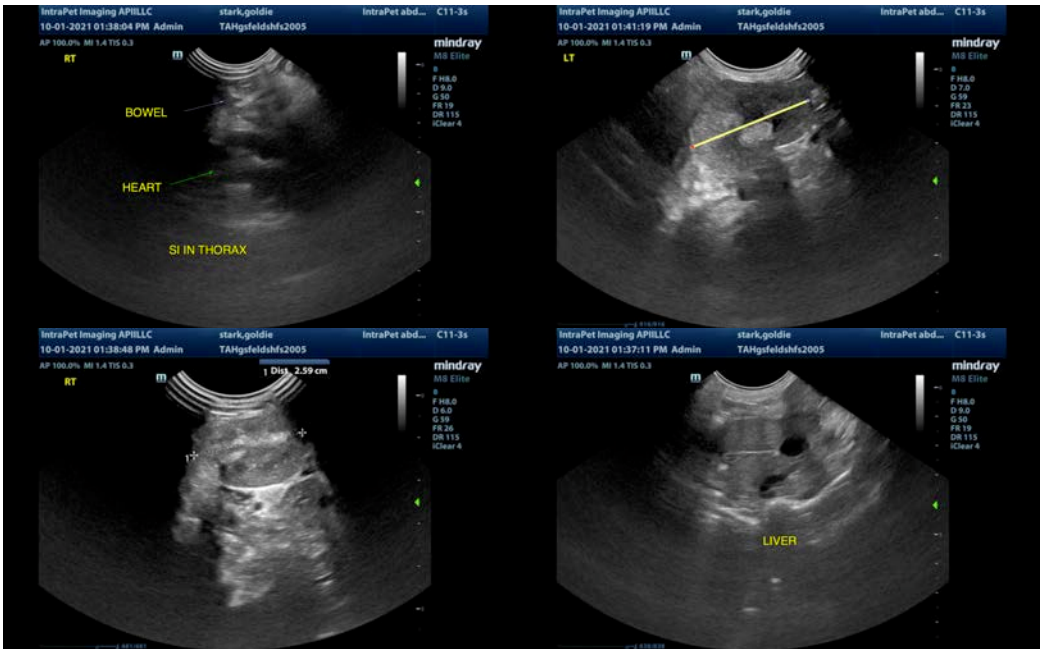
ULTRASONOGRAPHIC FINDINGS

- Diaphragmatic hernia with abdominal contents visualized within the thoracic cavity
- Pleural effusion
- Decreased corticomedullary distinction in both kidneys with right-sided nephrolith – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease

or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the right kidney is consistent with small, non-obstructive nephrolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is clearly small intestine up at the level of the cardiac silhouette, indicating a breach of the diaphragm. This was not evident on the two previous scans, so this is a new finding. I am unable to clearly visualize the diaphragm to determine how intact it is, or if this is a traumatic versus congenital issue (could have been minor initially, then progressed). Recommend referral to a veterinary surgeon for evaluation and repair (may need mesh, etc.). Recommend whole body radiographs (likely has already been done). If chronic issues exist, you could inquire as to obtaining any biopsies necessary at the time of surgery.



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.

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