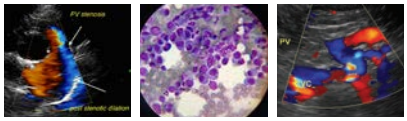
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

12/27/22

PATIENT

Tristan Sgroi

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

11/2/08

WEIGHT

10.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Davies

INVOICE

43740

PRESENTING CLINICAL SIGNS

History of sensitive stomach, lately cannot keep food down. Vomits immediately after eating. Two mineralized opacities in caudal abdomen on radiograph. No bunching of the intestines or masses palpable, bladder small, small amount of feces in colon

Current Medications: None listed.
Lab Results: Elevated ALT.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV torb.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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, or masses. There is a well-defined, shadowing, hyperechoic mobile calculus noted in the dependent portion of the urinary bladder measuring 0.65 cm. Additionally, there is another mineralization measuring 0.61 cm, which either appears embedded in the mucosa of the urinary bladder, or could be just dorsal to it, possibly consistent with a bates body.

The left kidney has a normal shape and size (4.35 cm) with small non-obstructive nephroliths, one measures 0.24 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.59 cm) with small non-obstructive nephroliths, one measures 0.24 cm. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.85 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a cystic lesion visualized within the hepatic parenchyma, measuring 1.62 cm x 1.2 cm.

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.

Gastrointestinal

The stomach contains a moderate to large amount of focal soft shadowing material, most consistent with organized ingesta, a hairball, or similar structure. 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. 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.

PRIMARY FINDINGS

- Discrete mobile bladder stone and a secondary mineralized structure dorsal to the urinary bladder – Findings are most consistent with a bladder stone and extra luminal mineralization, consistent with an embedded stone or bates body.
- Soft shadowing organized material within the gastric lumen – Findings are suggestive of a soft foreign body such as a hairball, but organized ingesta or other material is possible.
- Mildly prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

SECONDARY FINDINGS

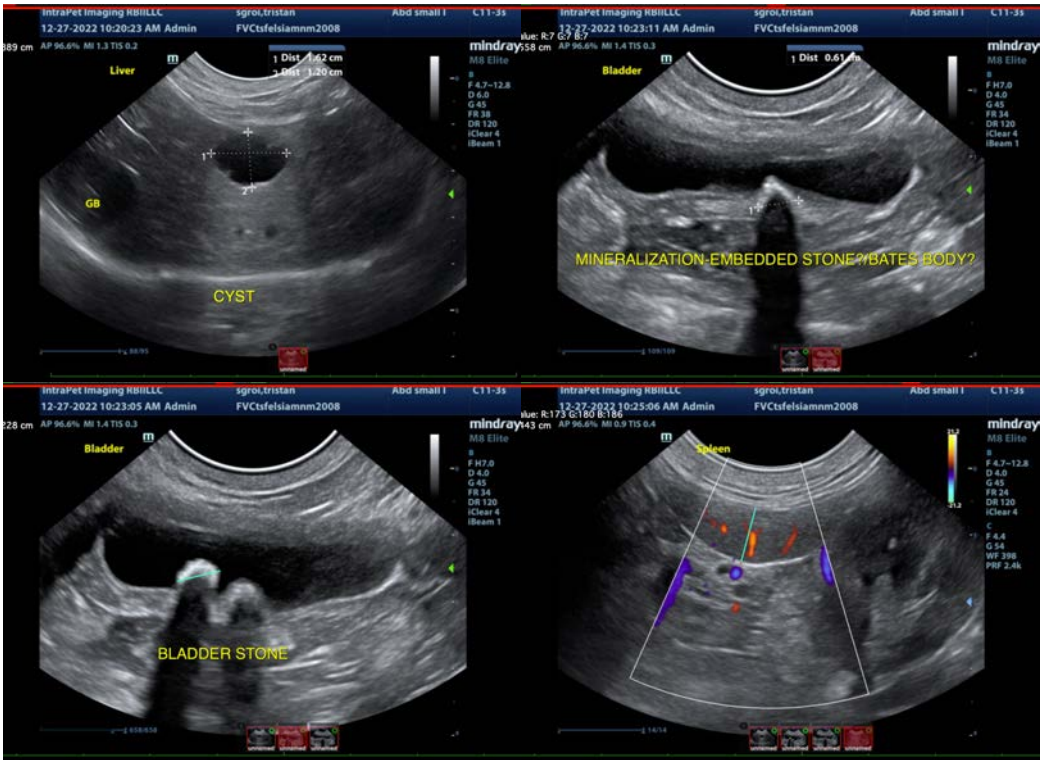
- Decreased corticomedullary distinction in both kidneys with small non-obstructive mineralizations – The bilateral renal findings are consistent with age-related change.
- Cystic structure within the hepatic parenchyma – Findings are most consistent with a benign hepatic cyst.

