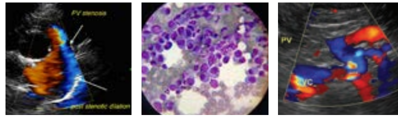

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DATE

6/15/22

PATIENT

Ruby Ottley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/29/17

WEIGHT

8.44 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

38744

PRESENTING CLINICAL SIGNS

NO previous records on pet. Has been inappetent, licking gravy off food only for 3-4 weeks. Weight loss suspected and noted from last week. No vomiting, no diarrhea. Upon presentation noted bladder stones on radiographs. Blood work revealed mildly elevated Ca levels. UNABLE to get urine sample after owner leaving pet and several attempts.

Current Medications: Convenia (given on 6/7), Buprenex, Mirtazapine, cerenia (only 1 injection 6/7).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The Bladder wall appears mildly thickened and irregular diffusely. There are numerous shadowing, hyperechoic foci visualized within the lumen of the urinary bladder, most consistent with calculi. Examples of sizes include 0.54 cm, 0.46 cm, and 0.51 cm. Additionally, there is a mineralization visualized in the proximal urethra. Numerous other calculi are visualized. On radiographs, there appear to be calculi within the proximal urethra.

The left kidney has a normal shape and size (3.4 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 has a normal shape and size (3.3 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.

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 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, 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.

Gastrointestinal

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 occasional minimal to moderate fluid and ingesta/chyme distention. 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.

ULTRASONOGRAPHIC FINDINGS

- Numerous cystic calculi with stones evident in the proximal urethra – recommend urinalysis and culture and cystotomy with stone analysis.

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Mild ingesta/chyme visualized within the gastric and small intestinal lumen. There is no evidence of an obstructive pattern, but if this patient was adequately fasted, this could indicate delayed gastric emptying, ileus, etc.

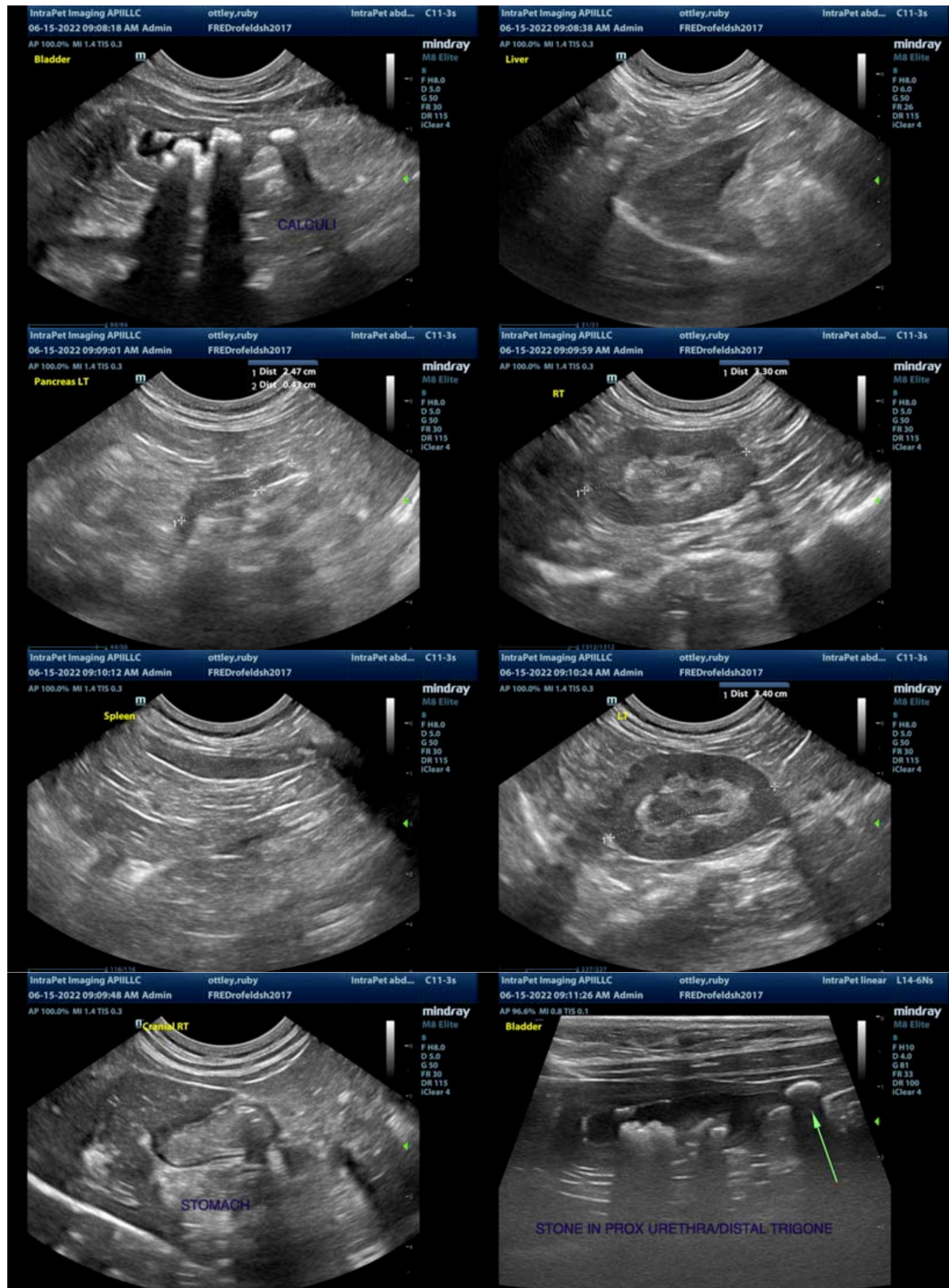
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious cause is visualized for the decrease in appetite reported. There are numerous stones in the urinary bladder, and some of these appear to be within the urethra, both on ultrasound and radiographs. Recommend cystotomy for urinalysis, culture and stone analysis, with care to make sure no stones are left behind in the urethra. At that time, you could consider obtaining GI biopsies and placing a feeding tube if inappetence is a significant issue.

The pancreas is somewhat prominent and hypoechoic, but these changes are relatively mild. Correlate with a quantitative fPLI level.

Consider a hypercalcemia panel to Michigan State with an ionized calcium and PTH level to try and determine the true severity and cause of the hypercalcemia reported. If anesthetized, recommend good oral

exam, mammary exam, rectal exam, etc., looking for any underlying neoplastic processes, and recommend 3-view thoracic radiographs.



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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