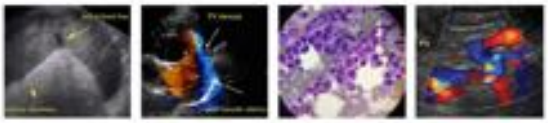


PATIENT

Kayla Francis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12y

WEIGHT

5.87lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

10102

DATE

3/7/2023

PRESENTING CLINICAL SIGNS

Butorphanol 0.2mg/kg IM- Initially presented for dysuria and diagnosed with E. coli urinary tract infection. Susceptible to amoxicillin. Began amoxicillin for 14 days and then rechecked urine culture and patient still had E. coli infection. No dysuria. Began Clavamox. Patient developed reaction to Clavamox and switch to orbifloxacin. Awaiting the end of these antibiotics before rechecking again. Owners are very in touch and close to their cats. Abdominal ultrasound mostly for urinary tract and possible neoplasia or unlikely radiolucent bladder stones

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 (3.39 cm). Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (3.01 cm). Overall echogenicity is normal with adequate 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 0.46 cm at the caudal pole. There is hyperechoic shadowing materials associated with the left adrenal, consistent with mild mineralization. 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.

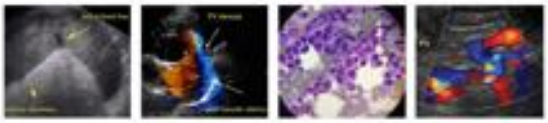
Spleen

The spleen is normal/borderline large in size at 1.02 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.



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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. The jejunum measured 0.02 cm in diameter. 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. There is an occasional prominent mesenteric lymph node one such lymph node is visualized measuring 0.31 cm. The omentum is of normal uniform echogenicity.

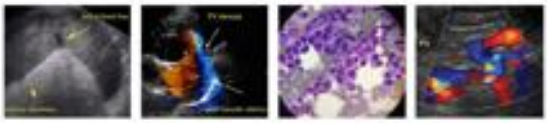
ULTRASONOGRAPHIC FINDINGS

- Borderline large spleen. This has a normal echogenicity and shape but is slightly “plump” if there is significant concern for round cell neoplasia a fine needle aspirate could be considered.
- Prominent muscularis layer of 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a structure abnormality of the urinary tract to explain the urinary tract infection reported. This makes the likelihood of ectopic ureter, diverticulum, or other congenital abnormality less likely, but unfortunately it does not definitively rule them out. If this is a non-complicated urinary tract infection it is possible that treatment would resolve the issue and continued monitoring is warranted. If these are recurrent urinary tract infections, then additional evaluation should be considered.

- Consider such systemic causes such as diabetes, chronic renal failure, or any other reasons for immunosuppression.
- Consider external conformational issues, neurologic disease interfering with urine emptying



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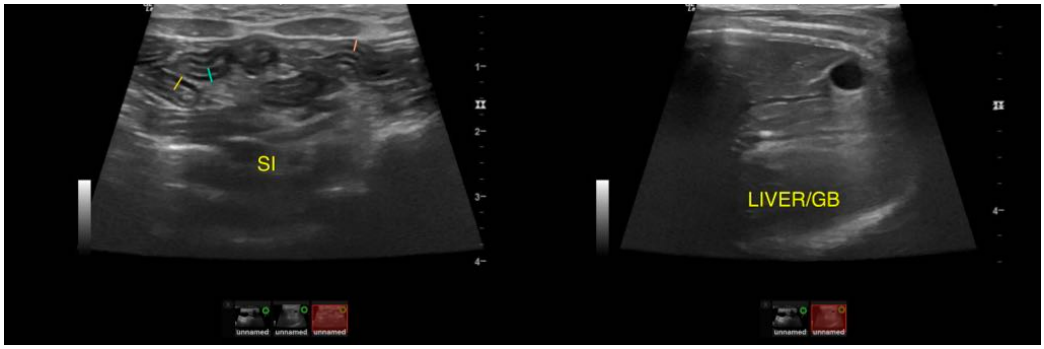
etc.

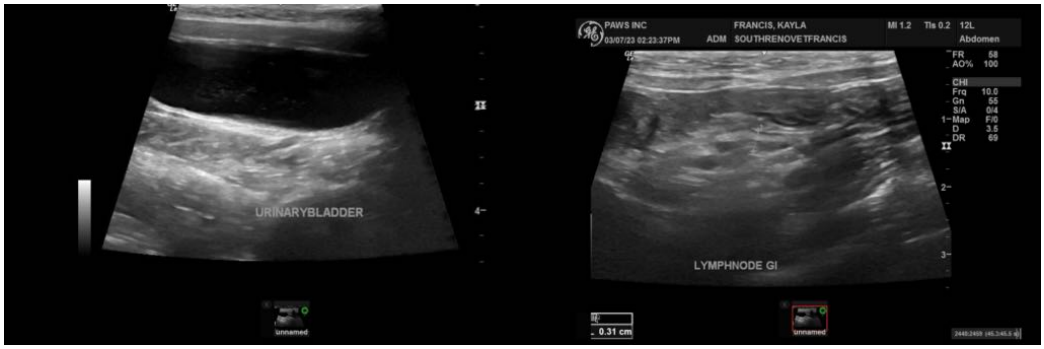
- Further evaluation with cystoscopy or CT scan could be considered, but the likelihood of a true congenital issue at this age seems less likely. This patient should be on chronic probiotic therapy, spaced from antibiotic therapy by at least an hour, and encouraged to urinate. Frequent urinalysis and cultures should be performed to try and target anti-microbial therapy to prevent resistance and try to determine if cystitis and an infection are present, and what the treatment plan should be.

