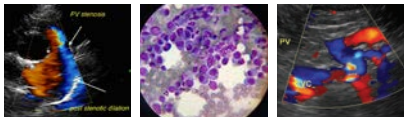
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

3/28/23

PATIENT

Katy Azar

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

2/27/22

WEIGHT

7.7 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

46195

PRESENTING CLINICAL SIGNS

Urgent Care records: 3/27/23 - PC: History: Kati may have ingested some of a silica gel packet (owner saw it was chewed on and open). For two days she has not wanted to eat or drink. She vomited about 4x 48 hours ago but no additional vomitus seen. Lethargic around the home. Owner has Lily plants in the home. - QAR, dehydrated, no murmur detected, abdomen tense mid palpation, normal ambulation - **DIAGNOSTICS PERFORMED/ RESULTS: ** 1. PCV/TS: 56% 7.6 clear 2. cbc: HCT 52%, rbc 12.81, 3. chem10/lytes: Cr 3.1, BUN 101, Na 143, K 2.5, Cl 98 4. usg 1.022 - **DECLINED DIAGNOSTICS** (if any): 1. complete UA 2. Abdominal radiographs - 70ml LRS SQ prior to transfer - Problem: azotemia (possible lily ingestion or silica gel ingestion), vomiting, lethargy 8/17/21- Urgent care - PC: Abdominal distention - Removed 250 ML yellow sticky viscous fluid - Concern for FIP, fluid in abdomen - Abdominocentesis - Rx prednisolone + entyce 8/12/21- - FAST scan Moderate fluid - Fecal float- negative - Fluid aspirate - Panacur - FCoV positive - Biotype- below limit of detection. According to owner in room - O states she was completely normal until 2 days ago- not eating, not drinking - Never saw P eat the silica gel- saw sister nibbling on it, No hx of ingestion of lily- has had lilies in house for 2 years - O states that in 2021 diagnosed with suspected FIP- joined a facebook group- gave an anti-viral every day for 3-4 months- shots and then she resolved- no shots since Dec 2021- O states that she was "cured" - no treatment since then - No weight loss, normal drinking/ urination.

Current Medications: Cerenia, Protonix, Buprenorphine.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
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, masses or cystic calculi.

The left kidney has a normal shape and size (4.13 cm) with mild pyelectasia at 0.26 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 (4.43 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 0.41 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 0.45 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 (0.98 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 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 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 0.25 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 area of 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. There are irregular, slightly hypoechoic mesenteric lymph nodes, examples of which measure 1.36 cm x 0.78 cm and 0.88 cm in diameter. The omentum appears diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Prominent, slightly irregular, mildly hypoechoic mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

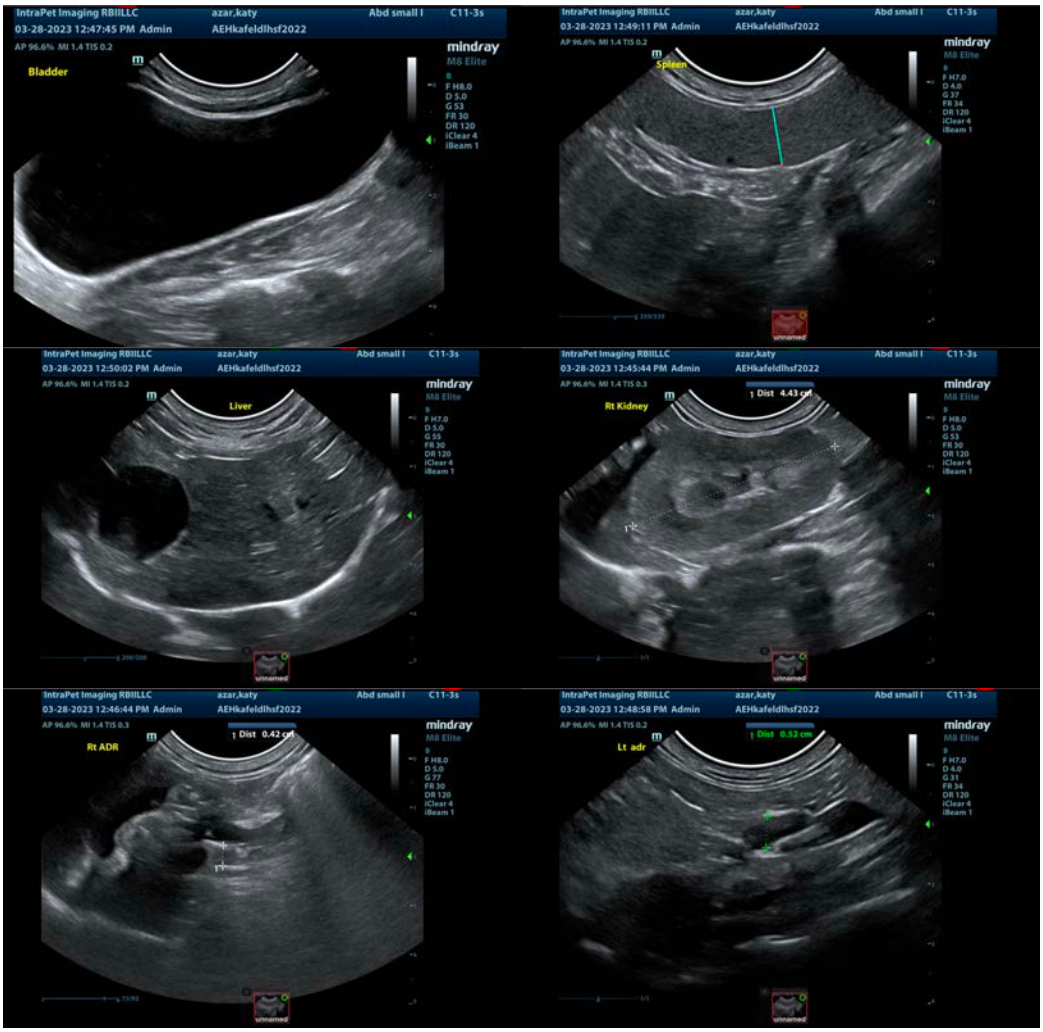
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

