**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

History: Patient presents for anorexia/hyporexia - PE overall WNL, (temperature 103.7) 1 pound weight loss over last year.

Current Medications: Sent home Entyce yesterday @ 2 mg/kg

Lab Results: See attached.

Radiographs: Rads - abdomen and chest - NSF.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**PATIENT**

Bella Burger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

2014

**WEIGHT**

12.3 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Miller

**INVOICE**

96237

**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 (3.78 cm). Overall echogenicity is normal with adequate 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 (3.7 cm). Overall echogenicity is normal with adequate 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.

The right adrenal gland is normal in size measuring 0.45 cm at the caudal pole (insert other measurements if provided) 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 or large) in size The spleen echotexture is heterogenous and mottled, 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.

### ***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. The duodenum measured as normal and the jejunum measured as normal (0.17 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.

### ***Other***

There is a small, cystic, rounded lesion that was visualized cranial to the urinary bladder and measured 1.39 x 0.75 cm. The origin of this structure is unknown, but a cystic lymph node is possible.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

- Echogenic urine in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Cystic structure visualized cranial to the urinary bladder. I suspect that this represents an incidental finding/possible cystic lymph node. I recommend to continue monitoring.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

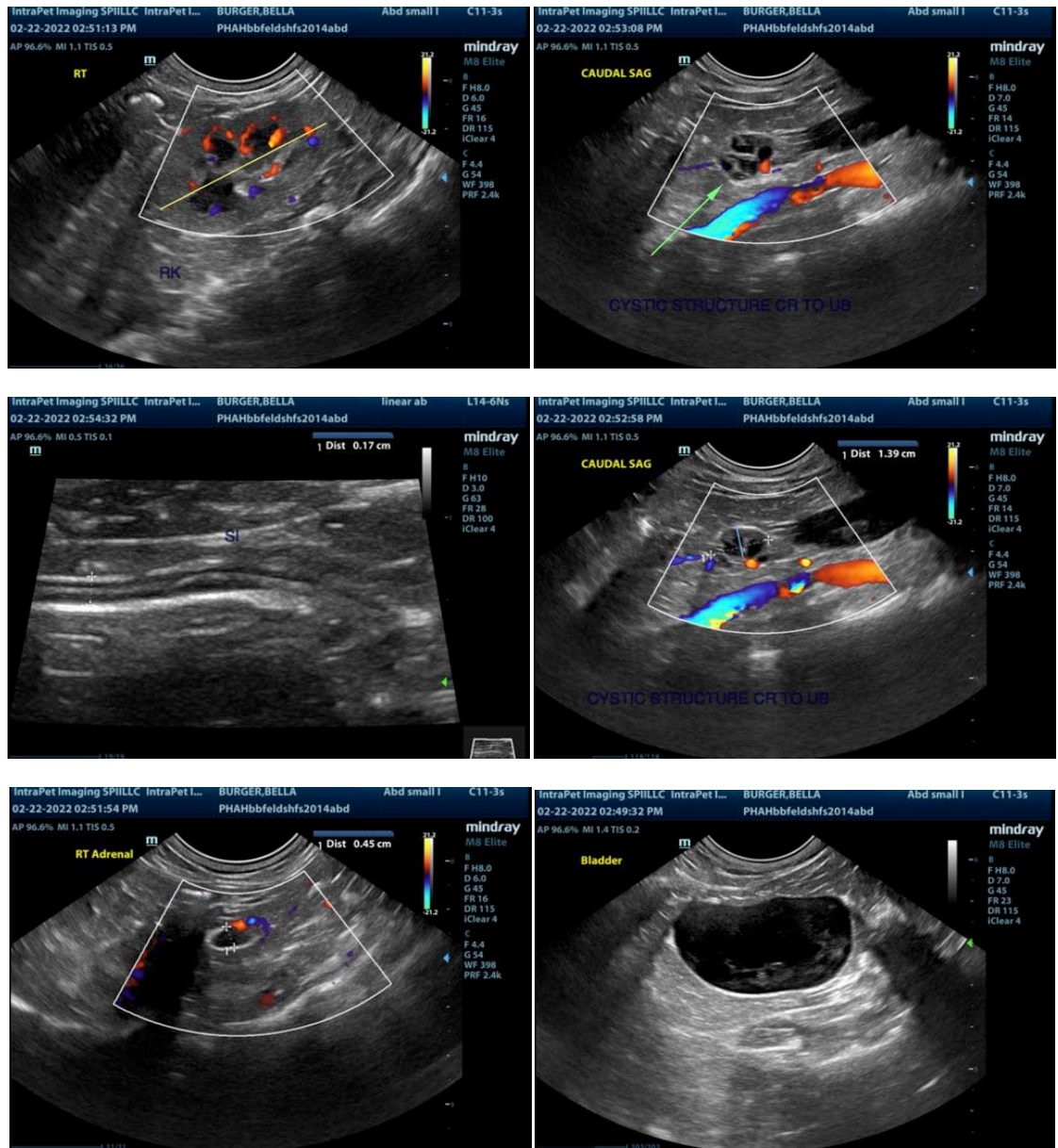
Today's scan is relatively normal. There is some echogenic debris visualized in the urinary bladder. I recommend urinalysis and culture (cysto obtained during the scan).