The muscularis layer of the small intestine appears somewhat prominent, this could can be a common finding in normal older cats, but if there is suspicion of underlying GI disease then further evaluation could be warranted.

The spleen appears somewhat prominent but otherwise normal, if there is a strong concern for round cell neoplasia consider a fine needle aspirate.

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





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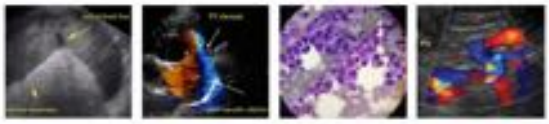

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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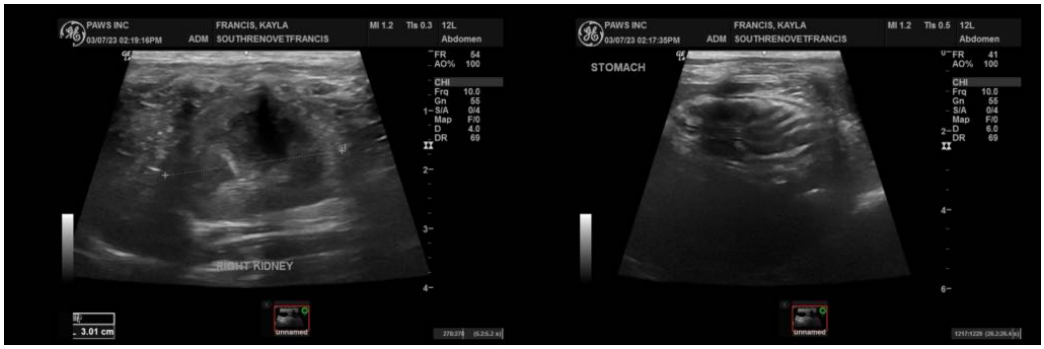

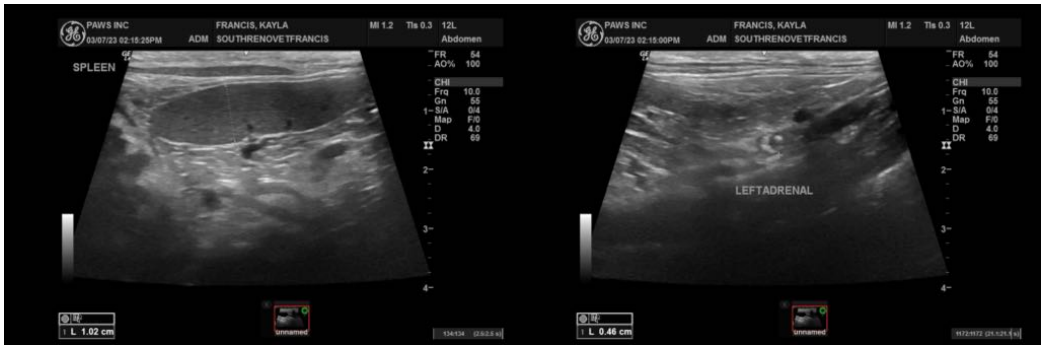

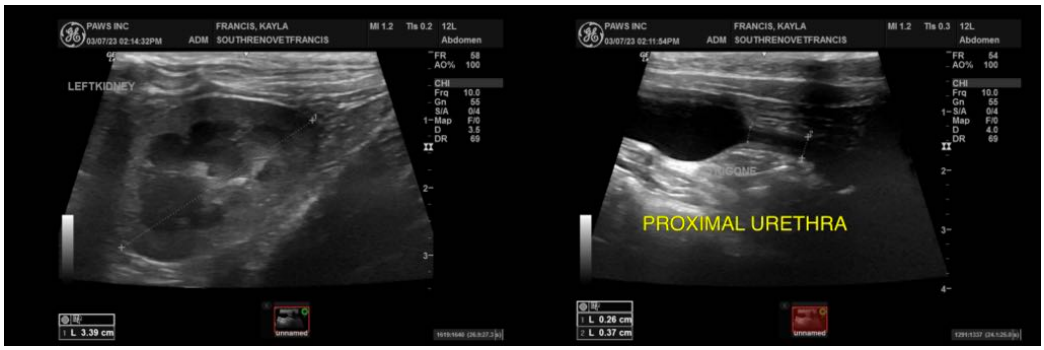

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com