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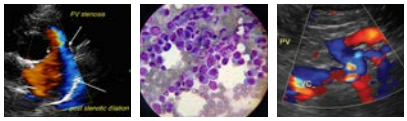

SonoPath
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DATE

7/13/22

PATIENT

Baby Allen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/31/06

WEIGHT

6.5 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. Pound

INVOICE

39456

PRESENTING CLINICAL SIGNS

P has 1 week history of inappetence, lethargy ~7% dehydration on physical exam. Otherwise NSF. History of IRIS stage 2 renal disease - normotensive, nonproteinuric.

Current Medications: Cerenia 8 mg SID beginning 7/9/22, Mirataz 1.5 inch strip SID beginning 7/9/22.
Lab Results: Creat 2.9 BUN 53, WBC 18.89, Neutrophils 12.56, Suspect Bands, Monocyte 3.58, SNAP fPL abnormal, Spec fPL 30.
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 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 (2.8 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.

The right kidney has a normal shape and size (2.7 cm) with pyelectasia at 0.66 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 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, 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 moderately 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.38 cm. Jejunum wall measured 0.26 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

Free Abdomen

There is scant anechoic free fluid. There are occasional prominent mesenteric lymph nodes, one measures at 0.74 cm. The omentum is generally of normal echogenicity, but possibly mildly hyperechoic around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas with prominent pancreatic duct and mildly hyperechoic surrounding mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Decreased corticomedullary distinction in both kidneys with moderate right-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Mild/moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

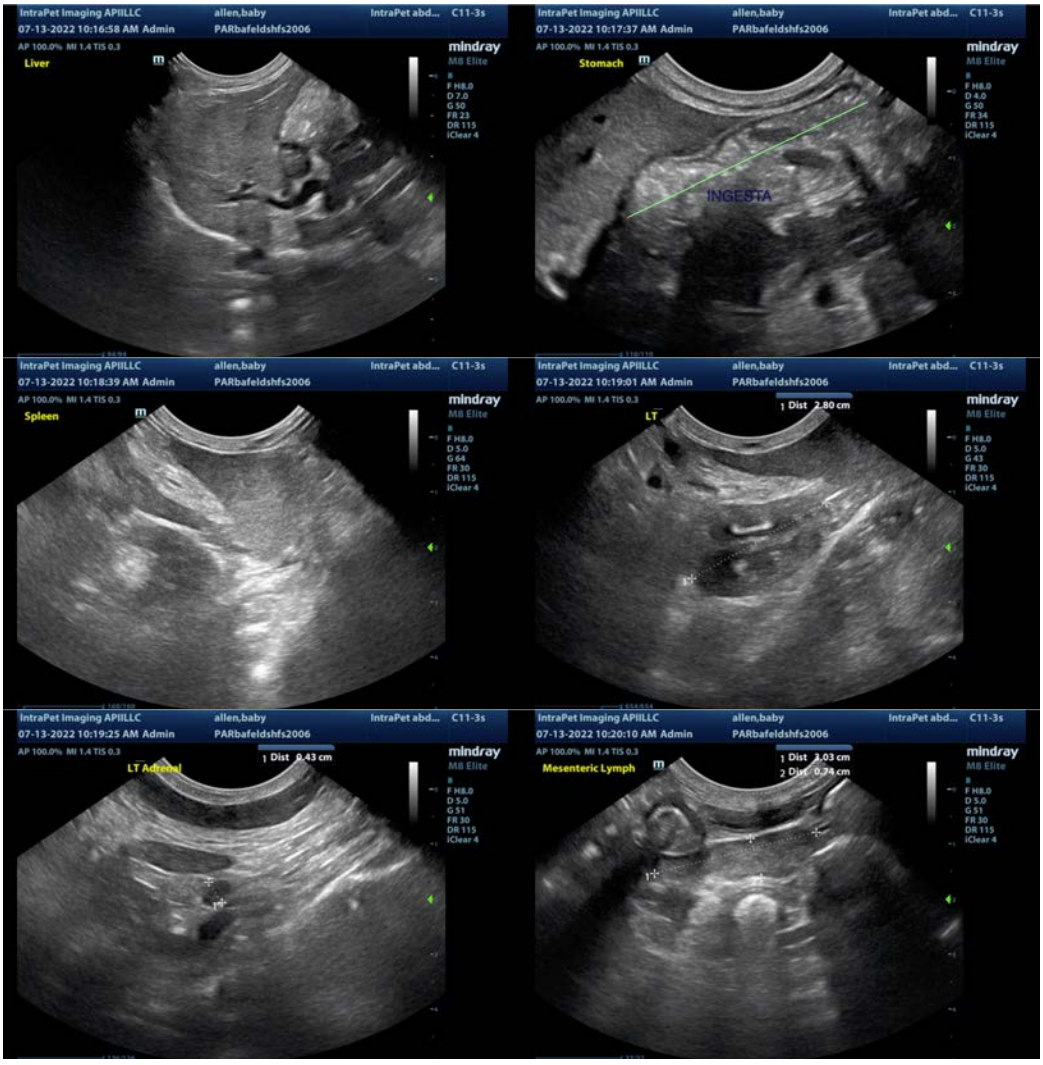
- Moderate ingesta within the gastric lumen – correlate with feeding history. If the patient was adequately fasted, consider delayed gastric emptying or a partial outflow tract obstruction (none observed).

