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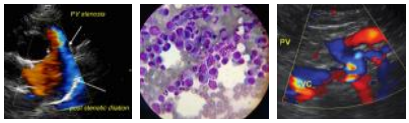

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DATE

5/18/22

PATIENT

Ellie Mae Twardzik

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/3/13

WEIGHT

10.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Twardzik

INVOICE

37746

PRESENTING CLINICAL SIGNS

History of intermittent inappetence, pancreatitis and suspected IBD. Over the past few days, abdomen feels tense on palpation and appears slightly distended. Her appetite has most recently been decreased intermittently for about a week

Current Medications: Gabapentin for procedure; 100 mg last night and 200 mg this morning. Otherwise, receives 50 mg gabapentin SID to BID, PRN, Prednisolone 5 mg SID (started 8/2020)
Lab Results: History of elevated spec FPL in the past.
Date of Previous IntraPet Ultrasound: 8/27/20. See attached.
Sedation: gabapentin, torb, alfaxone. Not spicy kitty, she just has things to do and won't sit still.
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, or masses. There is a small line of dependent shadowing debris in the dependent portion of the urinary bladder. This was suspended, creating a very large amount of echogenic debris. Findings are most consistent with sandy debris in the urinary bladder.

The left kidney has a normal shape and size (3.4 cm). 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. There is a relatively large cystic structure measuring approximately 1.3 cm in diameter. This cystic structure is filled with echogenic fluid contents. This lesion was observed on the previous ultrasound (8/2020) and has gotten somewhat larger (previous measurement 0.82 cm x 0.65 cm), and the intraluminal contents are more echogenic. Findings are most concerning for a stable abscess or necrotic debris.

The right kidney has a normal shape and size (3.79 cm). 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 left adrenal gland is normal in size measuring 0.23 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 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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.

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 0.18 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 hypoechoic as 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. Prominent pancreatic duct at 0.17 cm.

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

- Decreased corticomedullary distinction in both kidneys with the left-sided cystic structure filled with echogenic fluid – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The cystic structure is most consistent with a stable abscess or cyst with necrotic intraluminal debris.

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. The pancreas was prominent on the previous scan as well, so some of these changes could represent chronic remodeling.

- Mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Sandy dependent debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

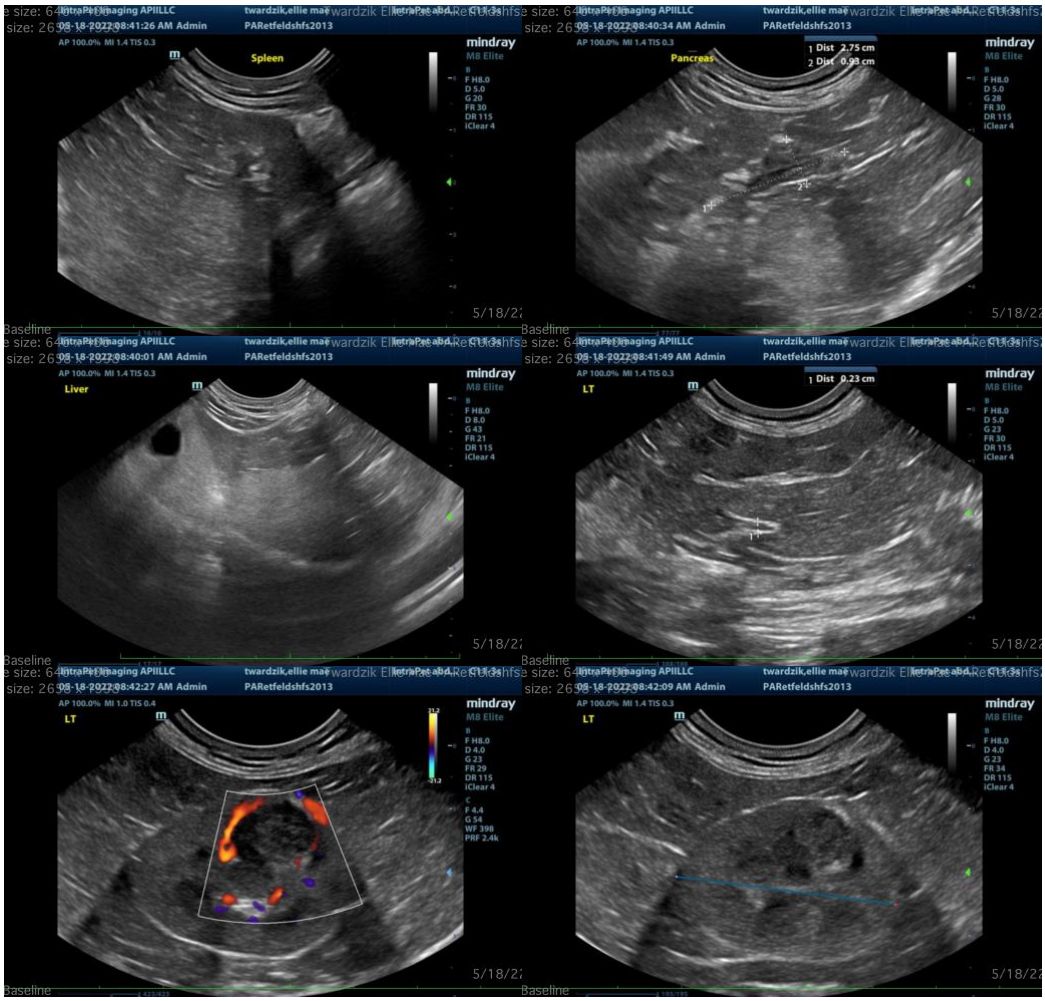
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

