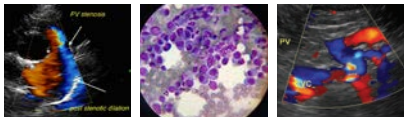
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/30/22

PATIENT

Lavender Pernia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/22/09

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Cannon

INVOICE

43055

PRESENTING CLINICAL SIGNS

Gradual weight loss over several months. Decreased appetite of 1 month.

Current Medications: Denamarin started 11/21/22.
Lab Results: Elevated ALKP, ALT, AST, Tbili, bilirubinemia.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.58 cm). Overall echogenicity is normal with adequate 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 (3.99 cm). Overall echogenicity is normal with adequate 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

Spleen

The spleen is subjectively normal in size (1.0 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 heterogenous in echotexture with subtle, indistinct focal mottling. 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 appears mildly thickened, measuring at 0.27 cm, 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 moderate fluid/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. No masses or focal lesions were observed.

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 0.20 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

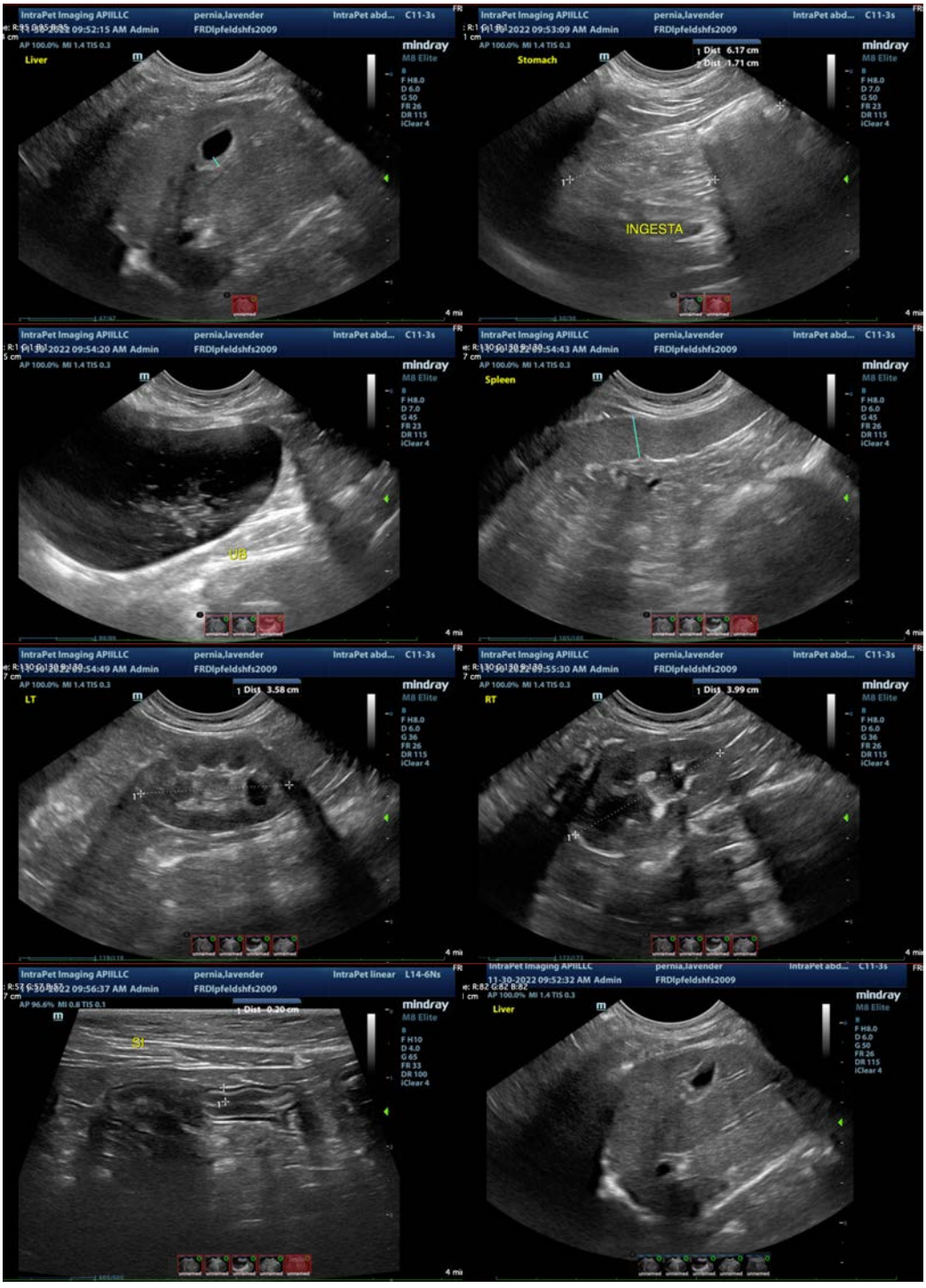
- Large amount of echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Thickened, prominent gallbladder wall – Findings could be consistent with cholecystitis.
- Moderate gastric distention with fluid/ingesta – Correlate with the feeding history. If the patient was adequately fasted, then consider the possibility of delayed gastric emptying or a partial outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver, but the parenchyma does appear somewhat heterogeneous. Additionally, the gallbladder wall is thickened, with minimal surrounding inflammation. These findings could be consistent with cholecystitis, infiltrative disease, etc. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal) and consider empirical treatment for cholecystitis with antibiotics, Ursodiol, etc. If there is no response to therapy, then consider obtaining liver biopsies, or as a last resort, empirical anti-inflammatory steroids (0.5 mg/kg of Prednisone per day). Ideally, a fine needle aspirate should be performed prior to this, as it can change the results of your cytologic analysis.

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

There is a large amount of echogenic debris visualized in the urinary bladder. Recommend a urinalysis and culture.


IntraPet Imaging APIILLC
pernia,lavender
IntraPet abd... C11-3s
FRDIpfeldshfs2009
mindray
M8 Elite
Liver
11-30-2022 09:52:15 AM Admin
Stomach
11-30-2022 09:53:09 AM Admin
Dist 6.17 cm
Dist 1.71 cm
INGESTA
UB
11-30-2022 09:54:20 AM Admin
Spleen
11-30-2022 09:54:43 AM Admin
LT
11-30-2022 09:54:49 AM Admin
Dist 3.58 cm
RT
11-30-2022 09:55:30 AM Admin
Dist 3.99 cm
IntraPet Imaging APIILLC
pernia,lavender
IntraPet linear L14-6Ns
FRDIpfeldshfs2009
SI
11-30-2022 09:56:37 AM Admin
Dist 0.30 cm
IntraPet Imaging APIILLC
pernia,lavender
IntraPet abd... C11-3s
FRDIpfeldshfs2009
Liver
11-30-2022 09:52:32 AM Admin

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com