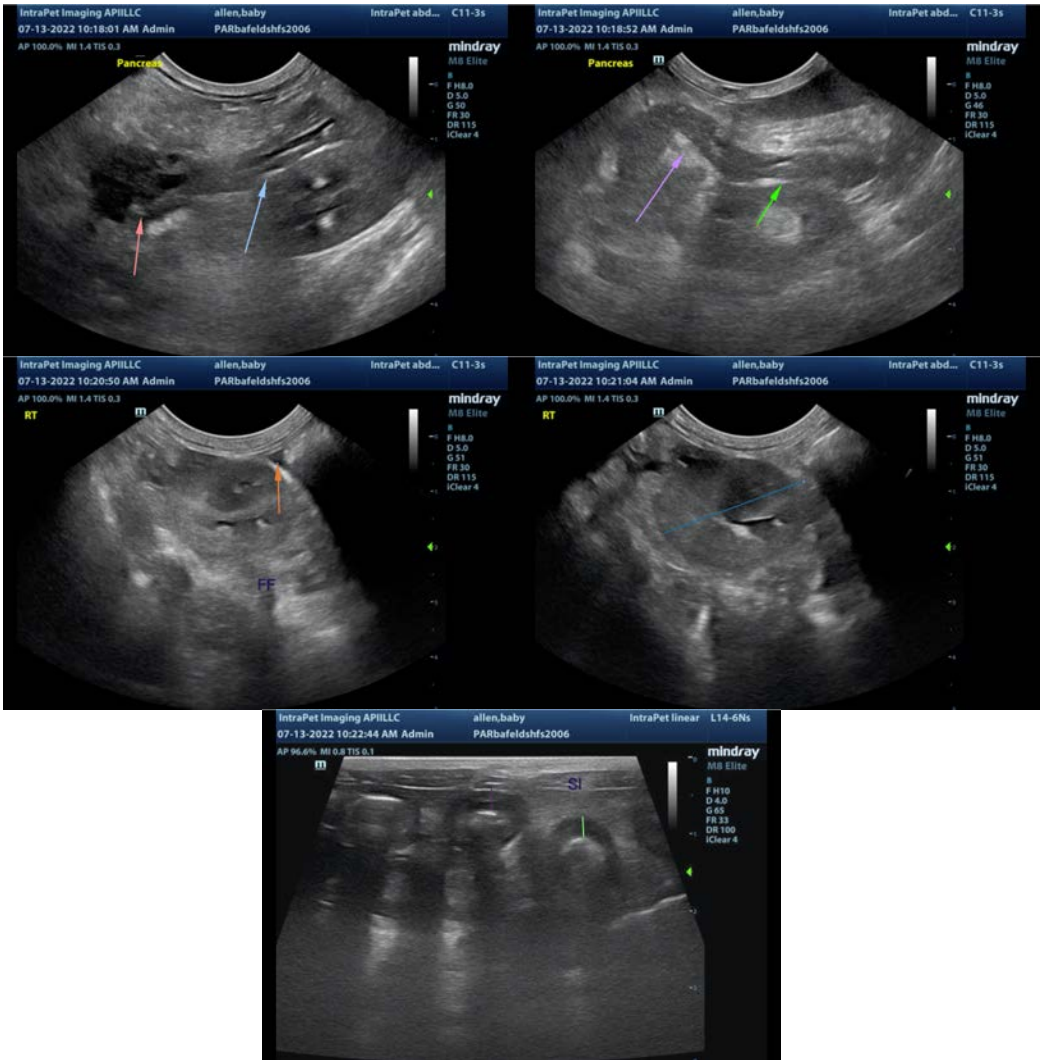
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal mass lesions were observed on today's scan. The pancreas appears prominent and mildly inflamed, most consistent with mild to moderate pancreatitis. Additionally, there is subjective mild small intestinal thickening, which could be normal for this individual, or could indicate a level of inflammatory disease. Recommend treatment for pancreatitis. If the patient is not improving, consider:

- A GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate for further evaluation.
- Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease.
- Recommend novel protein/hydrolyzed protein prescription diet.
- If the mesenteric lymphadenopathy observed today is persistent, you could consider obtaining fine needle aspirates.
- If symptoms persist and renal disease is stable, etc., you could consider evaluation for GI disease with GI biopsies.

Recommend a urinalysis and culture due to the pelvic dilation visualized in the right kidney. Additionally, consider a blood pressure evaluation.





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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