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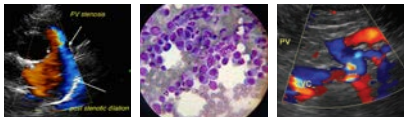

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Clinical Sonography & Telecytology
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**DATE**

8/2/22

**PATIENT**

Serenity Young

**SPECIES**

Feline

**BREED**

Persian

**SEX**

Intact Female

**AGE**

6/27/21

**WEIGHT**

6.9 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency Hospital

**REFERRING VET**

Dr. Roper

**INVOICE**

40040

## PRESENTING CLINICAL SIGNS

P had her first litter on July 27th. P had 5 kittens. The first kitten was a healthy weight and no complications. The second and third kitten were underweight and smaller. The 4th kitten was stillborn and the 5th kitten passed away the day after being born. All of the placentas' came out. P started to become lethargic not wanting to eat and O took the temperature today and P had a fever of 106

Current Medications: Ampicillin, Cerenia, Zeniquin, Onsior.
Lab Results: See attached.
Radiographs: Food material present in stomach.
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 (3.56 cm). Overall echogenicity is normal with adequate 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 (3.59 cm). Overall echogenicity is normal with adequate 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.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.25 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 0.35 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, 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 contains minimal luminal contents. 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 distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. 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 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*

There is no free fluid. There are some prominent mesenteric lymph nodes visualized measuring 0.40 and 0.38 cm. The omentum is largely of normal echogenicity.

The left and right horns of the uterus as well as the uterine body are visualized. The wall appears thickened and there is a small amount of intraluminal fluid. These findings could be consistent with inflammation, infection, or a post-partum uterus.

## ULTRASONOGRAPHIC FINDINGS

- 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.
- Prominent, thickened uterus – could be consistent with metritis or post-partum uterus.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The uterus appears somewhat thickened and prominent. It is difficult to say if these changes are within normal limits for a post-partum uterus or not. No focal lesions are visualized, and some degree of thickening is to be expected. There is also a small amount of intraluminal fluid.

There is a mild mesenteric lymphadenopathy present, and a slightly prominent muscularis layer to the small intestine, which is likely incidental at this time.

No other obvious causes for a fever are identified. Options moving forward include continued medical therapy and close monitoring, or surgical intervention for metritis.

If medical therapy is pursued recommend re-evaluation in approximately 3-4 days.


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C11-3s
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mindray
M8 Elite
Spleen


IntraPet Imaging RBIILLC
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Lt ad
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Bladder


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Bladder UT
Dist 0.73 cm
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RT
Dist 3.59 cm


IntraPet Imaging RBIILLC
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mindray
M8 Elite
RT
Dist 0.35 cm


IntraPet Imaging RBIILLC
young,serenity
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M8 Elite
Lt Kidney
Dist 3.56 cm


IntraPet Imaging RBIILLC
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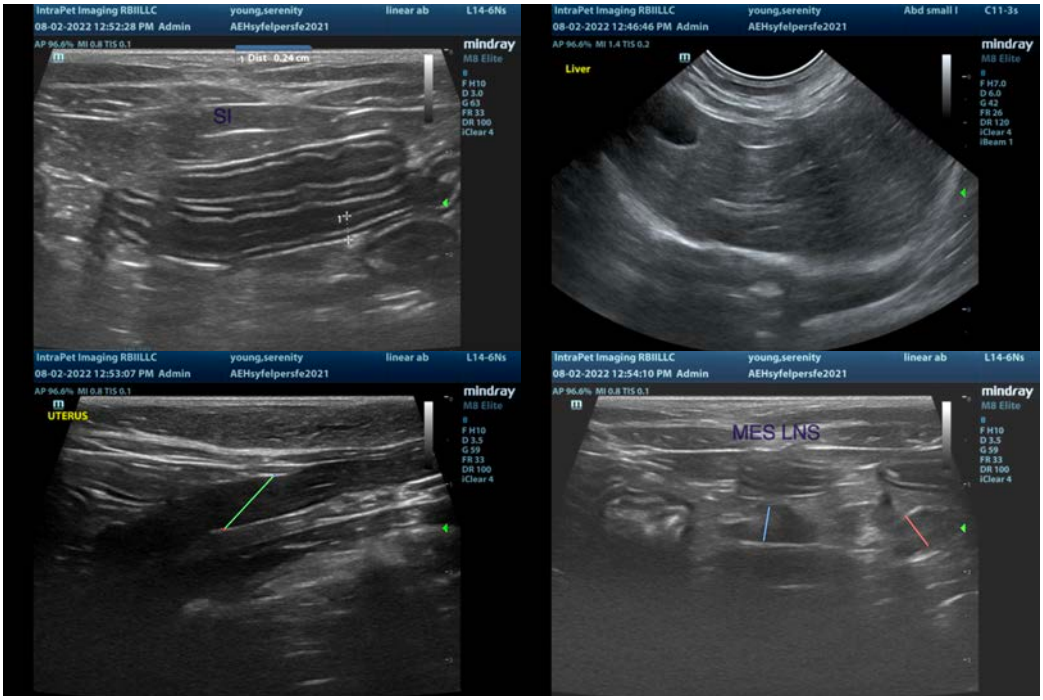
Lt UTERUS
Dist 0.84 cm
Dist 0.83 cm
Dist 0.64 cm




**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.

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