SonoPath
Clinical Sonography & Telecytology
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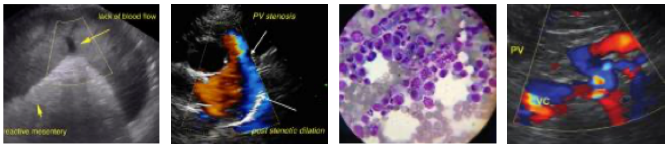


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jinxy Dennis

SPECIES
Feline

BREED
Persian

SEX
Neutered Male

AGE
15 years

WEIGHT
8.32 lbs

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
13491

DATE
6.26.23

PRESENTING CLINICAL SIGNS

History: acting restless and lethargic for 72 hours. Still eating and drinking. Has bilateral-cavitary effusion. Bloodwork: non regenerative anemia of 26 %. Neutrophilia 20,240. Increased creatinine 3.3, increased BUN 67, increased SDMA 25

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 (3.15 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Pyelectasia is noted (0.30 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.61 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Pyelectasia is noted (0.25 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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 0.44 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 (0.81 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

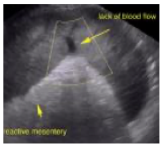
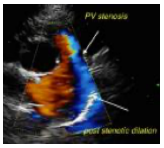
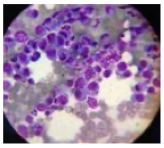
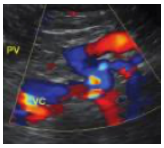
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The biliary tract appears normal. The vasculature appears somewhat prominent/congested. No focal nodules or cystic lesions are observed.

The gall bladder 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 mild fluid. 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

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distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.21 mm in diameter. 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 left limb of the pancreas is prominent and mottled 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

There is a large volume of anechoic free fluid with no lymphadenopathy. The omentum is generally of normal echogenicity.

Other

There is a moderate-to-large amount of pleural effusion visualized cranial to the diaphragm.

The right auricle and pericardium were visualized and appear unremarkable. If cardiac function evaluation is desired, a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

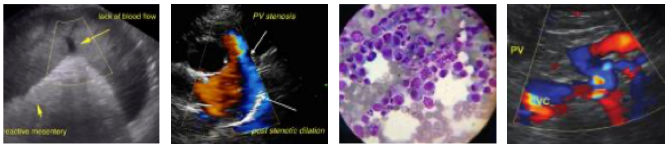
- Decreased corticomedullary junction in both kidneys with bilateral pyelectasia - Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent mottled left limb of the pancreas -The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Prominent muscularis layer of the small intestine - The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Bilateral-cavitary effusion – Recommended cardiac ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are visualized associated with the abdomen. Subjectively, the liver and spleen are slightly prominent, and the vasculature of the liver is prominent. This could be consistent with congestion.

Both kidneys have decreased corticomedullary junction with pyelectasia. Recommended a blood pressure, urinalysis and culture. This could be consistent with reduced perfusion, chronic renal disease, pyelonephritis, etc.

The left limb of the pancreas is somewhat prominent and mottled. This could be consistent with mild active



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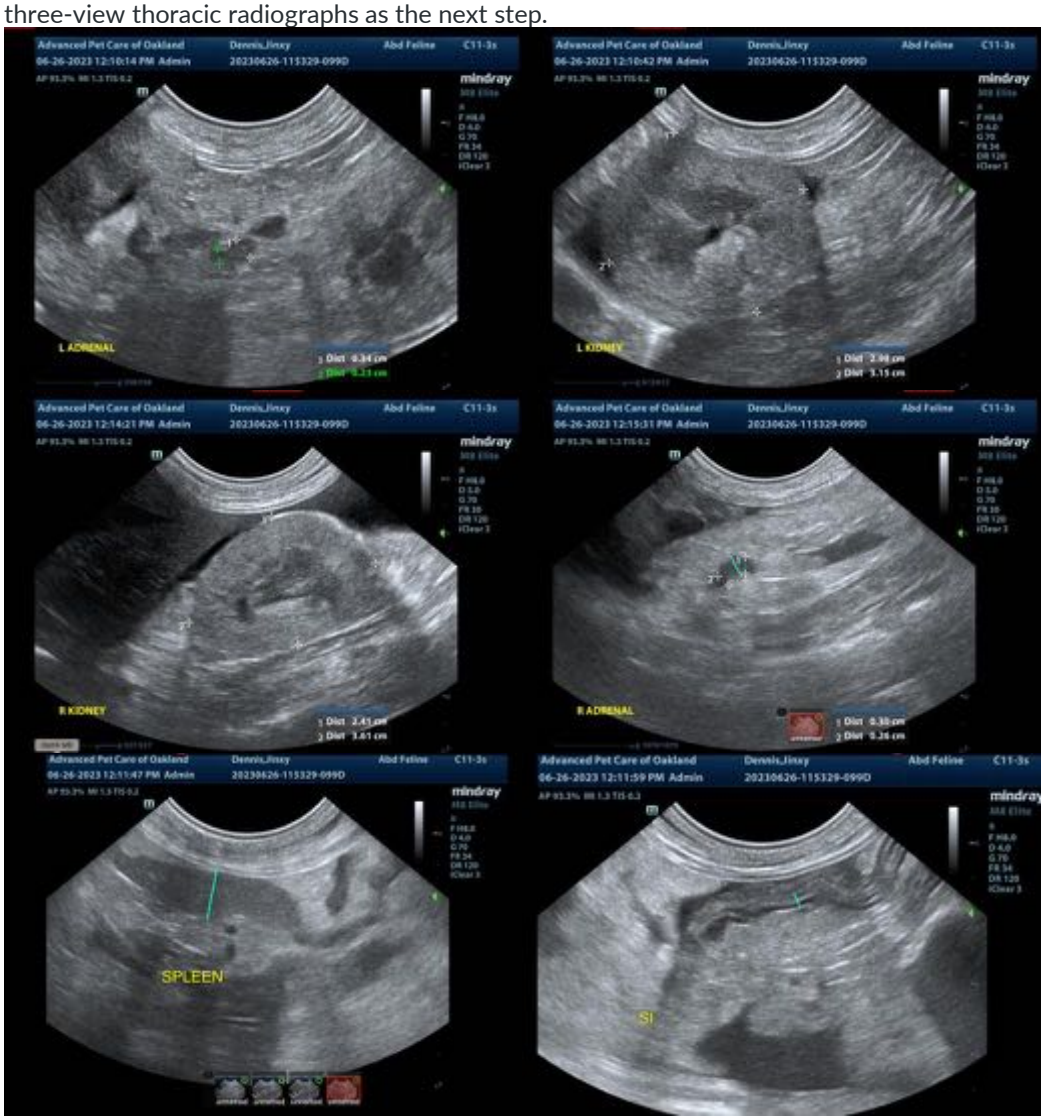
inflammation or previous episodes of inflammation. Correlate with a quantitative fPLI level.

