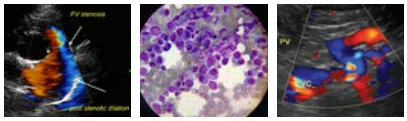
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

3/23/23

PATIENT

Cali Baer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/22/06

WEIGHT

4.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Merry

INVOICE

46140

PRESENTING CLINICAL SIGNS

Owner presented just for 6 months wellness exam. No initial concerns. Noted weight loss. 3/2/23: ~3cm, firm, bilobed or multilobed and moveable. located mid abdomen intra-abdominally in region of left kidney. may actually be a very irregular left kidney. 3/2/23 Heart Murmur 2/6 L parasternal systolic

Current Medications: None.
Lab Results: 3/2/23 : Early CKD (IRIS stage 2). BNP elevated indicating that her heart is affected by the murmur heard. T4 is borderline elevated, but not other signs of hyperthyroid (ALT normal although was elevated in 7/2022) so likely very early if it is hyperthyroid.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCSm RVT.

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, masses or cystic calculi.

The left kidney has a normal shape and size (2.8 cm) with mild pyelectasia at 0.28 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.06 cm) with mild pyelectasia at 0.21 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.37 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 (0.94 cm in width at the level of the hilus), 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 mild and 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 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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.21 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 is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes, one measures 0.35 cm. Additionally, there is a hypoechoic to isoechoic round mass effect visualized between the duodenum and portal vein, measuring 1.12 cm x 0.91 cm. This could be consistent with a lymph node or other mass effect (hepatic, pancreatic, etc.).

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Prominent, hypoechoic pancreas with prominent pancreatic – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Prominent muscularis layer to 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.

- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- Isoechoic mass effect visualized between the duodenum and portal vein – This mass lesion has the same echogenicity as the mesenteric lymph nodes and does not appear to be invading local tissues. Recommend continued monitoring or sampling if a safe window can be identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

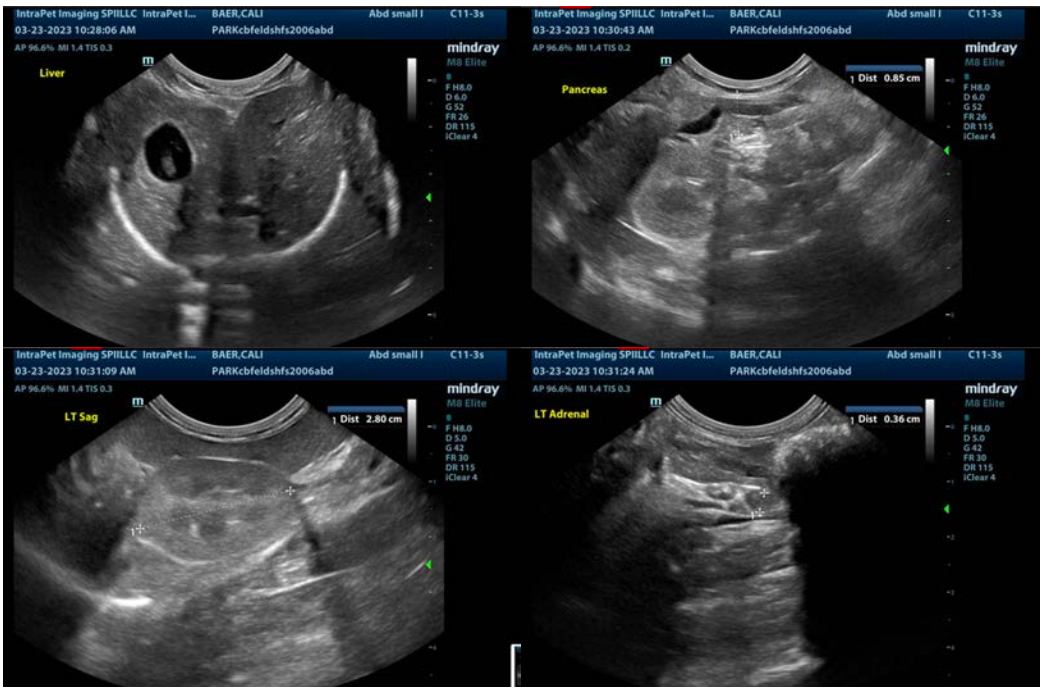
The changes observed on today's scan are relatively mild for the age of this individual. There are some mild changes visualized associated with the kidneys. Consider a blood pressure evaluation, urinalysis and culture, looking for any evidence of pyelonephritis, hypertension, etc.

