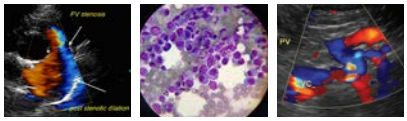
IMAGING PERFORMED BY

IntraPet.com



SonoPath

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DATE

4/5/23

PATIENT

Sassy Storm

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9/15/14

WEIGHT

10.94 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

46411

PRESENTING CLINICAL SIGNS

On/off urinary issues since February. Straining in box, hematuria (persistent). One USG 1.020, after that has been more concentrated-most recent 1.039; most recent UA granular casts noted
SP GRAVITY 1.039, PH 5.5, PROTEIN 1+, WBC UAM 0-2 HPF 0 – 5, RBC UAM 20-30 HPF, EPI CELL 1+ (1-2)/HPF, CASTS SEE NOTES
1+ GRANULAR (1-2)/LPF, weight loss, history of suspected IBD

Current Medications: None at this time.
Lab Results: WNL.
Date of Previous IntraPet Ultrasound: 9/9/20. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
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 appears normal with no irregularities or thickening. There is a small amount of slightly suspended and dependent debris visualized along with some hyperechoic mineralized sandy debris. Some of this hyperechoic sandy debris is visualized within the urethra.

The left kidney has a normal shape and size (3.49 cm) with a small hyperechoic shadowing non-obstructive nephrolith measuring 0.23 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.04 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.42 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 0.41 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 (0.80 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 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 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 nonformed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Colon wall measures 0.12 cm.

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 prominent mesenteric lymph nodes seen at the ileocecal junction measuring 0.23 and 0.22 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

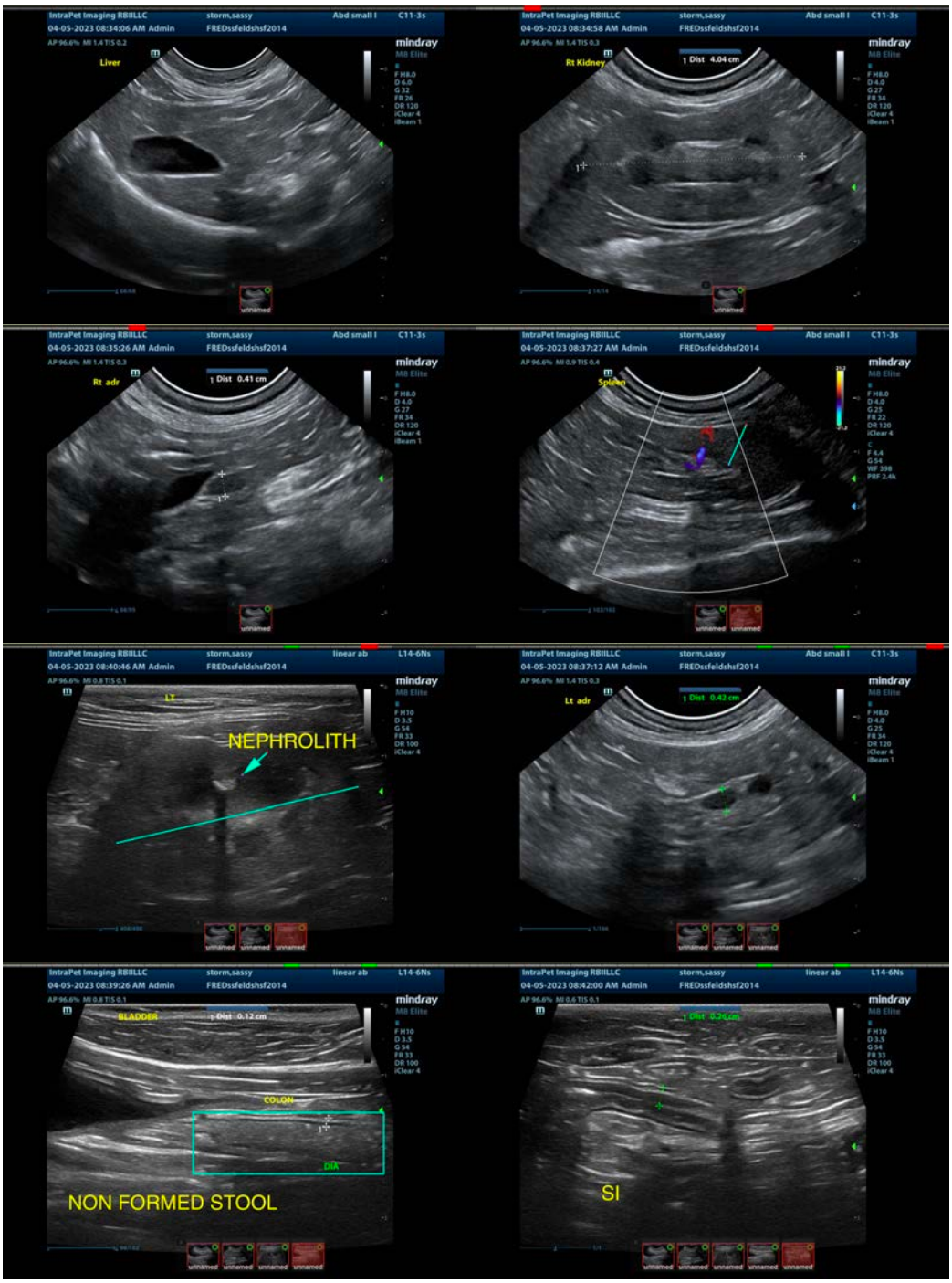
- Suspended and dependent echogenic debris along with fine sandy debris in the dependent portion of the urinary bladder and extending into the urethra – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys with a small left-sided non-obstructive nephrolith – The bilateral renal findings are consistent with age-related change.
- Mildly 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. This can be a normal finding in some older cats.
- Non-formed stool visualized within the colon – Findings are suggestive of diarrhea.
- Prominent but not enlarged mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