Strongly recommended a cardiac ultrasound as the next step, looking for evidence of underlying heart failure. If cardiac function is normal, recommended fluid analysis and cytology on the abdominal fluid and three-view thoracic radiographs as the next step.



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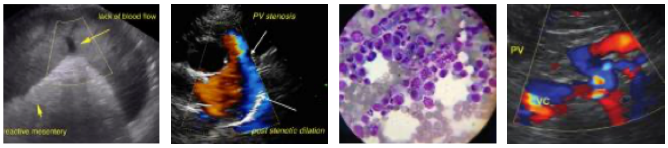

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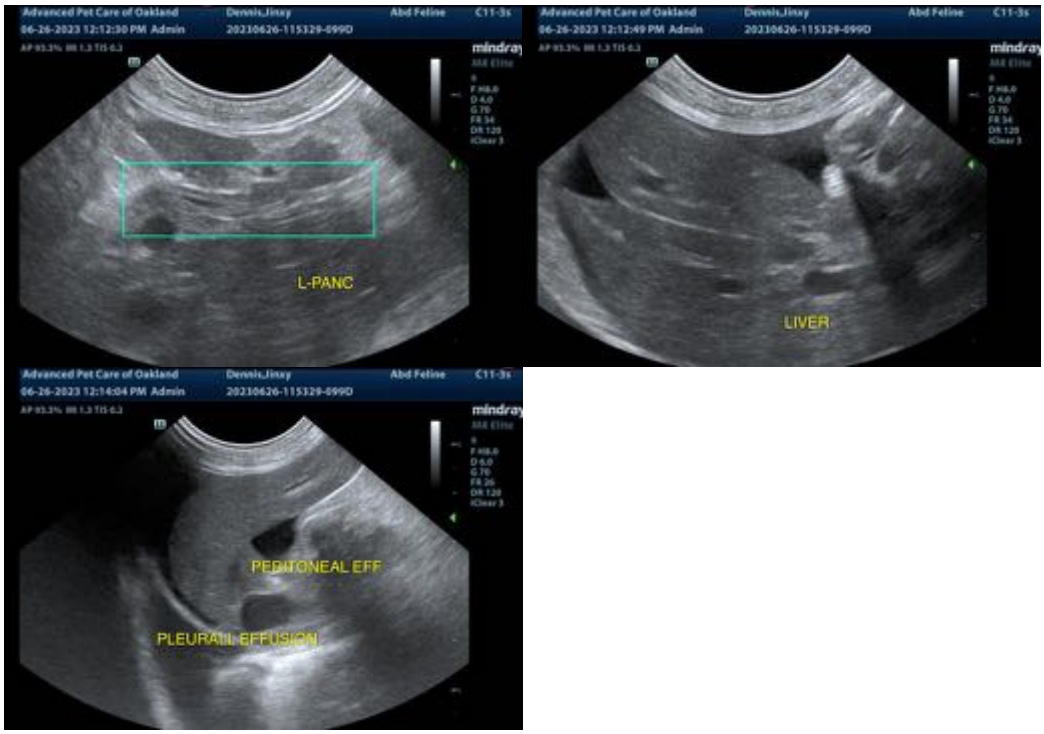

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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