

**DATE PRESENTING CLINICAL SIGNS**

8/15/23

**PATIENT**

Snickers McCarty

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9/20/10

**WEIGHT**

10.2 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Kalwa

**INVOICE**

44651

Gradually stopped eating and drinking, trouble swallowing and vocalizing History: - Left forelimb-limping, paw swelling- Possible Pillow foot - 1 month ago- treated for persistent cough/ congestion- recently finished 1 month of doxycycline for persistent respiratory issue (cough for months). Tried gabapentin and other pain medications - Struvite crystals - Environmental allergies- Antibiotic injection given 2 weeks ago 1 month ago got into tussle with other cat- no recent bruising. ATO- - few weeks to 1 month hx of limping left forelimb, swollen - Acutely today not eating, not drinking well would take few bites trouble swallowing. Very lethargic- tried to jump down and stumbled. - Patient started panting today - Normally very dominant, bright, - 3 cats in house- him and 2 females - Hiding and laying around more - Indoor only- has catio - Unsure if he fell - 1 month ago may have knocked over glass chest drawer- glass everywhere, patient ran out, not limping at the time - Several week history of painful back paws - rDVM regular checkup few weeks ago- limping some but seemed ok. Rechecked again ~2 weeks ago for paw swelling- given 2 week abx injection, gabapentin. Full bloodwork done- O states it was all ok- WBC fine, RBC ok. - Chronic cough started at the beginning of the year- unsure if hairball/ allergies. Tried a few antibiotics and doxycycline- that cleared him up - No hx of rat poisons or toxins- O does get the yard sprayed but keeps the cats away and is told its safe after try - Hx of struvite crystals without Rx food- O gives Hills CD - +- Hx of heart murmur

Current Medications: Sucralfate, Ondansetron, Dexamethasone, Doxycycline, Cerenia, Vitamin B12.  
Lab Results: See attached.

Radiographs: mild air in the esophagus large bladder gas in the colon possible overlap of organs in mid abdomen possible pleural fissure line in the right cranial lung field area

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**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 (4.24 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 (4.37 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 0.49 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 0.52 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 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of <0.7cm 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. Some of the shadowing ingesta has a somewhat linear appearance, possibly consistent with plant material, etc. Ingested foreign material cannot be excluded as a possibility but there is no evidence of an obstruction at this time.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 area of the pancreas is normal and isoechoic to surrounding 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.

