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DATE PRESENTING CLINICAL SIGNS

3/28/23

History of hyperthyroidism Owner has done brand name in past-- seems to do better but not available and had to increase recently History of some stiffness in hind end on dasaquin Gets mirtazapine daily for appetite for a while Hx of UTI's years ago, has had cultures and been on abs long term-- not for years tonight, would not walk well, would go a few steps and then fall back down as far as owner is aware is urinating, drinking and eating, and defecating

PATIENT

Daisy Hewitt

SPECIES

Feline

Current Medications: Provable, Clavamox, Buprenorphine, Zeniquin, Methimazole, Gabapentin, Cerenia.

Lab Results: See attached.

Radiographs: Bladder is moderate size No uroliths SI --spondylosis

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Ragdoll

SEX

Spayed Female

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.

AGE

3/26/04

The left kidney has a normal shape and size (3.68 cm) with mild pyelectasia at 0.12 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a scant amount of perinephric fluid. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9.3 Pounds

The right kidney is small with irregular margins and complete loss of normal architecture. Pyelectasia noted at 0.32 cm. Scant perinephric effusion present.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.49 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.

REFERRING VET

Dr. King

Spleen

The spleen is subjectively normal in size (0.77 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.

INVOICE

46194

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. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine with more significant wall thickening and reduced detail of wall layering. The bowel wall in this region measures at 0.32 cm.

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 is an irregular hypoechoic mass effect most consistent with an enlarged lymph node in the right cranial abdomen measuring 1.28 cm x 0.82 cm. The omentum is hyperechoic around the kidneys.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia and a shrunken irregular right kidney – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The right kidney is most consistent with a scarred, possibly non-functional kidney.
- Hypoechoic, prominent pancreas with a prominent pancreatic duct – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent muscularis layer of the small intestine with a focal area of thickened bowel with reduced detail of wall layering – 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. The focally thickened small bowel is concerning for possible infiltrative disease (round cell neoplasia, etc.), but severe inflammation is possible/less likely.
- Large, hypoechoic mass effect in the right cranial abdomen – I suspect this is a severely enlarged lymph node. Recommend fine needle aspirate.

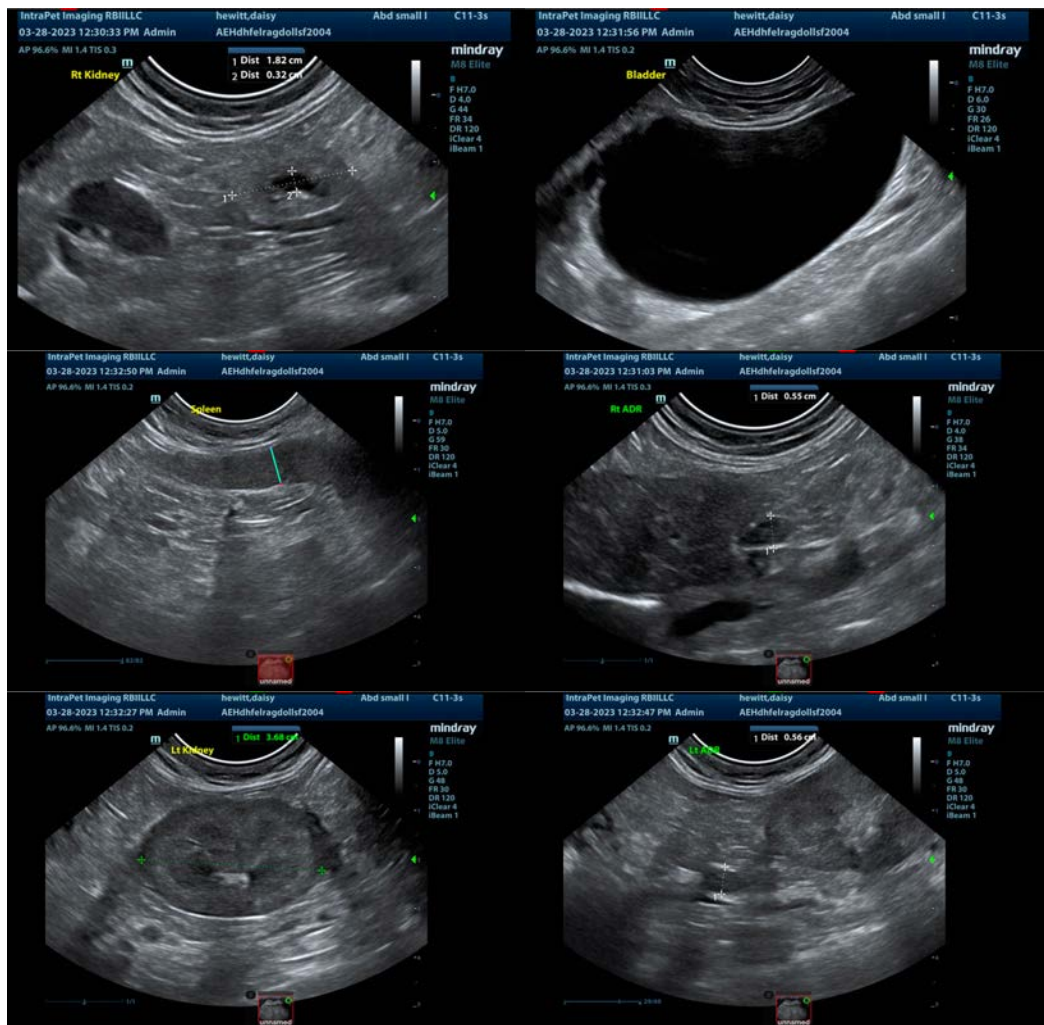
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

