IMAGING PERFORMED BY

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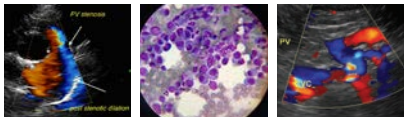

SonoPath

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DATE

12/21/21

PATIENT

Kwin Seidler

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/26/13

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Brunt

INVOICE

33616

PRESENTING CLINICAL SIGNS

History: Recurrent feline lower urinary tract signs ~1.5 years. Also has hx of periodic vomiting which seems to coincide with owner's decreased grooming. No/rare hairballs.

Current Medications: Gabapentin 50mg PO q24hr.
Lab Results: Pending; to be collected the night before or same day. Dental procedure scheduled the same day.
Radiographs: Radiographs show a circular faint opacity on lateral views.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
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 echogenic 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, or masses. There is dependent hyperechoic debris evident as well as at least one focal calculus measuring approximately 0.53 cm. Recommend correlating with radiographs, as there could be more than one stone present.

The left kidney is normal in size (3.53 cm), but irregular in shape. 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.

The right kidney has a normal shape and size (4.06 cm) with a 0.26 cm non-obstructive nephrolith. 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. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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.

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 gallbladder 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 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 measured 0.3 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There are no obvious intraparenchymal nodules or cystic lesions visualized. In the area of the pancreas, there is an isoechoic, ill-defined nodule measuring 0.65 cm, which could represent a pancreatic nodule (benign or neoplastic), a lymph node, or ectopic spleen. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a generalized mesenteric lymphadenopathy visualized. There is an isoechoic, ill-defined, rounded lesion visualized medial to the spleen in the area of the pancreas. This lesion could represent a pancreatic nodule, a lymph node, or ectopic splenic tissue. The omentum is of normal echogenicity.

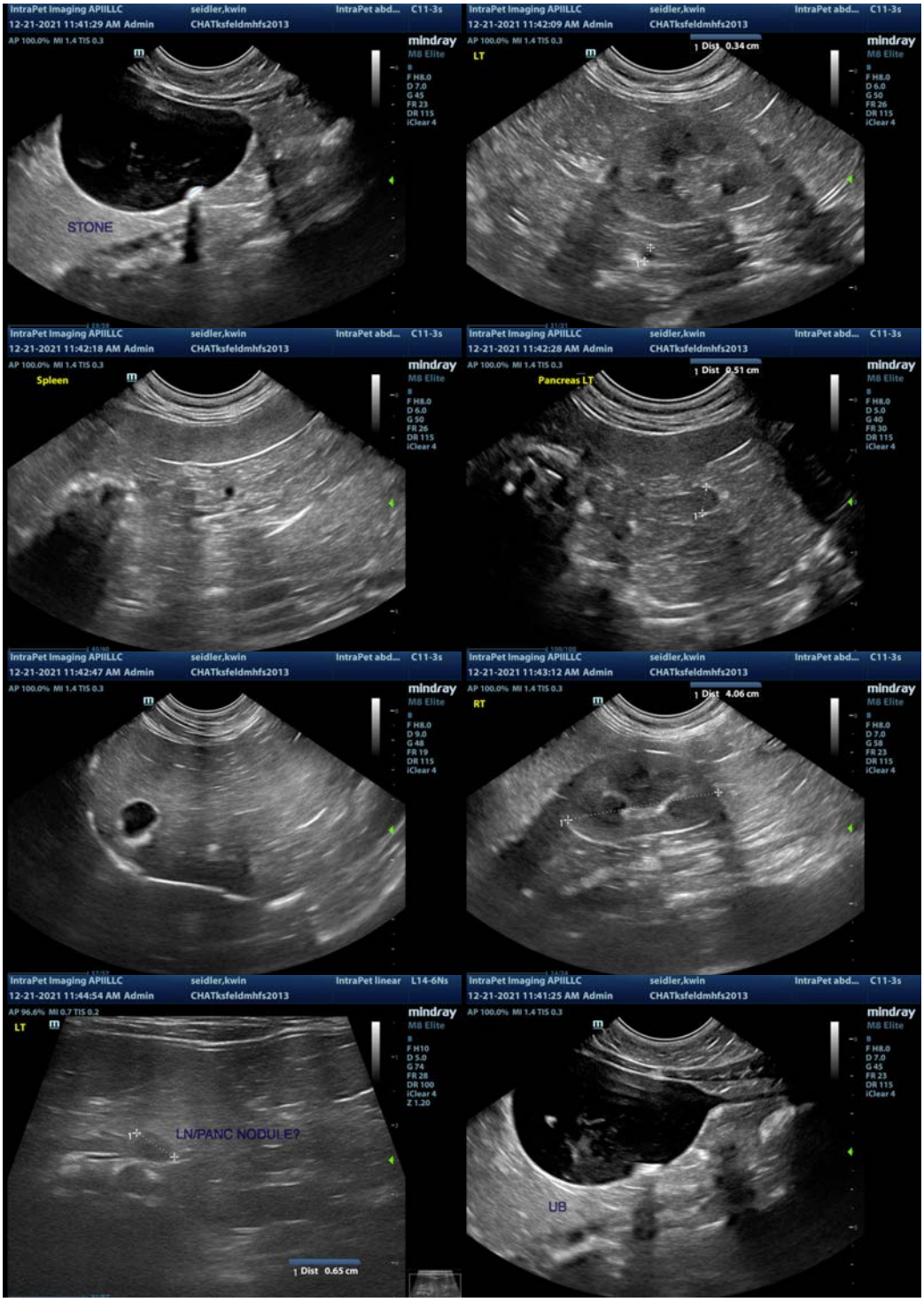
ULTRASONOGRAPHIC FINDINGS

- Echogenic debris within the urinary bladder and cystic calculi observed – Correlate with abdominal radiographs to confirm size and number of stones present.
- Mildly decreased corticomedullary distinction in both kidneys with a right-sided non-obstructive nephrolith – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Rounded, nodular structure medial to the spleen in the area of the pancreas – Differentials include lymph node, pancreatic nodule (benign or cancerous), or ectopic splenic tissue. This lesion appears relatively quiet with no surrounding inflammation, and is fairly subtle. The appearance favors a benign process, but close monitoring is warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a lot of echogenic debris within the urinary bladder in addition to some dependent mineralizations, most consistent with bladder stones. Correlate these findings with abdominal radiographs to determine the size and number of stones present. Recommend urinalysis and culture. If the patient is symptomatic, and no infection is present, a cystotomy could be considered.

If a cystotomy is performed, recommend evaluation of the tissue in the pancreatic area to see if the nodule can be identified +/- sampled. The appearance of this nodule on ultrasound favors a benign process, as it does not appear prominent or inflamed, but if surgical evaluation is not performed, then consider recheck ultrasound in approximately 8 weeks. Recommend 3-view thoracic radiographs.



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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