### ***Other***

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

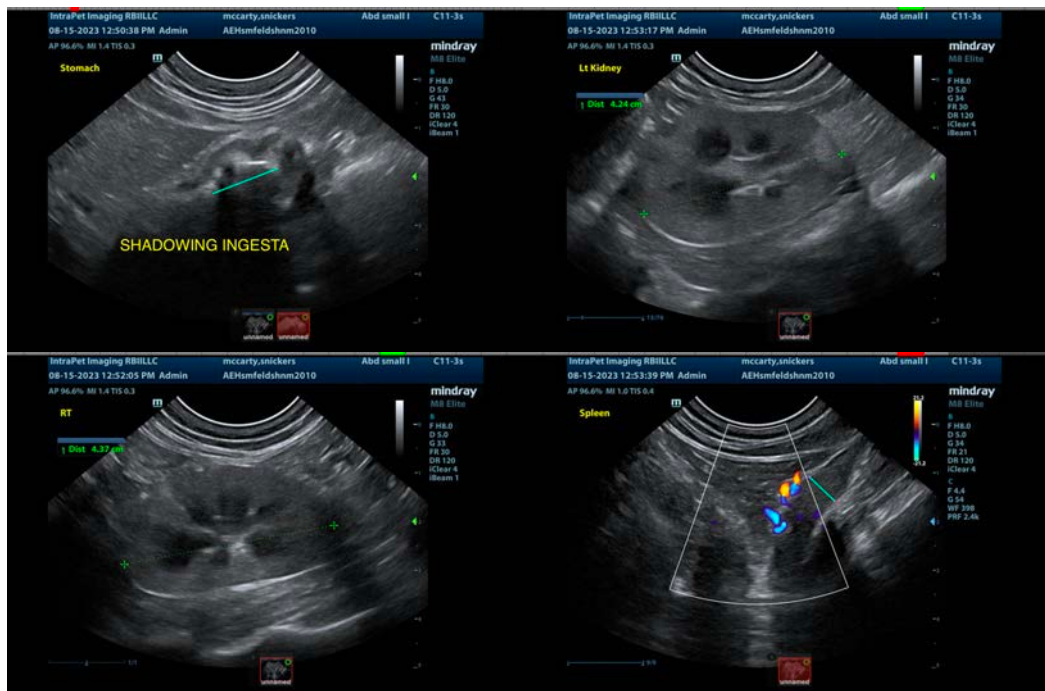
## ULTRASONOGRAPHIC FINDINGS

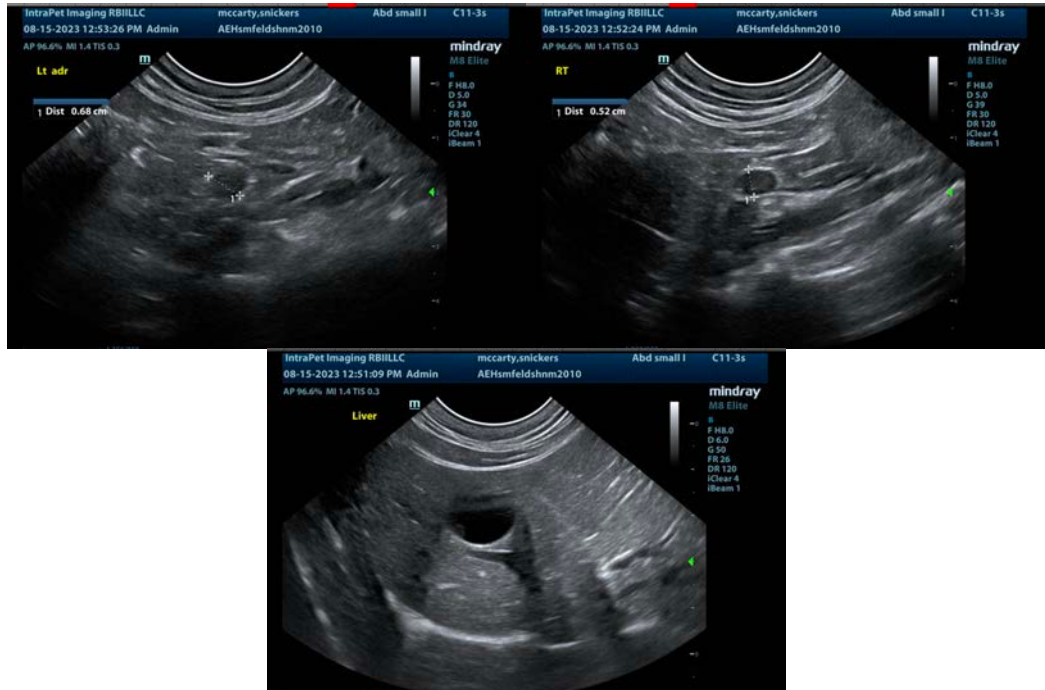
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Small to moderate amount of shadowing material visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed with the kidneys are most consistent with chronic renal disease. Consider a blood pressure, urinalysis and culture as a baseline. No focal mass lesions are visualized to explain the symptoms described. Additionally, there is no evidence of a significant lymphadenopathy and no overt evidence of hemorrhage.

Consider a blood transfusion +/- additional plasma in hopes of normalizing the coagulation parameters. Consider such differentials as anti-coagulant toxicity, DIC, severe vasculitis, liver dysfunction, etc. Additionally, consider Vitamin K supplementation and symptomatic therapy for systemic inflammation and serial imaging of the thoracic cavity with a possible cardiac ultrasound if the heart murmur does not resolve with transfusion.





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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