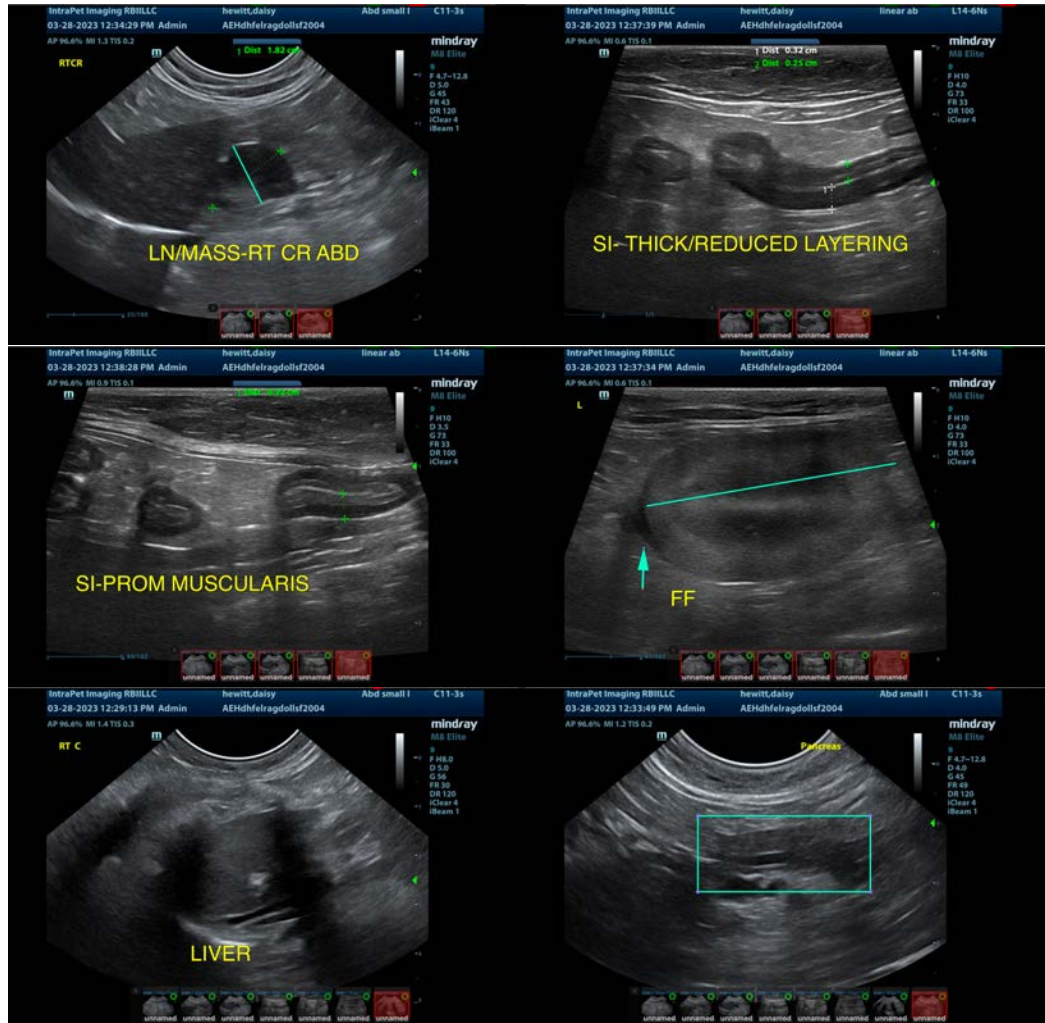
The changes in both kidneys are most consistent with chronic progressive renal disease and possible pyelonephritis. Recommend urinalysis and culture and treatment for pyelonephritis if appropriate/possible.

Additionally, the pancreas is prominent, and there is a section of small bowel with focal thickening and loss of layering. There is not a distinct mass effect in this region, but there is concern for possible infiltrative disease. A biopsy would be necessary to further evaluate.

There is a large hypoechoic structure in the right cranial abdomen, most consistent with an enlarged abnormal lymph node. Recommend a fine needle aspirate of this lymph node, looking for possible evidence of round cell neoplasia, but other differentials are possible.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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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