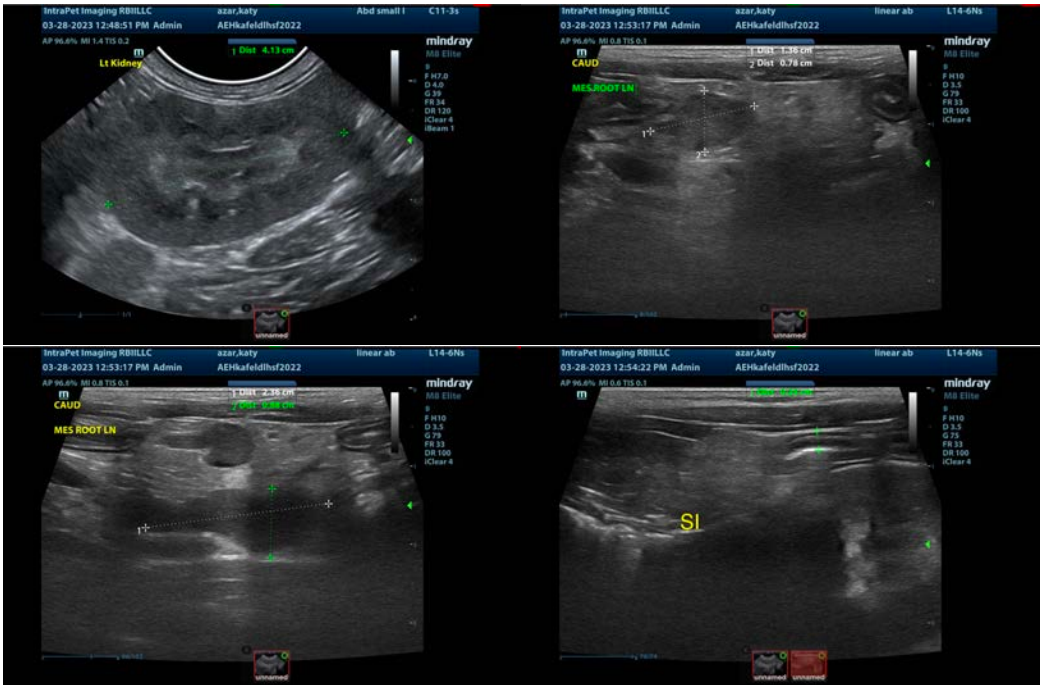
The appearance of the kidneys is somewhat abnormal with some surrounding hyperechoic mesentery and decreased distinction of the renal architecture. Findings are concerning for underlying renal disease, possibly

a pre-existing component with an acute injury episode (acute on chronic crisis?). Additionally, there is some mild pyelectasia, which could be secondary to PU/PD, pyelonephritis, etc. No evidence of an obstruction is visualized.

The significance of the mesenteric lymph nodes is uncertain. Recommend treatment for acute kidney injury including blood pressure, urinalysis, culture (as was described). If there is suspicion of a concurrent issue, then a fine needle aspirate of a mesenteric lymph node could be considered.

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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