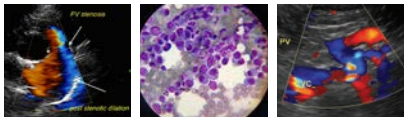
IMAGING PERFORMED BY

IntraPet.com



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DATE

7/20/23

PATIENT

Lobster Celano

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/9/09

WEIGHT

6.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

44201

PRESENTING CLINICAL SIGNS

Decreased appetite, losing weight, blood in urine.

Current Medications: Gabapentin 25mg ½-1 BID for 14 days started 7/13/23.
Lab Results: See attached.
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.26 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

The left kidney has a normal shape and size (4.0 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.57 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. 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 0.43 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 0.48 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 (0.75 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules visualized within the parenchyma, examples of which measure 1.55, 0.69, and 0.48 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The bile duct appears slightly prominent and tortuous, measuring at 0.25 cm.

Gastrointestinal

The stomach contains moderate 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 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 measures 0.25 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, particularly in the left limb. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

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

- Subjectively thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- Prominent, hypoechoic left and right limb of the pancreas with prominent pancreatic duct and mildly reactive mesentery – The pancreatic changes are most consistent with mild 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.

- Heterogeneous liver with ill-defined hypoechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The significance of the hypoechoic nodules is unclear. Consider a fine needle aspirate.

- Fluid distended stomach – The significance of this is unclear. Correlate with feeding/drinking history. If the patient was adequately fasted, consider the possibility of gastric ileus or a partial

outflow tract obstruction (none observed).

SECONDARY FINDINGS

- Prominent, tortuous bile duct – There is no evidence of associated pathology, this is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

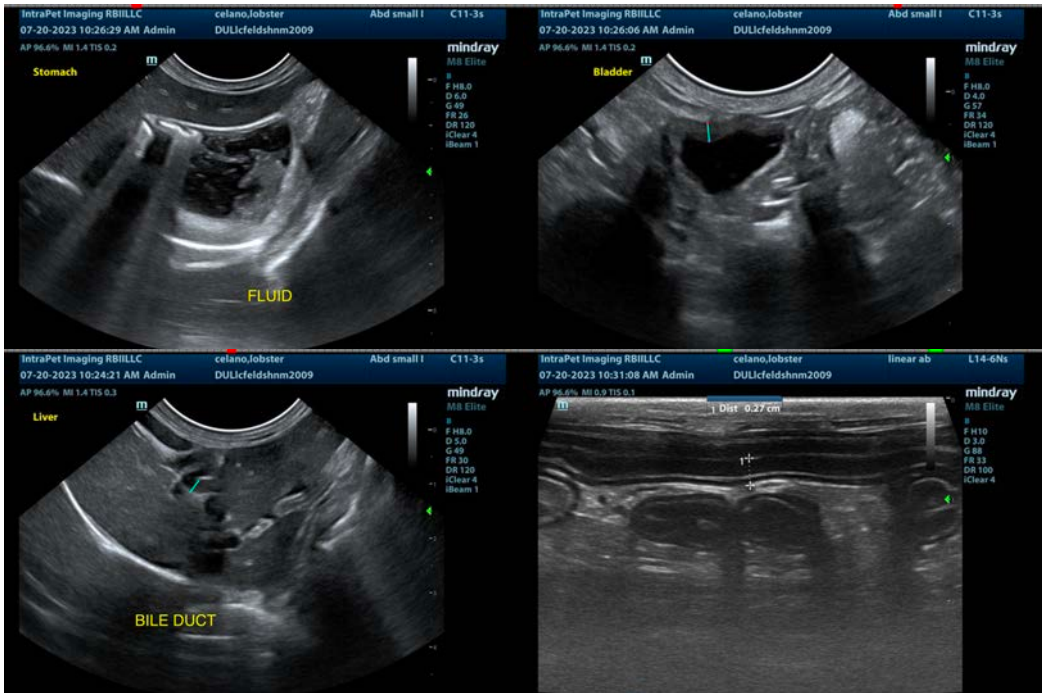
The liver is heterogeneous with some ill-defined hypoechoic nodules. The significance of this is unclear, particularly in the absence of liver enzyme elevations. A liver function test and a fine needle aspirate could be considered, particularly if these lesions appear to be progressing.

