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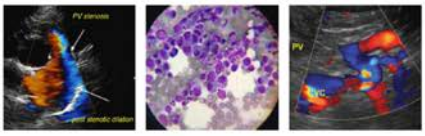

SonoPath
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PATIENT

Lucy Brown

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

12 Years

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Briarwood VH

INVOICE

40286

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Crying a lot, fever of 103F, not eating much, and hiding. Currently hospitalized on IVF.
Abnormal PE/Chem/CBC/UA Results: Seems painful in abdomen. Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears slightly irregular, particularly in the apical portion (measuring at 0.37 cm). The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are most consistent with cystitis or lack of urine distention.

The left kidney is normal/borderline small in size, irregular/rounded in shape, measuring 2.51 cm with decreased corticomedullary distinction. There are multiple nephroliths visualized, two of which measure 0.50 and 0.36 cm. Pyelectasia is noted at 0.33 cm. Additionally, there is a small amount of perinephric fluid and significant surrounding inflammation. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.92 cm) and somewhat rounded in shape with decreased corticomedullary distinction. A moderate sized nephrolith is present measuring 0.45 cm. Mild pyelectasia noted at 0.35 cm. Significant perinephric fluid and inflammation is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.36 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 (0.66 cm at the level of the hilus), 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 proximal bile duct appears slightly prominent and 0.32 cm.

Gastrointestinal

The stomach is moderately fluid dilated. 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.

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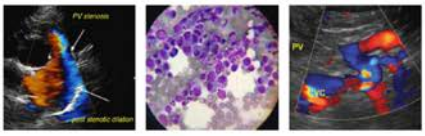

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.24 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 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 scant free abdominal fluid. There is no lymphadenopathy. The omentum in the cranial abdomen is very hyperechoic, particularly around the kidneys and in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular bladder mucosa – 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.
- Bilateral nephroliths with pyelectasia, perinephric fluid and inflammation – could be consistent with pyelonephritis and severe inflammation.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderate fluid dilation of the gastric lumen – most consistent with gastric ileus. Alternately, an outflow tract obstruction could be considered (none observed).
- Prominent muscularis layer to 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.
- Severe cranial abdominal inflammation – A definitive source for this inflammation is not observed, but the kidneys are the primary suspect.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mesentery in the cranial abdomen is very hyperechoic and inflamed. There is a scant amount of free fluid in this patient. The patient is clinically painful. The pancreas is visible but does not appear overtly inflamed. No focal lesions are visualized associated with the GI tract.

Both kidneys appear somewhat rounded and have nephroliths and mild pyelectasia present. Additionally, there is a collection of fluid around the kidneys, particularly on the right side. This could be consistent with nephritis, pyelonephritis, etc. Strongly recommend a urinalysis and culture, blood pressure evaluation, and hospitalization with diuresis and IV antibiotics until test results can return.

Additionally, if possible, try to obtain a sample of the free abdominal fluid for cytology and culture. If there is not enough to collect at this time, there may be more after fluid therapy.

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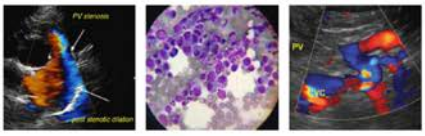