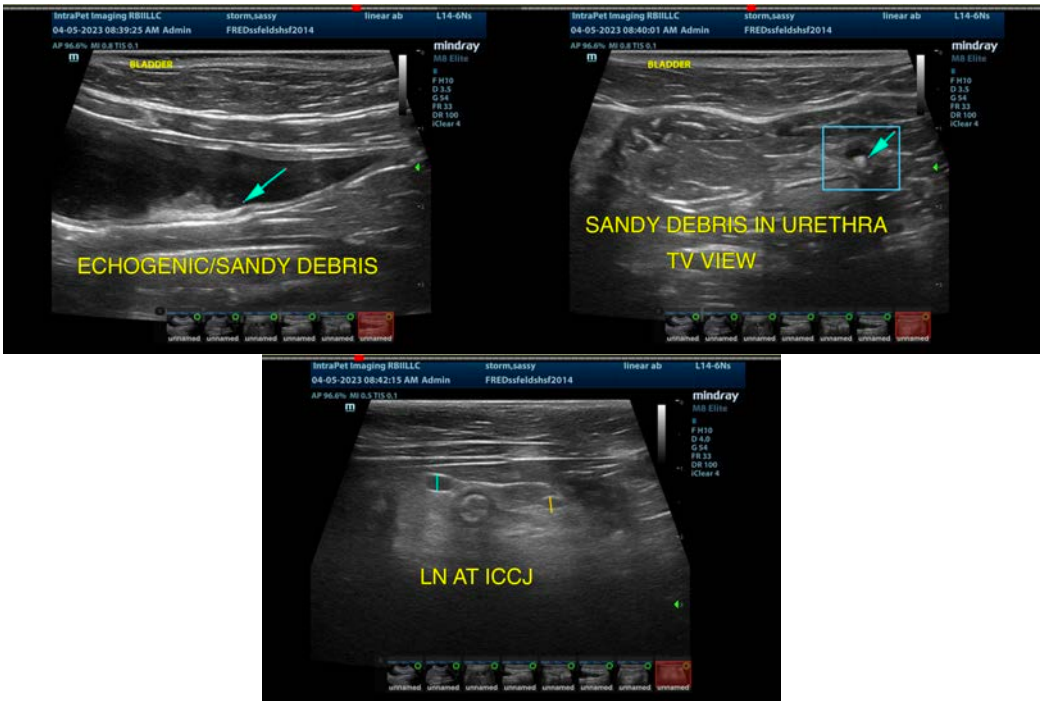
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small amount of fine sandy debris visualized in the dependent portion of the urinary bladder, and there is hyperechoic sandy debris visualized within the urethra. Recommend a urinalysis and culture.

The changes visualized associated with the kidneys are consistent with chronic progressive age related change.

The significance of the prominent muscularis layer is uncertain with no underlying gastrointestinal signs reported. The non-formed stool in the colon could be indicative of current/impending diarrhea.





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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