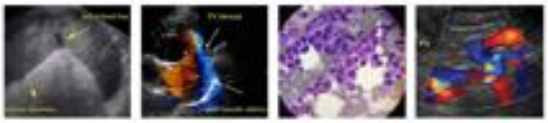


PATIENT

Jackson Chapman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/01/2015

WEIGHT

7.95kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens Animal Hospital

REFERRING VET

Dr. Robin Janeway

INVOICE

10161

DATE

4/5/2023

PRESENTING CLINICAL SIGNS

History * Gallop rhythm noted on exam, tooth resorption. Chronic renal disease on lab work and VPC with left axis deviation noted on ecg Working diagnosis CRD, cardiomyopathy Pre anesth ECG HEART RATE AND RHYTHM: Heart Rate: 179 bpm Rhythm: Sinus rhythm with VPCs ECG AND CLINICAL ASSESSMENT: A ventricular arrhythmia is noted and left axis deviation.

Abnormal PE/Chem/CBC/UA Results: 2/22/23- Creat 3.0 (BUN WNL 23), Hct 53%, USG 1.032 pro 1+,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris, and proteinaceous debris.

The left kidney has a normal shape and size (4.76 cm). Overall echogenicity is increased 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 (4.39 cm). Overall echogenicity is increased 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 0.39 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.

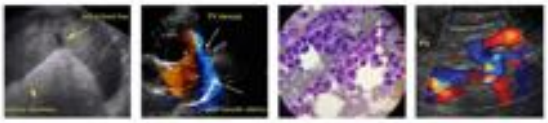
The right adrenal gland is normal in size measuring 0.45 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large in size (1.2 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.



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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 bile duct is somewhat prominent and slightly torturous measuring at 0.25 cm.

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. The jejunum measured as normal (0.23 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 mottled 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.

Free Abdomen

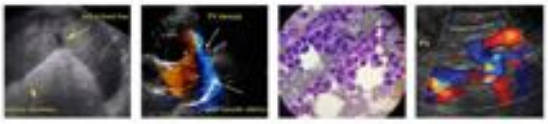
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Hyperechoic kidneys. Findings could be consistent with interstitial nephritis and underlying renal disease.
- Borderline large spleen. This is likely within normal limits for a large cat.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's scan could be consistent with underlying renal disease. There are no mass lesions, calculi, or significant dilation present. Recommend a urinalysis and culture and a blood pressure as a baseline. Additionally, there is some echogenic debris in the urinary bladder, which should be evaluated for underlying infection with the aforementioned culture.



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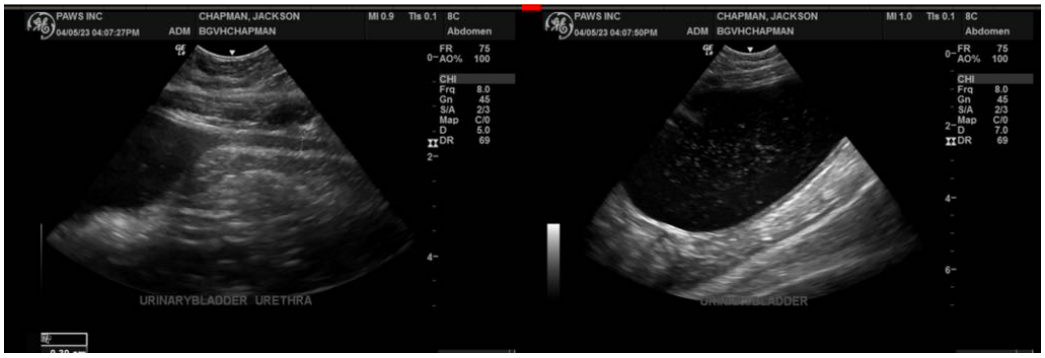
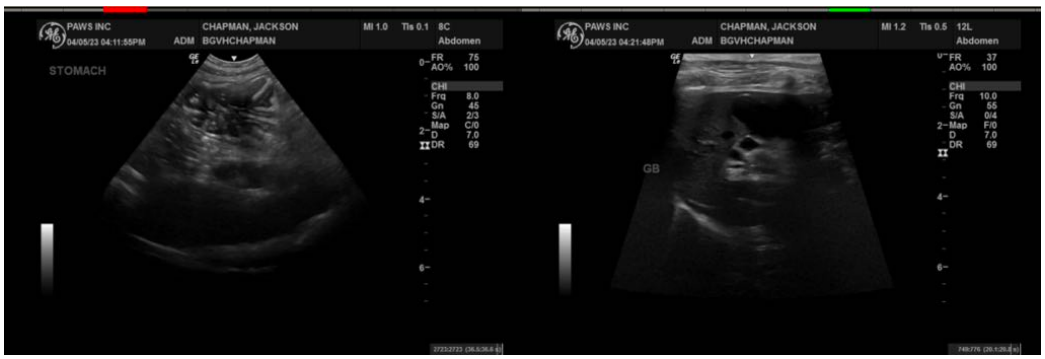
The pancreas appears somewhat prominent and hypoechoic this could be consistent with mild focal inflammation or with previous episodes of inflammation. Correlate these findings with a quantitative fPLI level to help determine the significance of this finding.





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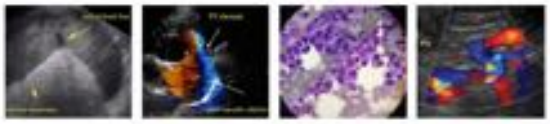

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pawsonography@gmail.com 530-786-8348

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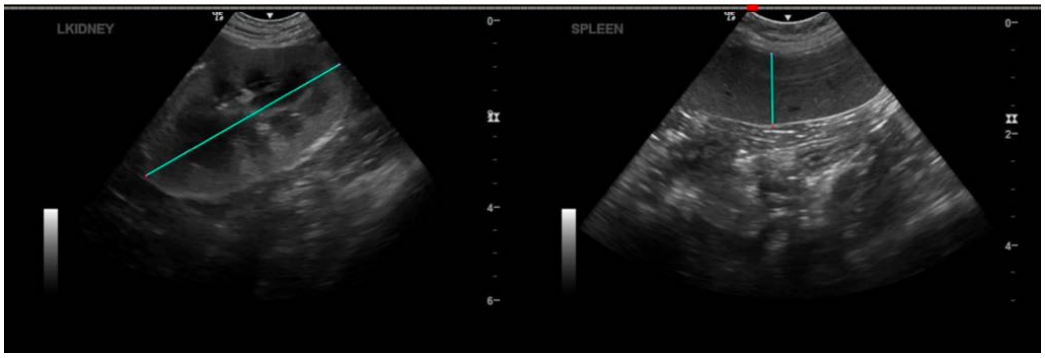

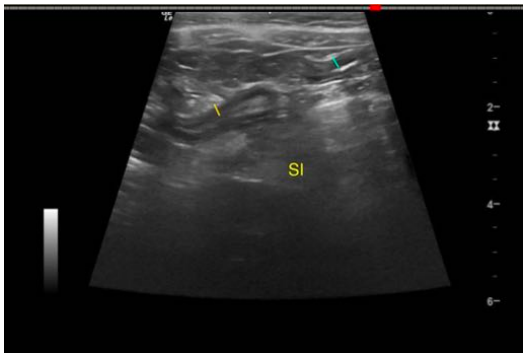

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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