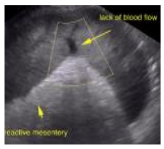
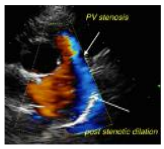
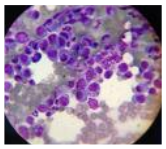
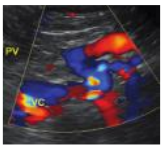

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PATIENT

Caraway Merbaum

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

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INVOICE

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5/5/22

PRESENTING CLINICAL SIGNS

Seems to have cognitive defects now, O will call P name and P will no longer register. seems like possibly cant see now. wont play with favorite toy when O waves in front of face. Had previous ultrasound less than 5 years ago. Normal appetite and energy level. She will occasionally have Innappropriate urination but that has resolved, happens like twice a year. She has these cycles of acting abnormal, mostly just acts lethargic and less interactive. This happens about every few weeks, can be mild or more severe. Sometimes she will not want to eat during these episodes but sometimes she will. She will just act like she is spacey. Sometimes these episodes will correlate with an episode of cystitis or constipation and sometimes it will not. These episodes can last a few hours for days if more severe.

Abnormal PE/Chem/CBC/UA Results: Radiographs: Lateral- heart and lungs auscult clear. Abdomen: good detail. Over formed large diameter stool in colon. Large urinary bladder. Right kidney is slightly smaller than left. Lumbar spine normal. Rounded liver lobe margin on left lateral view, no seen on other views. Chem/CBC NSF. T4 normal. USG 1.025 with RBC (75-100/hpf), no bacteria or WBC. Culture negative.

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 an irregular shape (likely due to previous infarcts) and is normal in size (4.72 cm) with numerous large cortical cysts, the largest of which measures at 1.3 cm. Occasional pinpoint non-obstructive nephroliths are noted. 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 or hydroureter. Renal vasculature is normal.

The right kidney has an irregular shape (likely due to previous infarcts) and is normal in size (3.17 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 0.46 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.

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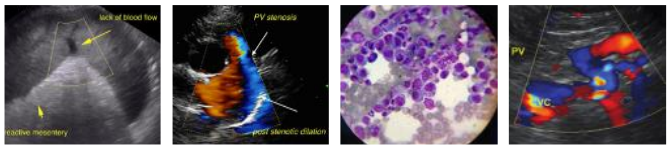

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Liver

The liver is subjectively normal/borderline small in size, with normal echogenicity and 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.

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 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.

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

- Large amount of suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys with left-sided cortical cysts and pinpoint nephroliths – The bilateral renal findings are consistent with age-related change.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS

- Subjectively small to normal sized liver – No obvious lesions are visualized within the liver.

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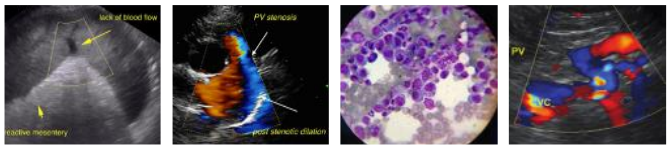

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

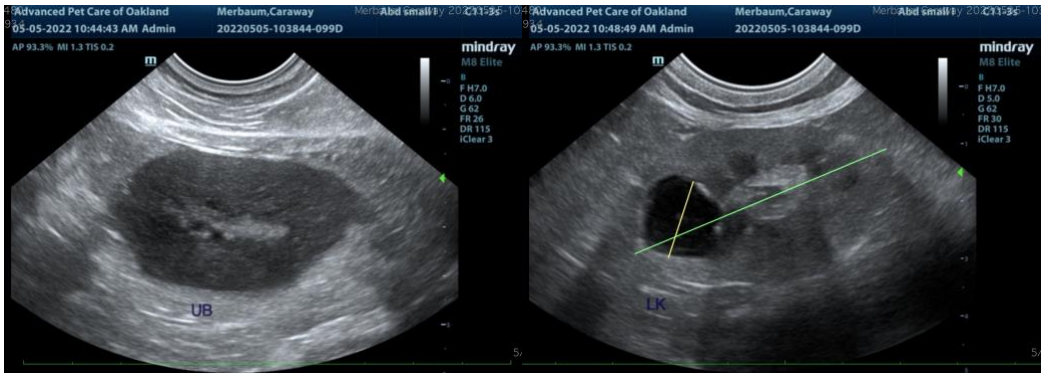
No prominent lesions are visualized on today's scan to definitively explain the symptoms provided in the history. There is a large amount of echogenic material within the urinary bladder. Recommend urinalysis and culture.