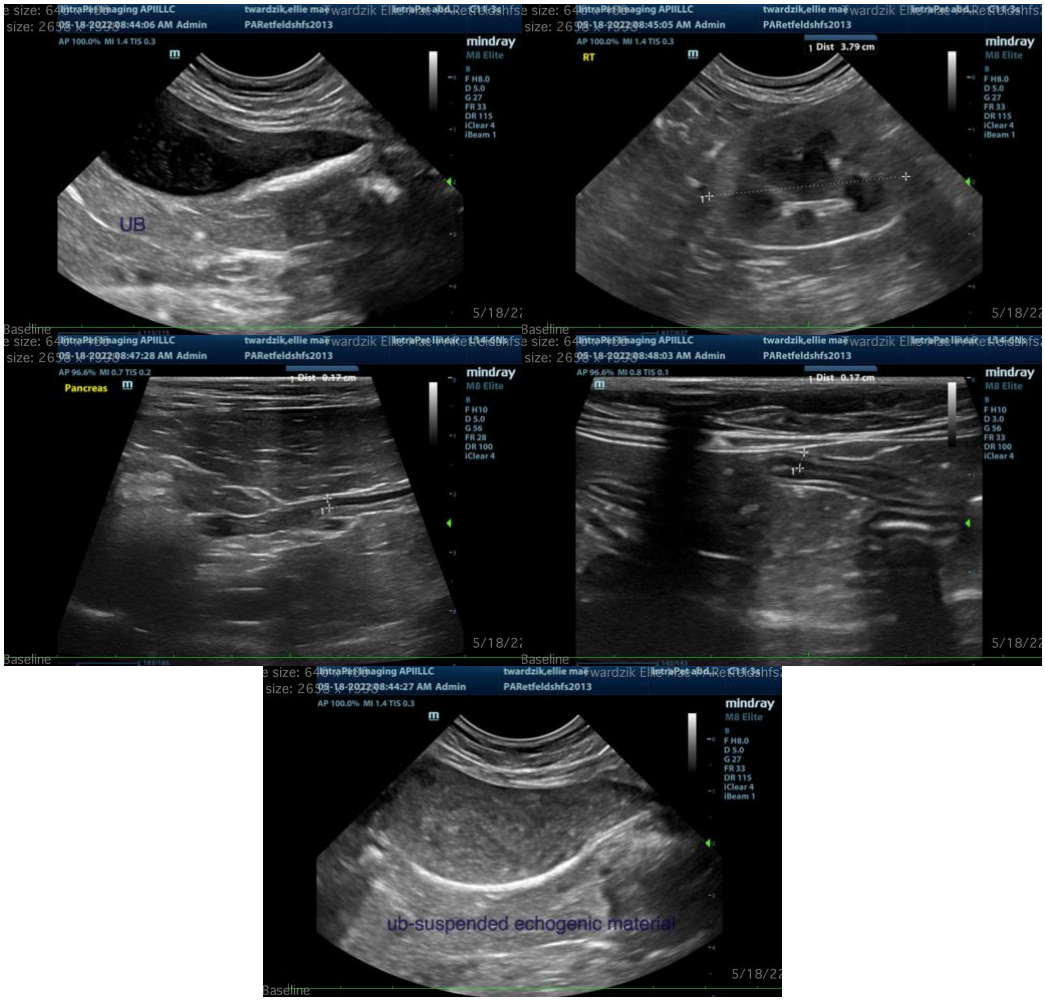
An obvious cause for the recent decrease in appetite is not visualized. The pancreas is somewhat prominent, but this has been a persistent change, so it is difficult to know how clinically relevant this is. Correlate these findings with quantitative fPLI, as this may be helpful to track. Additionally, there is a hypoechoic cystic structure in the left kidney, which has gotten somewhat larger over the last two years

and has echogenic intraluminal fluid. This could represent a stable abscess or a cyst with echogenic fluid within it. This lesion could be sampled percutaneously for fluid analysis, cytology and culture (provided coagulation parameters and blood pressure is normal).

There is a large amount of echogenic sandy debris within the urinary bladder. Recommend urinalysis and culture.

No obvious gastrointestinal lesions are observed, but this does not rule out the possibility of underlying gastrointestinal disease. The aforementioned GI panel may be helpful in determining this. If underlying GI disease is suspected, you could consider obtaining GI biopsies.





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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