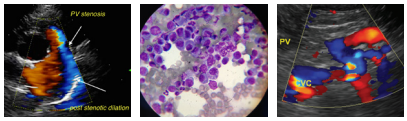
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

4/27/22

PATIENT

Steve Chafee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/1/10

WEIGHT

10.68 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Franchini

INVOICE

37219

PRESENTING CLINICAL SIGNS

Presented for BW and exam. Recheck echo and abdominal ultrasound due to abnormalities noted last year. Pet is doing well.

Current Medications: Prednisolone 5mg SID, Atenolol 6.25mg SID, HP diet.
Lab Results: Elevated Creat, SDMA, WBCs. Low end of normal HCT.
Date of Previous IntraPet Ultrasound: 4/28/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (3.2 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.29 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 subjectively normal in size, 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is mildly distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of hyperechoic shadowing dependent debris in the neck of the gallbladder. Some of this material appears to be extending into the proximal bile duct, most consistent with sandy debris/small stones. Significant distal bile duct dilation is not observed.

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 measured 0.27 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild moderate pancreatitis. Pancreatic duct is prominent at 0.20 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A prominent mesenteric lymph node is visualized measuring 0.35 cm. The mesentery is of normal echogenicity.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas with dilated pancreatic duct and hyperechoic mesentery surrounding – most consistent with mild pancreatitis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Dependent, shadowing mineralized debris within the gallbladder and proximal bile duct – There is no obvious inflammation or obstruction noted with the presence of this material. Continued monitoring is warranted.
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

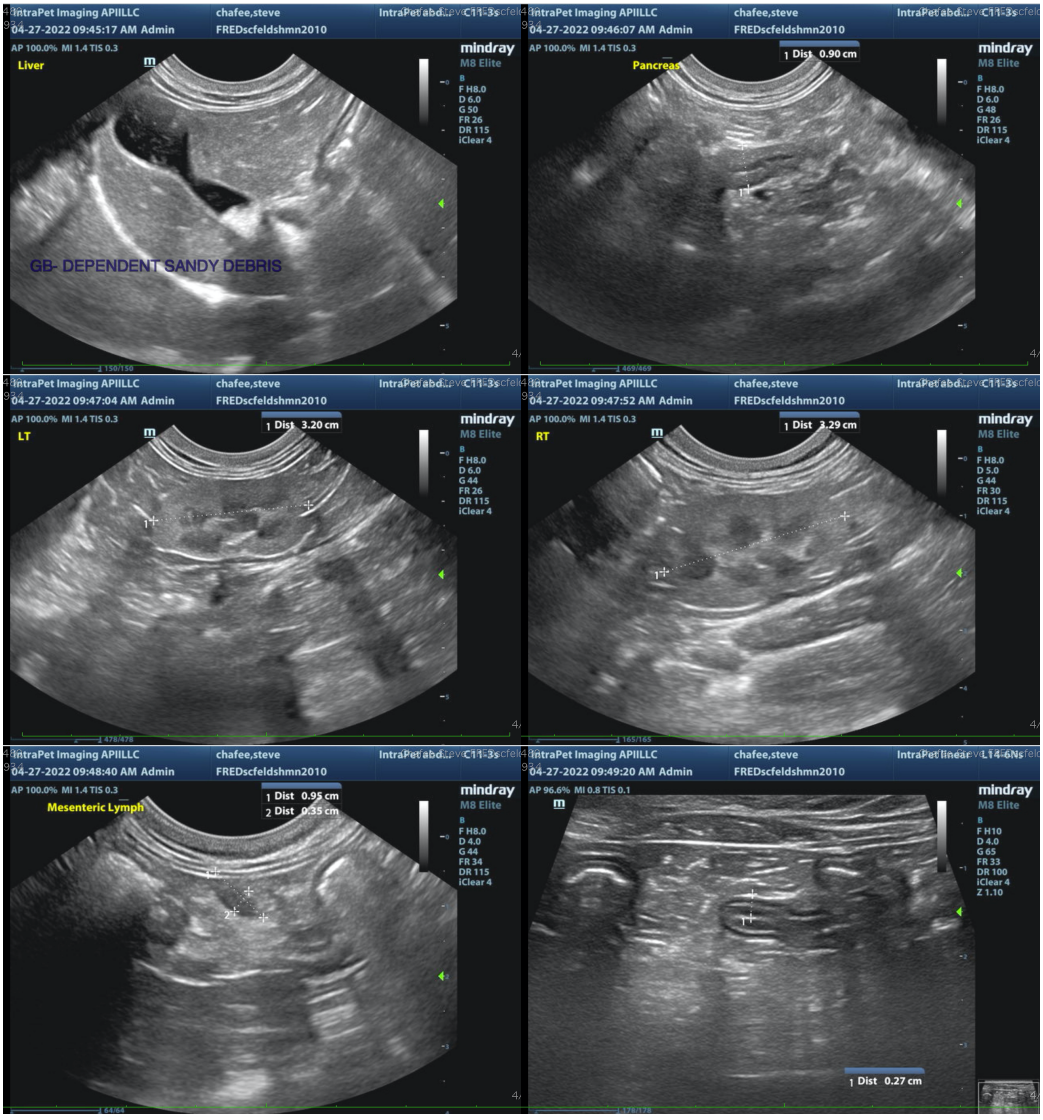
- Decreased corticomedullary distinction in both kidneys with pinpoint non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most of the changes observed on today's scan are either stable or slightly improved from the previous scan on 4/2021. There are persistent chronic renal changes and the hepatic parenchyma is heterogeneous/hyperechoic. There is mineralized debris within the gallbladder and bile duct, but no significant progression to suggest an obstruction.

On today's scan, the most prominent finding is the pancreatic changes. These were evident on the previous scan, so some of this could represent remodeling rather than active pancreatitis.

Per the history, this patient is doing well, so I hesitant to get too alarmed by any of the changes observed, as they all appear relatively stable. The GI changes described on the previous scan are not readily apparent, so the steroid therapy may be helping with intestinal inflammation. Continued monitoring of all of these parameters is warranted.



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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