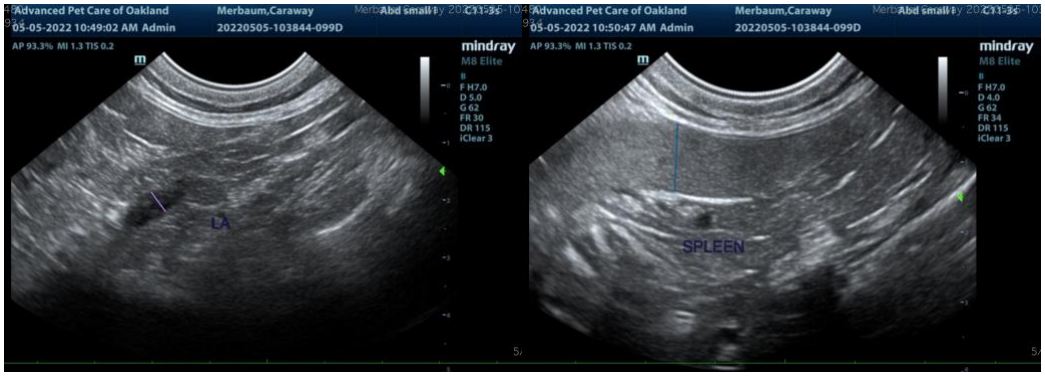
Additionally, the pancreas is somewhat prominent, but not overtly inflamed. Consider a quantitative fPLI to further evaluate for evidence of possible pancreatic disease.

The changes observed in the kidneys are likely consistent with age related progressive renal changes. Consider urinalysis and culture (as recommended above) and blood pressure evaluation.

The liver is subjectively small. No obvious lesions are visualized associated with it, but given the symptoms, consider a liver function test to look for possible encephalopathy as a cause for the behavior changes noted. If bile acids are significantly elevated, consider a CT scan to look for a shunting vessel not observed on today's scan, and a liver biopsy.

If no cause for the abnormal episodes is identified, consider consultation with a veterinary neurologist for further evaluation.





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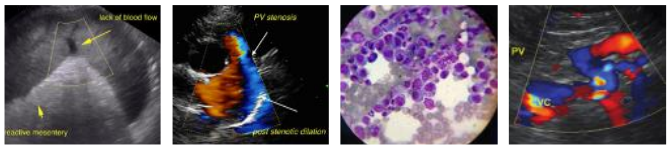

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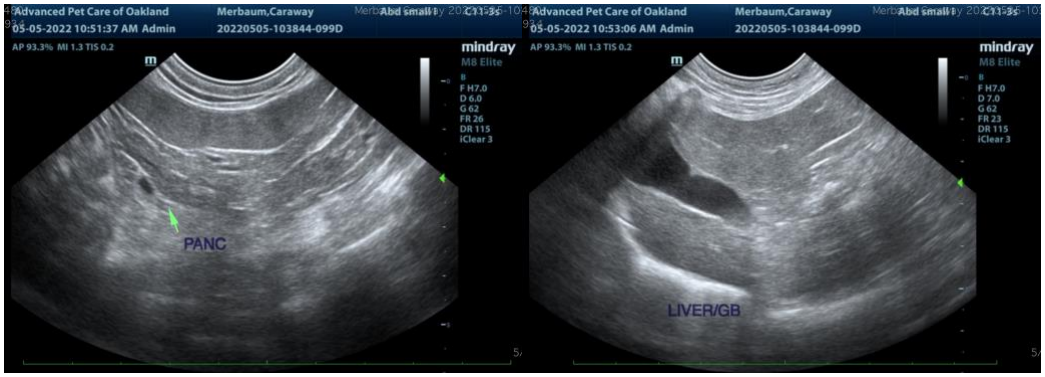

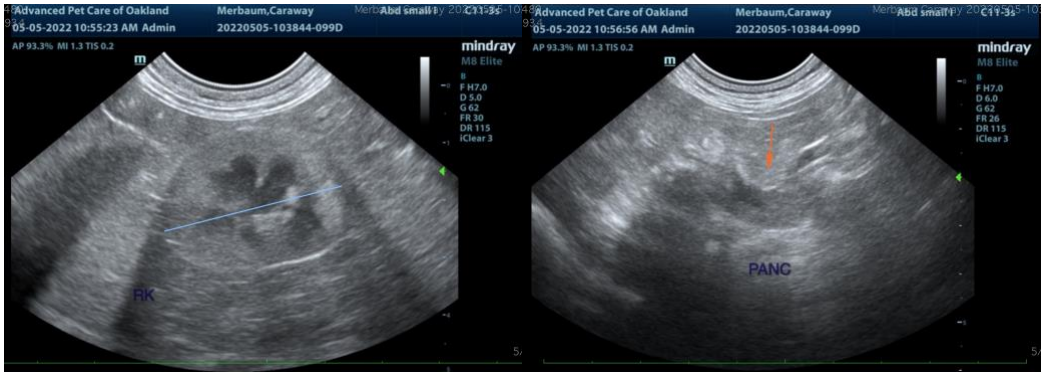

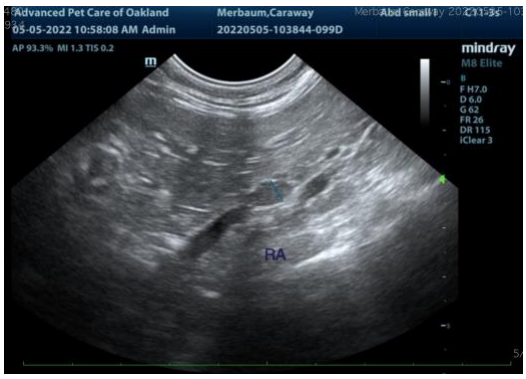

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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