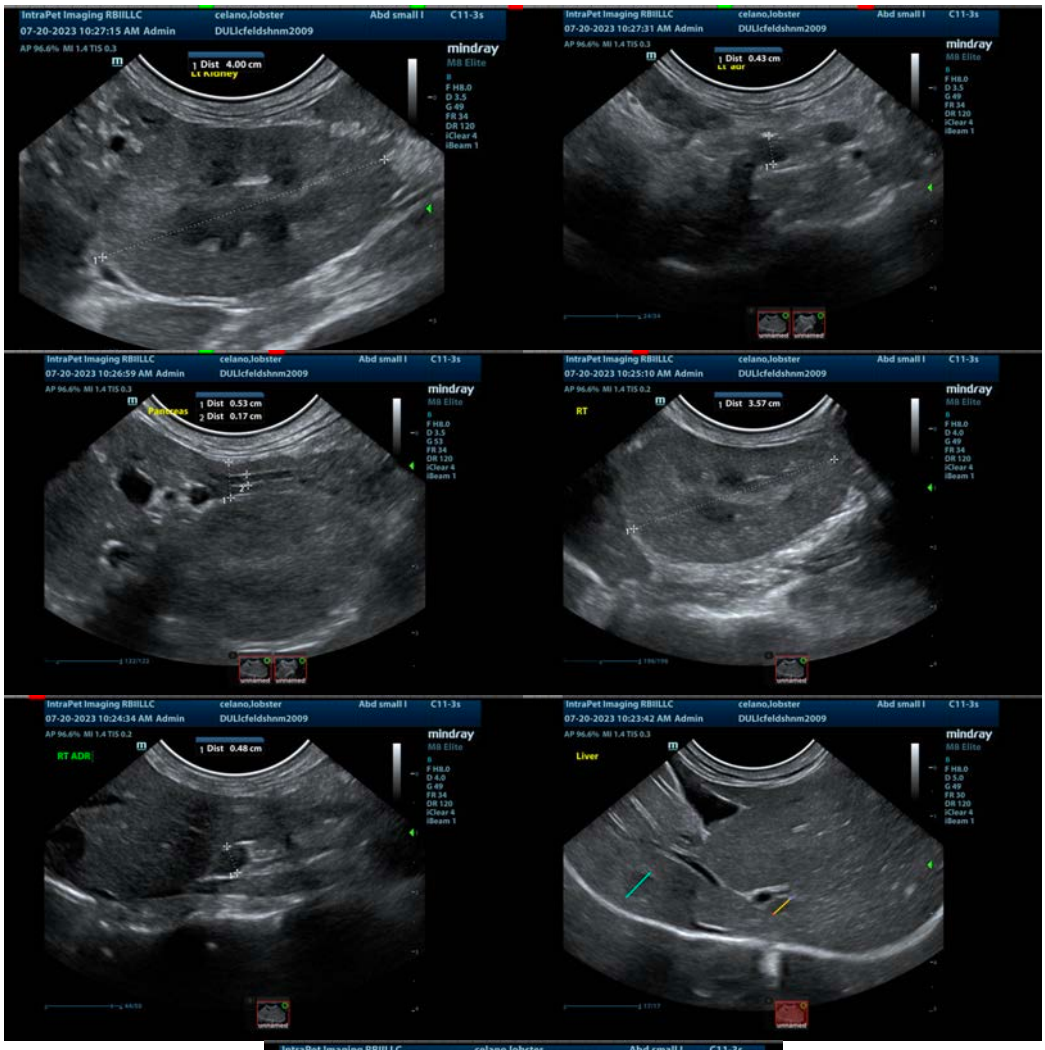
Both limbs of the pancreas appear prominent with some mildly surrounding reactive mesentery. Consider the possibility of chronic pancreatic inflammation. Correlate with quantitative fPLI level and consider empirical therapy. This could possibly be contributing to gastric ileus, causing the fluid distention observed.

The changes observed in the kidneys are consistent with age related renal disease. Consider a urinalysis and culture as well as baseline blood pressure evaluation, looking for evidence of early renal disease.

The submitted lab work identifies a significant hyperglycemia. Confirm that this is a stress hyperglycemia.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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celano,lobster
Abd small I
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DULIcfeldshnm2009
mindray
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Pancreas
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2 Dist 0.17 cm
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RT
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Liver
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Liver
1 Dist 1.55 cm

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)
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