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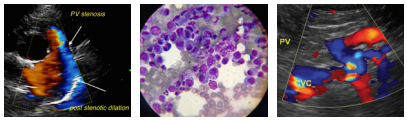

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DATE

2/8/23

PATIENT

Pepe Swift

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/15/08

WEIGHT

7.5 kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

44945

PRESENTING CLINICAL SIGNS

Hematuria, pollakiuria, stranguria, urinary accidents outside the box. Currently urinating 20-30x per day, first noted December 2022 and has worsened since. Also defecating less frequently but does not appear to be overtly constipated. Reduced appetite. Also has history of early CKD and hyperthyroidism treated w/I-131 (most recent T4 normal). PE--possible mass palpable in bladder and possible discomfort in this area (difficult to tell definitively w/BCS).

Current Medications: Gabapentin 100mg prior to vet visits, Onsior 6mg once daily, Clavamox 62.5mg BID.
Lab Results: 12/19: BUN 37, creat 1.8. 12/21: USG 1.017, 20+ RBC/hpf. 12/23: negative urine culture.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears focally thickened and irregular in the ventral aspect, creating somewhat of a mass effect measuring approximately 3.4 cm x 1.39 cm. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of any calculi or focal mass lesions. Lack of urine distention somewhat impairs interpretation and evaluation of the urinary bladder. Findings are most consistent with a mass effect.

The left kidney has a normal shape and size (4.82 cm) with significant pyelectasia at 0.51 cm and hydronephrosis. Overall echogenicity is slightly hyperechoic with mildly reduced 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 nephroliths or infarcts. Renal vasculature is normal.

The right kidney has a normal shape and size (4.49 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 left adrenal gland is normal in size measuring 0.42 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 is visualized.

Spleen

The spleen is subjectively normal in size (0.64 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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder appears mildly prominent and thickened at 0.18 cm. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate intraluminal shadowing material. 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. Focal shadowing material is evident within the gastric lumen, most consistent with either ingesta or ingested foreign material, hairball, etc. No evidence of an obstruction is visualized.

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 0.30 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

- Focal thickening of the ventral wall of the urinary bladder – Findings are most concerning for a mass effect (TCC, leiomyoma/sarcoma, lymphoma, etc.).
- Decreased corticomedullary distinction in both kidneys with early hydronephrosis – Findings are suggestive of an early obstruction at the level of the urinary bladder.

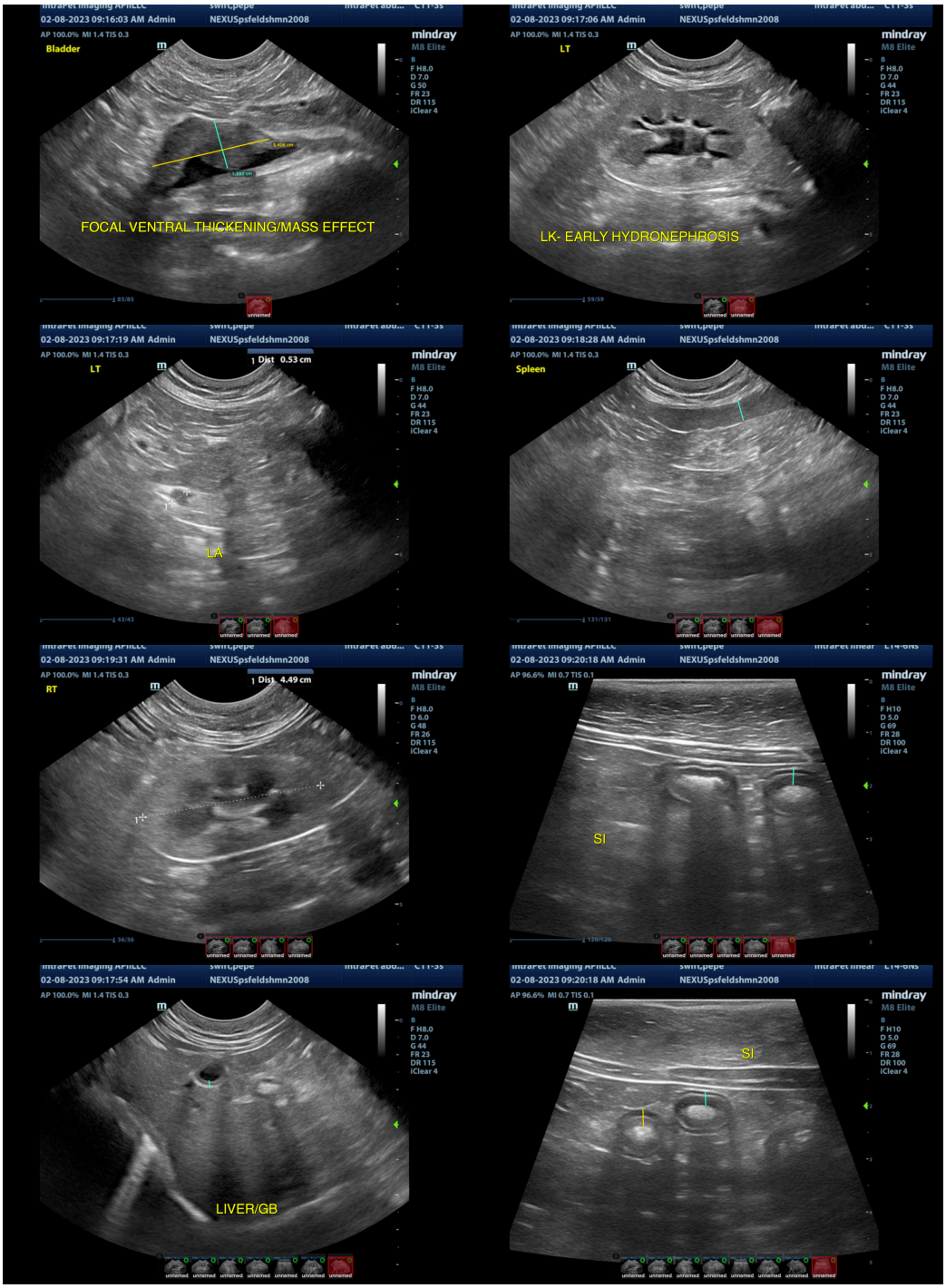
ULTRASONOGRAPHIC FINDINGS

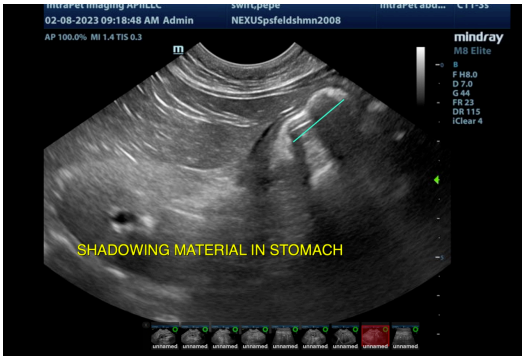
- Prominent/mildly thickened gallbladder wall – The significance of this is unclear, as it is very mild. Correlate with liver values.
- Shadowing material visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings on today's exam include a focal thickening/mass effect in the ventral wall of the urinary bladder, decreased corticomedullary distinction in both kidneys with early left-sided hydronephrosis, a prominent gallbladder wall, and shadowing material visualized within the gastric lumen.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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)
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