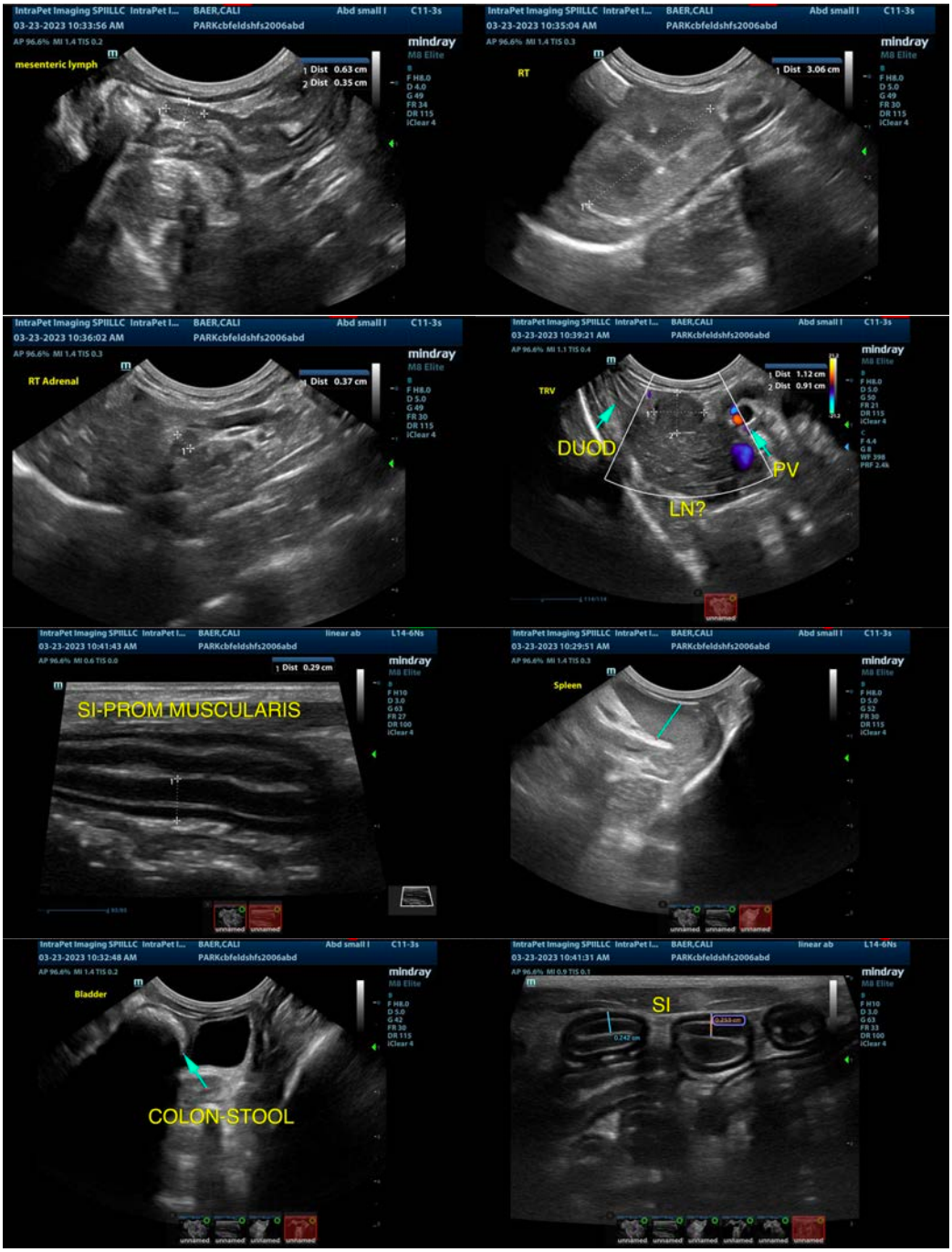
The pancreas is diffusely hypoechoic and prominent with prominent pancreatic duct. This is likely consistent with previous episodes of inflammation, although current mild inflammation is possible. Correlate these findings with a quantitative fPLI. If signs of pancreatitis are present, then consider empirical treatment.

The muscularis layer to the small intestine is prominent. This can be an indicator of small intestinal inflammation/disease, but it can also be a normal finding in some older cats. The significance of this lesion is questionable, given the lack of GI signs described.

There are prominent mesenteric lymph nodes and a mass effect visualized in the cranial abdomen. This mass effect is isoechoic and has regular rounded borders and does not appear to be invading local tissues. This could be a lymph node or other mass effect. If a safe window can be obtained, consider a fine needle aspirate. Otherwise, recommend continued monitoring.

The source of the mass effect palpated is not clearly identified. There is a moderate amount of firm hard stool visualized in the colon. Consider the possibility of a fecal ball.




mesenteric lymph
Dist 0.63 cm
Dist 0.35 cm
RT
Dist 3.06 cm
RT Adrenal
Dist 0.37 cm
TRV
DUOD
PV
LN?
Dist 1.12 cm
Dist 0.91 cm
SI-PROM MUSCULARIS
Dist 0.29 cm
Spleen
Bladder
COLON-STOOL
SI

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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