IMAGING PERFORMED BY

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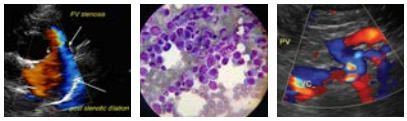

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

8/26/21

PATIENT

Holly Murphy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/1/07

WEIGHT

11.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Happy Tails VH

REFERRING VET

Dr. Calpeno

INVOICE

24975

PRESENTING CLINICAL SIGNS

Patient presented o 8/17/21 for an annual exam, had not been to the vet since she was a kitten. Patient stopped eating dry food, only licking wet food when made soupy.

Current Medications: started on SQ fluids 200ml sid x4d, then 3x weekly; Miratazas directed sid; Cerenia 16mg 1/4t sid; RC renal diet; Dasuquin adv 1t sid.
Lab Results: Chem: increased SDMA 29, increased creat 3.5, increased bun 63, NOSF.
CBC: NSF, normal. T4: 2.3 WNL. FT4: 1.0; 12.9 WNL. UPC: Not indicated. UA, via cystocentesis: uspg 1.018, pH 6.0, 3+ blood, 1+ prt, 6-10 WBC, RBC 50-75, 1+ epi, NOSF. FeLV/FIV test: All Neg.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

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 slightly irregular shape and is normal in size at 3.76 cm. Overall echogenicity is increased 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 infarcts or hydroureter. There is moderate pyelectasia visualized at 0.36 cm and several small, non-obstructive nephroliths. Renal vasculature is normal.

The right kidney has a very irregular shape and is small in size, measuring 2.85 cm. Overall echogenicity is increased 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 or hydroureter. There are several small, non-obstructive nephroliths visualized. The changes in shape are likely associated with previous renal infarcts. 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 right adrenal gland is normal in size measuring 0.37 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 0.22 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

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.

ULTRASONOGRAPHIC FINDINGS

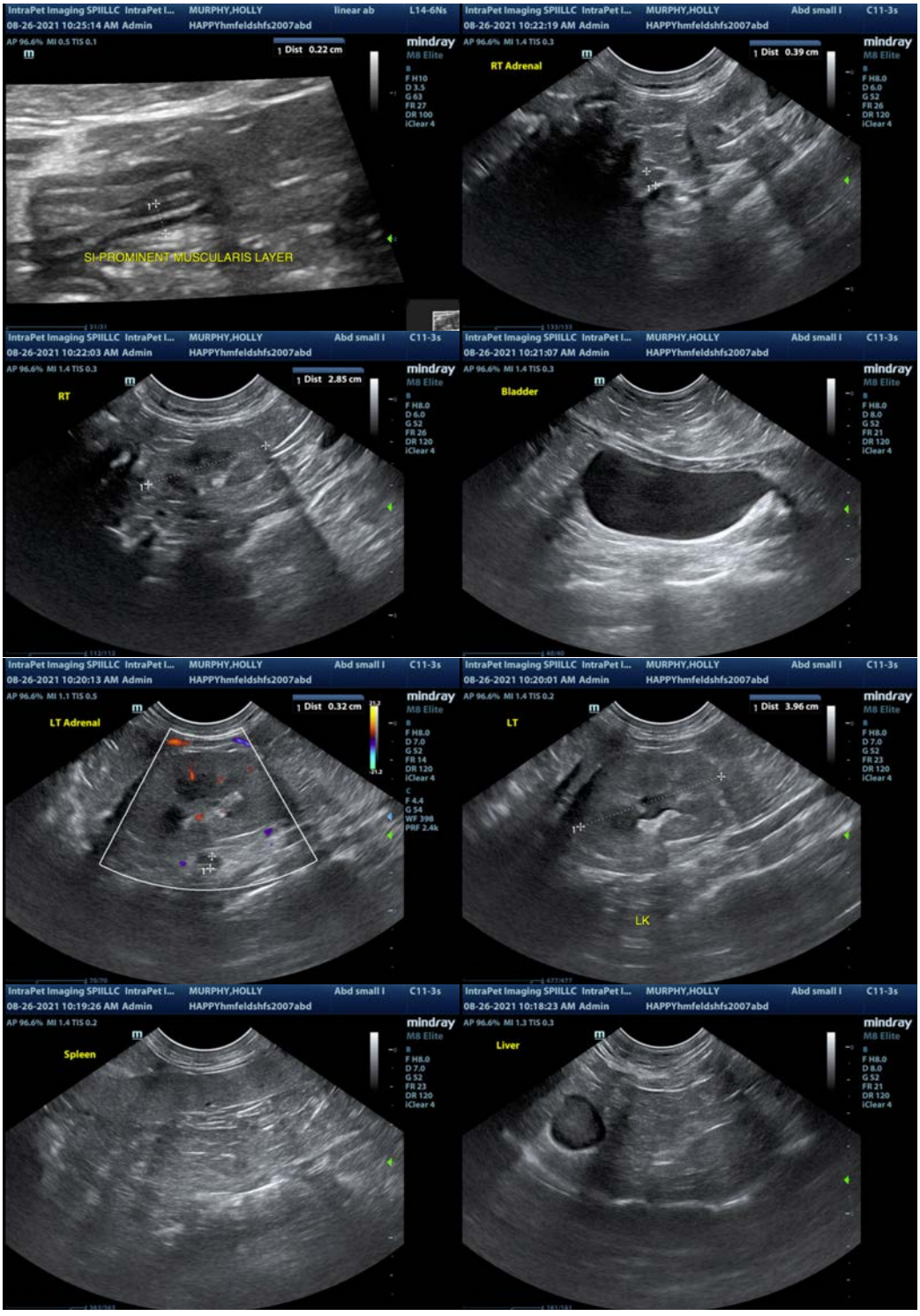
- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia, rare non-obstructive nephrolithis, and suspect previous right-sided renal infarcts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed are most consistent with the current diagnosis of chronic renal disease. There are no significant focal lesions observed such as masses, blockages, etc. Recommend urine cultur to further evaluate the left-sided pyelectasia and blood pressure evaluation.

In the absence of overt gastrointestinal signs, I suspect the bowel changes observed are associated with age related change. You could consider a GI panel with a quantitative PLI, B12 and folate to look for additional evidence of small intestinal disease if suspected.


IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY linear ab L14-6Ns
08-26-2021 10:25:14 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 0.5 TIS 0.1
Dist 0.22 cm
SI-PROMINENT MUSCULARIS LAYER
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
08-26-2021 10:22:19 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.3
RT Adrenal
Dist 0.39 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
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AP 96.6% MI 1.4 TIS 0.3
RT
Dist 2.85 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
08-26-2021 10:21:07 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.3
Bladder
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
08-26-2021 10:20:13 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 1.1 TIS 0.5
LT Adrenal
Dist 0.32 cm
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
08-26-2021 10:20:01 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.2
LT
Dist 3.96 cm
LK
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
08-26-2021 10:19:26 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 1.4 TIS 0.2
Spleen
mindray M8 Elite
IntraPet Imaging SPIILLC IntraPet I... MURPHY,HOLLY Abd small I C11-3s
08-26-2021 10:18:23 AM Admin HAPPYhmfeldshfs2007abd
AP 96.6% MI 1.3 TIS 0.3
Liver
mindray M8 Elite

The information and recommendations provided are based on the images presented by the referring veterinarian. 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