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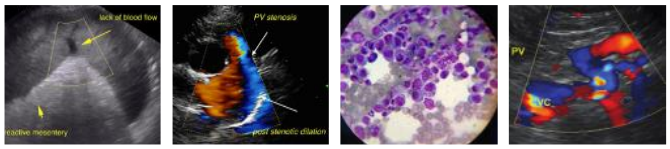

PATIENT
Misty Kowalczyk

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
11 Years

WEIGHT
6.9 kg

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Nelson

INVOICE
37626

DATE
5/11/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. A couple of weeks ago, after eating will vomit food or bile, then increased frequency to a couple of times in one day. Didn't urinate for 1.5 days. Took to rdvm one week ago, dx UTI, SDMA elevated more than normal for her. Gave SQF, antibiotic inj and meds. Rec AUS to rule out other potential issues. Did vomit yesterday twice. Previous Health Concerns: kidney dz., UTI (no history of UTI) Current Medications: Azodil and Famotidine, Convenia inj 1 week ago. Appetite/When did they eat last: yesterday
Abnormal PE/Chem/CBC/UA Results: Rdvm Chem: Cl 111; SDMA 21; T4 norm Rdvm UA: (via cysto) WBC 1/hpf; RBC >50/hpf; nsEPI <1/hpf ; blood 250; Pro 30; USG >1.050

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 (3.62 cm). Overall echogenicity is normal with adequate 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 is normal in size (3.2 cm), but somewhat irregular in shape (likely due to previous infarcts). Overall echogenicity is normal with adequate 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 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 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, 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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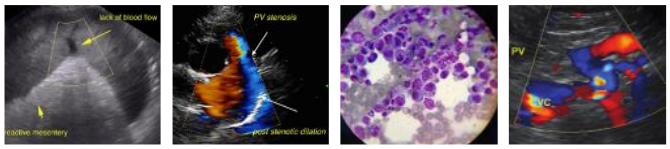

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Gastrointestinal

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 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 duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Irregular right kidney – Changes are likely consistent with previous infarcts.

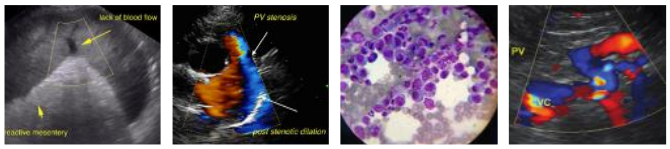
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No abnormalities are visualized associated with the urinary bladder. Recommend urinalysis and culture to further evaluate for possible cystitis (when off antibiotics ideally).

Both kidneys are very slightly irregular (right more so than left). They appear relatively normal for an 11 year old feline, and considering the concentrated urine on the urinalysis submitted, significant renal disease is thought unlikely. A urine protein creatinine ratio could be considered.

No obvious gastrointestinal signs are visualized to correlate with the vomiting reported. If metabolic disease is thought unlikely as a cause for vomiting, then consider primary GI causes such as dietary intolerance/food allergy, GI parasitism, dysbiosis, pancreatitis not evident on today's scan, IBD, and less likely intestinal neoplasia.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Consider symptomatic treatment for pancreatitis/gastroenteritis.



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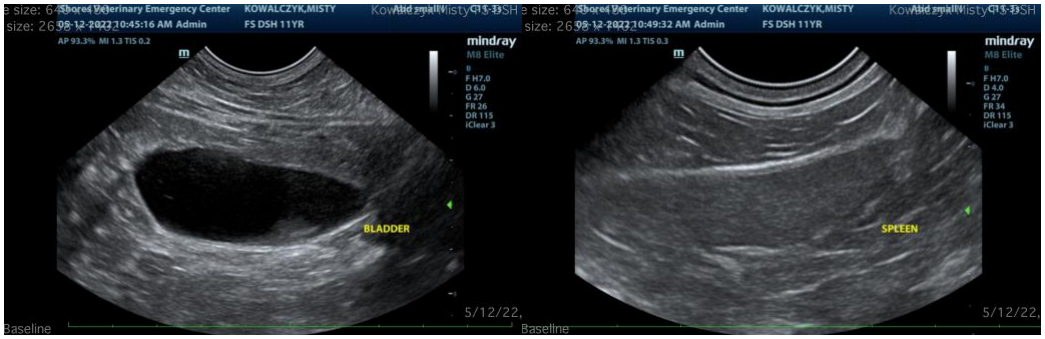
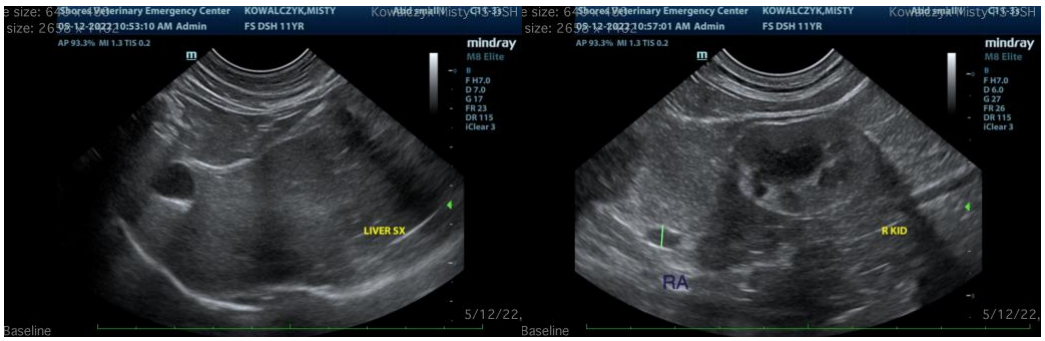
- If symptoms persist despite symptomatic therapy, and radiographs appear relatively normal, then consider obtaining GI biopsies.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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.

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

kathleen.sennello@sonopath.com