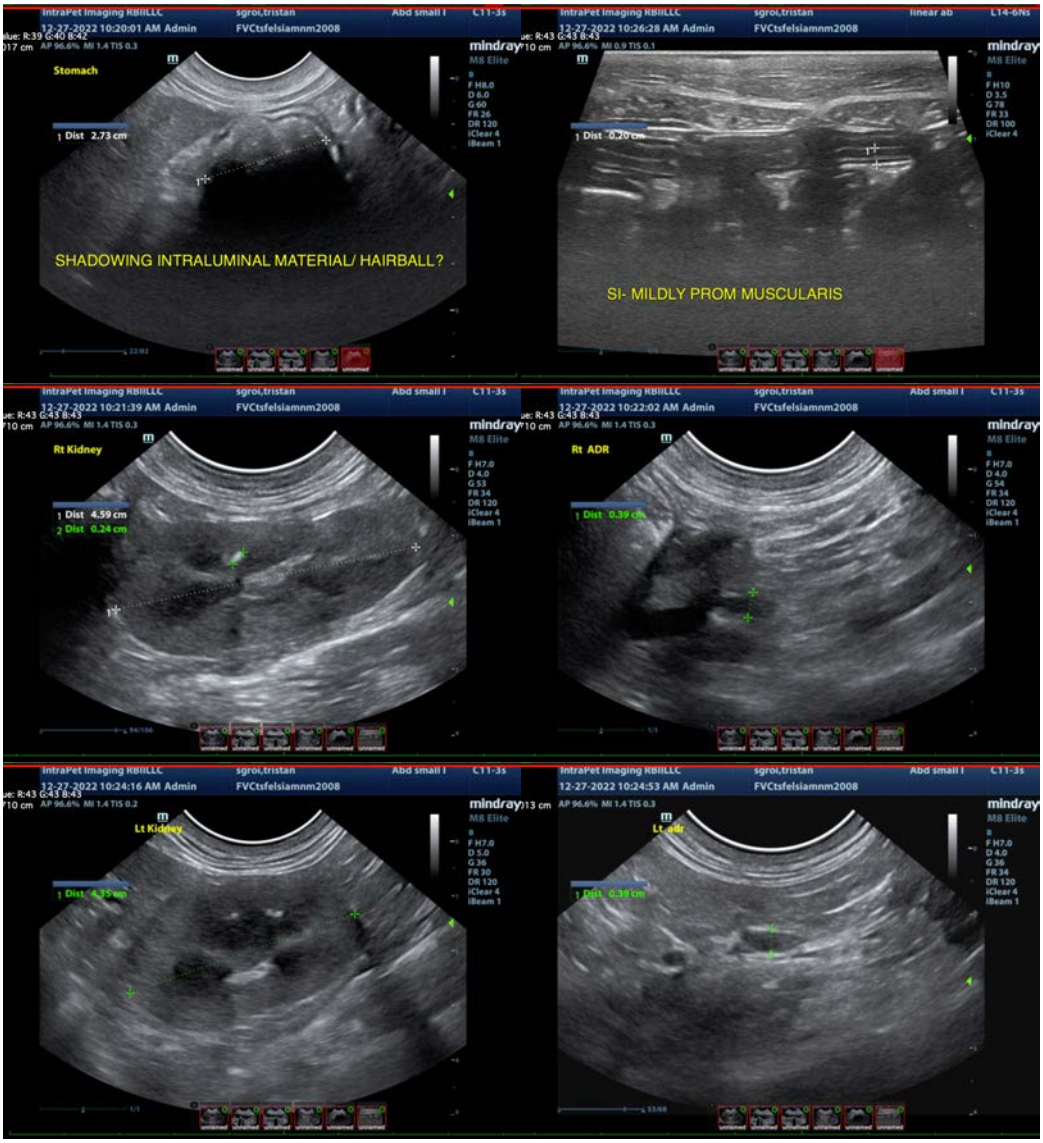
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some soft shadowing material visualized within the gastric lumen. Correlate this with the feeding history and abdominal radiographs. This is suggestive of a possible hairball or other soft foreign material. Options would include attempted medical management, endoscopy, surgery, etc. If hairball removal is considered, then recommend obtaining GI biopsies, as often these patients have underlying gastrointestinal disease. Additionally, a GI panel to Texas A&M could be considered.

There is a stone visualized within the urinary bladder, which is mobile and discrete. Additionally, there is a discrete mineralized object visualized in the dorsal region of the urinary bladder, which is non-mobile and appears to have mucosa overlying it. This is consistent with either an embedded stone or a stone just dorsal to the urinary bladder and could be consistent with a bates body. Recommend continued monitoring of this lesion with radiographs. Additionally, if a cystotomy is considered to remove the stone and evaluate the gastric foreign material, consider evaluation of this mineralization as well as the GI biopsies.

There is decreased corticomedullary distinction in both kidneys and some small mineralizations most consistent with age related chronic progressive change. Recommend a blood pressure, urinalysis and culture to obtain a baseline.





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.

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