**DATE PRESENTING CLINICAL SIGNS**

10/22/21

PATIENT

Ginger Griffin

History: Owner noticed that Ginger had blood in her urine but no symptoms of LUTD. She does have CKD so we sent out a culture which was negative. An x-ray did not reveal any bladder stones. The hematuria has continued as does her lack of LUTD symptoms. Would like to see whether she has nephroliths or a radiolucent stone/other cause of the hematuria. Would also just like a general idea of how her other abdominal organs look.

SPECIES

Feline

Current Medications: No current medications.

Lab Results: Urine culture neg.

Radiographs: No stones noted.

BREED

DSH

Date of Previous IntraPet Ultrasound: 8-16-2016.

Sedation: oral gabapentin, no additional sedation needed

Stat Report: not requested

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

7/22/2009

WEIGHT

10.5 Pounds

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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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The left kidney has a normal shape and size (3.68 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. A 0.39 cm cortical cyst is present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Cat Sense Feline
Hospital

The right kidney has a normal shape and size (3.34 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.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

REFERRING VET

Dr. Sinclair

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.

INVOICE

13978

Spleen

The spleen is subjectively normal in size, 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 gall bladder 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.34 cm in diameter. 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is no free fluid present. There is a mild mesenteric lymphadenopathy present with lymph nodes measuring 0.27 cm, 0.35 cm, 0.29 cm. The omentum is of increased echogenicity in the area around the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Decreased corticomedullary distinction in both kidneys- The bilateral renal findings are consistent with age-related change.
- Prominent muscularis layer of the small intestine- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. This can be a normal finding in some older cats.
- Mildly prominent mesenteric lymph nodes- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

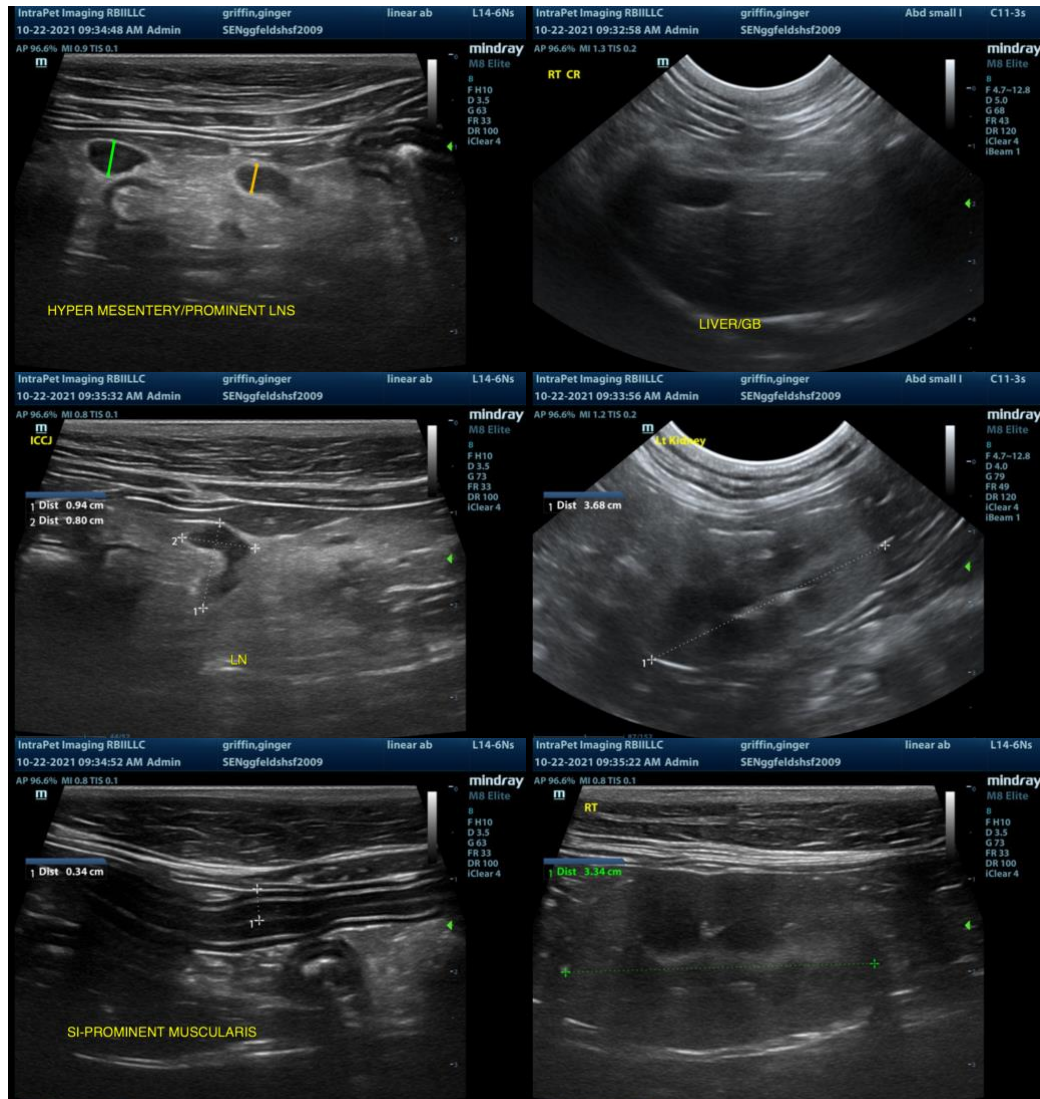
Secondary Findings

- Mildly prominent mottled pancreas- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions were visualized in the urinary bladder or the kidneys which explain the hematuria reported. Urinalysis and culture have already been performed. If possible, consider external genital exam to look for any evidence of external or vaginal lesions. Additionally, a distal urethral lesion would be difficult to visualize. If symptoms persist, options would include a contract cystourethrogram or referral to an institution with a small enough scope to consider cystoscopy.

Many of the other changes reported could likely be associated with age-related change and the absence of weight loss or GI signs. It is difficult to determine the significance of the prominent mesenteric lymph nodes and prominent muscularis layer to the small intestine. If GI disease is suspected, you could consider running a GI panel with a PLI, TLI, cobalamin and folate to further evaluate the pancreatic changes described in the small intestine.





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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