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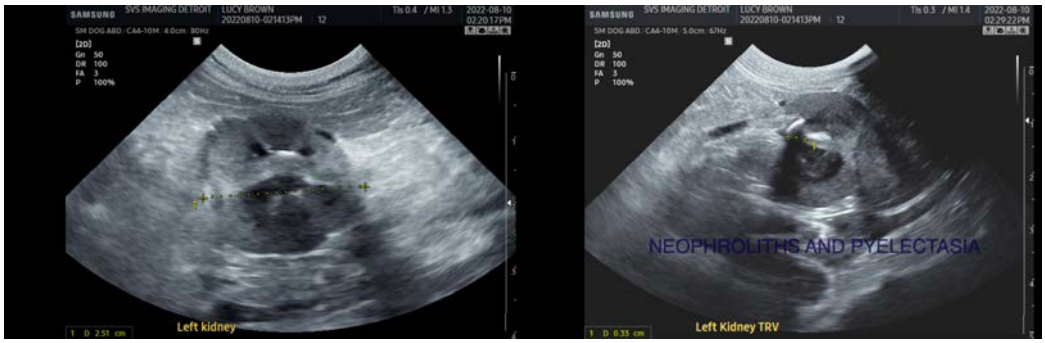
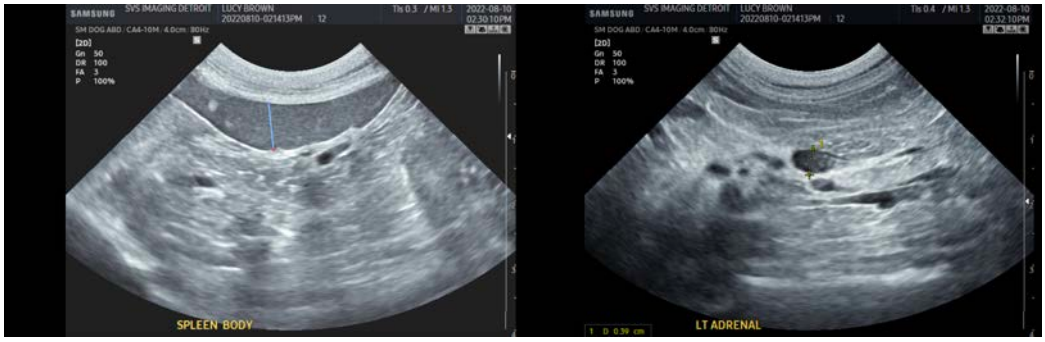
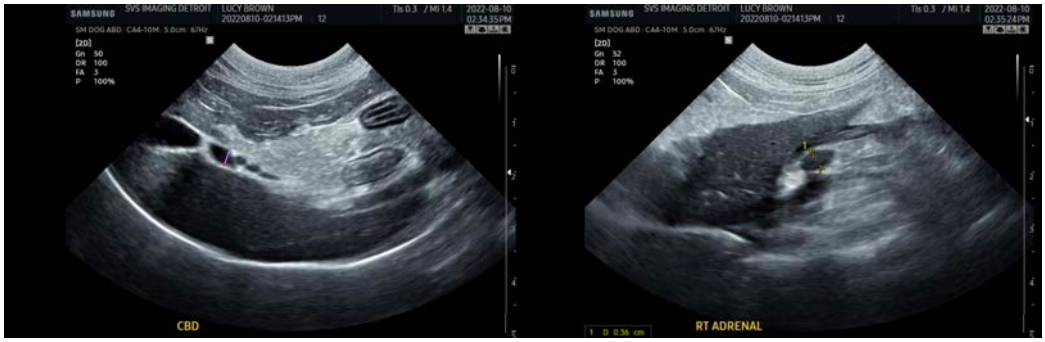
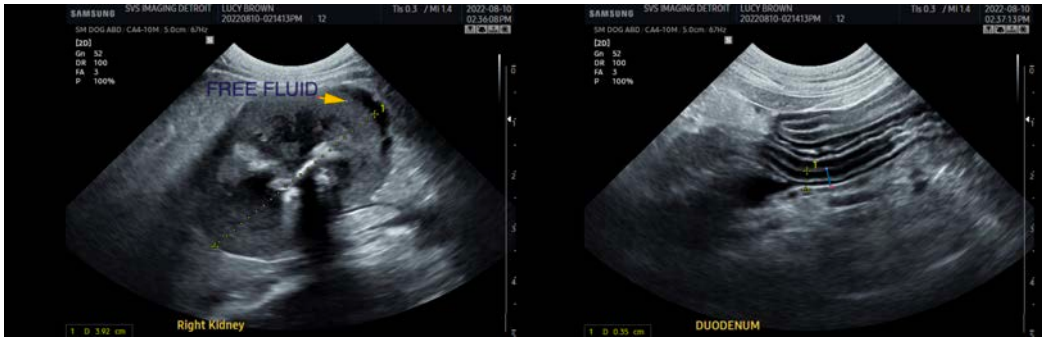
Additionally, continue to monitor the pancreas and the GI tract as possible sources of inflammation, although a definitive lesion is not currently observed.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.









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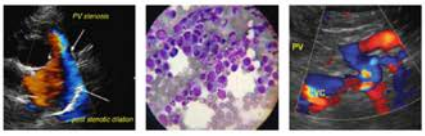

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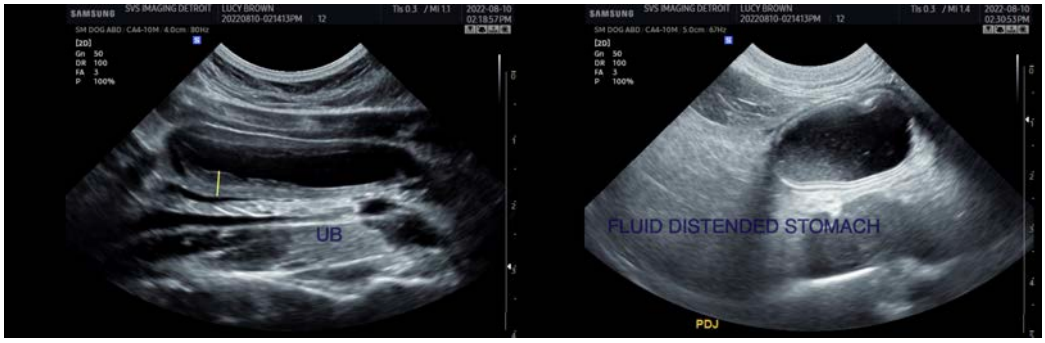

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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