



PATIENT PRESENTING CLINICAL SIGNS

Pebble Hash
Weight loss, decreased appetite, weak in the hind end, drinking and peeing a lot.

SPECIES Abnormal PE/Chem/CBC/UA Results: Bloodwork from 11/8/22 - Hematocrit (16.2), RBC (3.67), Hemoglobin (5.8), SDMA (46), Creatinine (8.8), BUN (178), Globulin (2.9), ALP (10), Cardiotet proBNP (235) Repeated hematocrit today (15%)
Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *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.

SEX

Spayed Female

The left kidney appears slightly swollen, measuring 3.76 cm. Overall echogenicity is hyperechoic with adequate corticomedullary distinction. There is no evidence of focal perinephric inflammation, but there is a small amount of free fluid visualized in the abdomen and around the kidneys There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

2 Years 6 Months

The right kidney appears slightly swollen, measuring 3.7 cm. Overall echogenicity is hyperechoic with adequate corticomedullary distinction. There is no evidence of focal perinephric inflammation, but there is a small amount of free fluid visualized in the abdomen and around the kidneys There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

7.3 Pounds

Adrenal Glands

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

The left adrenal gland is normal in size measuring 0.36 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.

IMAGING PERFORMED BY

Dr. Samantha Hudgins

Spleen

The spleen is subjectively normal in size (0.67 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.

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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.

REFERRING VET

Dr. Samantha Hudgins

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.

INVOICE

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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.

DATE

11/9/22



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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. 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. 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

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is relatively normal in echogenicity.

Other

In several images, there is a large amount of severe shadowing in the mid abdomen. I suspect this could be a colon distended with stool. Correlate with abdominal radiographs.

ULTRASONOGRAPHIC FINDINGS

- Slightly swollen appearing hyperechoic kidneys – Findings could be consistent with acute renal failure, interstitial nephritis, etc.
- Free abdominal fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal in appearance, but the kidneys do appear somewhat hyperechoic and subjectively swollen. Given the severe azotemia reported, these findings could be consistent with acute renal failure (secondary to infection, toxin, etc.), less likely FIP or round cell neoplasia (but possible). Additionally, you could have a variant of congenital renal dysplasia with relatively normal renal architecture.

- Recommend urinalysis and culture.
- Recommend blood pressure evaluation.
- This patient would likely need a transfusion, diuresis, and medical therapy.
- If blood pressure is normal and coagulation parameters are normal, you could consider a fine needle aspirate of the kidney.
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- If lab work is consistent, consider screening for Addison's disease

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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REFERRING VET

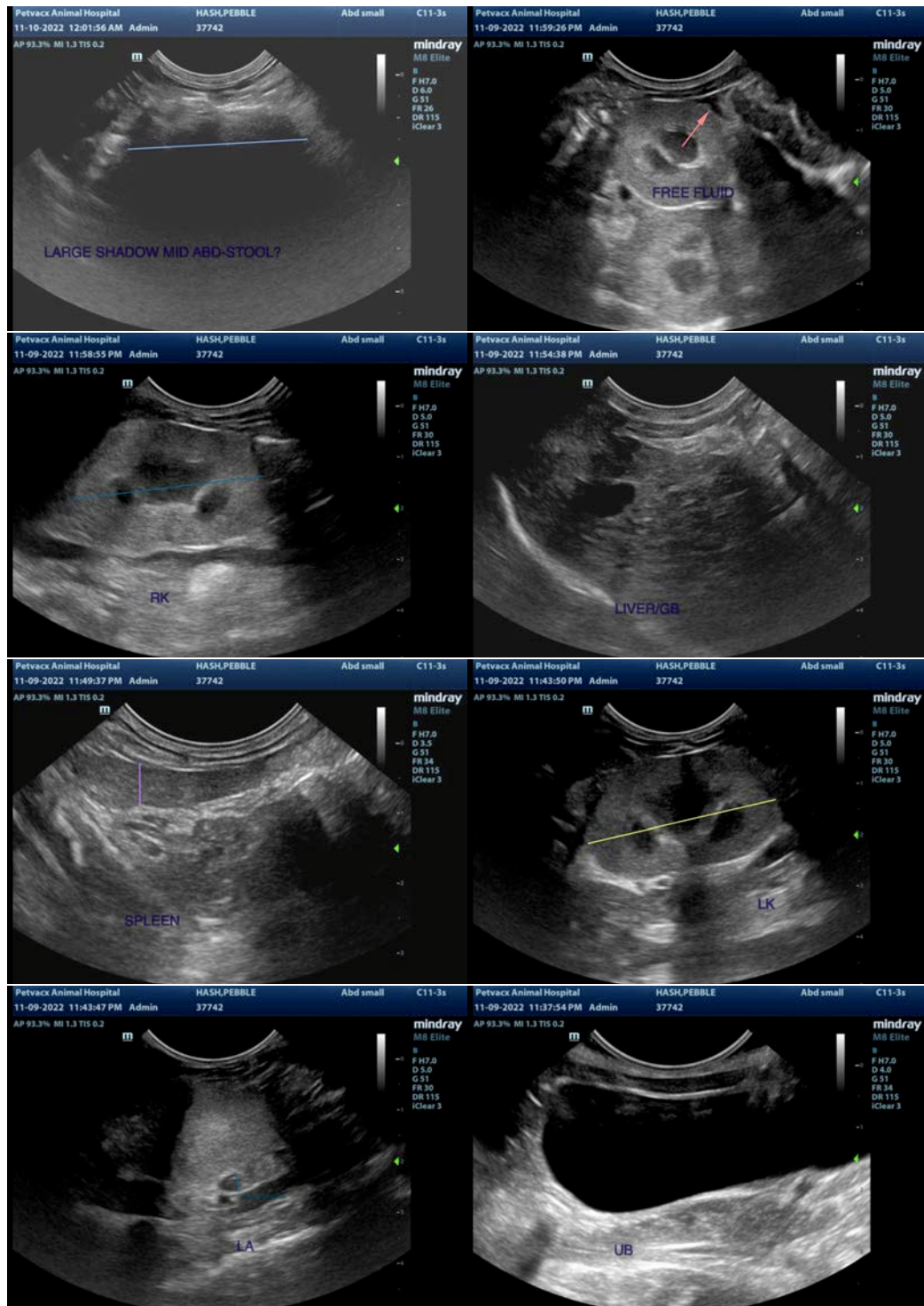
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PATIENT

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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.

SPECIES

Feline

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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