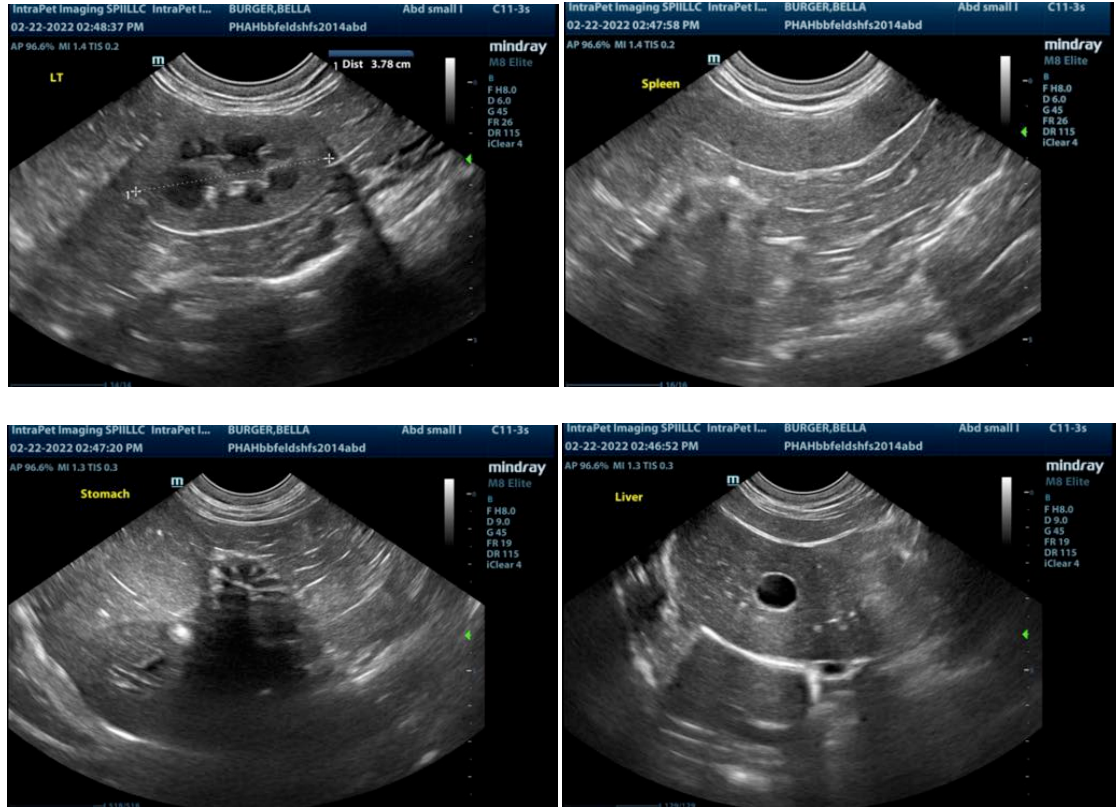
Additionally there is a small cystic structure visualized cranial to the urinary bladder. The significance of this lesion is unclear, but it does not appear inflamed and could be consistent with a small area of cystic omentum or a cystic lymph node. I recommend to continue monitoring. If you are concerned a FNA could be considered.

If fever is the only identified problem at this time then consider differentials such as infection and inflammation. Depending on this cat's lifestyle, etc. I typically screen for vector borne diseases (NC State Vector borne disease lab feline comprehensive panel), Toxo +/- FIP (PCR to Auburn).

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

Urine culture is recommended and listen carefully for a new heart murmur, etc. If no source of infection is identified I will often start a very low dose of an anti-inflammatory (typically Prednisolone at 0.5 mg/kg/day for a 2 week taper) while monitoring closely to see if the fever resolves with the discussion (with the owner) that this could make an infection worse or mask other issues.





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.

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