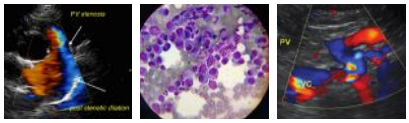
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
8/26/22

PATIENT
Poe Lorenzo

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
6/1/15

WEIGHT
12 Pounds

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

HOSPITAL NAME
Cat Sense Feline Hospital

REFERRING VET
Dr. Sinclair

INVOICE
17050

PRESENTING CLINICAL SIGNS

History: Presented for not eating as well and has lost weight. Bloodwork shows fairly significant azotemia and the urinalysis shows a bunch of epithelial cells. Would like to see if he has something treatable causing the kidney disease + if there is a bladder tumor.

Current Medications: 100ml LRS sq sid, Miratаz
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 moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is large (6.01 cm). Overall echogenicity is normal with decreased corticomedullary distinction. There is no evidence of perinephric inflammation or effusion. Multiple nephroliths are visualized, one is visualized at 0.41 cm. Additionally, there is pyelectasia, measuring 0.46 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small and irregular (3.7 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. Nephroliths are present, one of which measures 0.23 cm. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 cm at the caudal pole (insert other measurements if provided) 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 0.45 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 gall bladder 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 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 0.13-0.38cm in wall thickness) and the jejunum measured as normal 0.27cm) 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly (list if measurements given). 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.

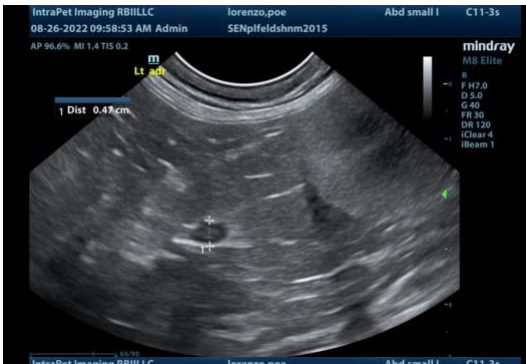
ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with nephroliths and left sided pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

- Prominent mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the kidneys are consistent with chronic progressive renal disease. The right kidney is small and irregular with abnormal architecture. While the left kidney is somewhat hypertrophied and larger, but still has abnormal architecture and significant pyelectasia. There are stone visualized in both kidneys. Some of the stones in the left kidney border the renal pelvis, so there could be a component of partial obstructive disease present. I recommend a blood pressure, urinalysis and culture to look for evidence of pyelonephritis.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lorenzo,poe
Abd small I
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SENplfeldshnm2015
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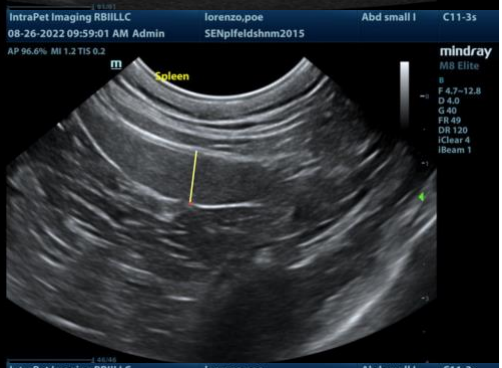
mindray
M8 Elite
Lt adr
1 Dist 0.47 cm


IntraPet Imaging RBIILLC
lorenzo,poe
Abd small I
C11-3s
08-26-2022 09:55:27 AM Admin
SENplfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
RT ADR
1 Dist 0.61 cm


IntraPet Imaging RBIILLC
lorenzo,poe
Abd small I
C11-3s
08-26-2022 09:55:20 AM Admin
SENplfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
RT
1 Dist 0.23 cm


IntraPet Imaging RBIILLC
lorenzo,poe
linear ab
L14-6Ns
08-26-2022 10:00:42 AM Admin
SENplfeldshnm2015
AP 96.6% MI 0.9 TIS 0.1
mindray
M8 Elite
1 Dist 0.27 cm


IntraPet Imaging RBIILLC
lorenzo,poe
Abd small I
C11-3s
08-26-2022 09:54:35 AM Admin
SENplfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
Pancreas
1 Dist 0.91 cm
2 Dist 0.14 cm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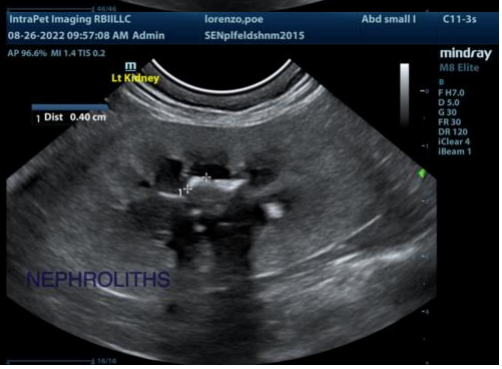
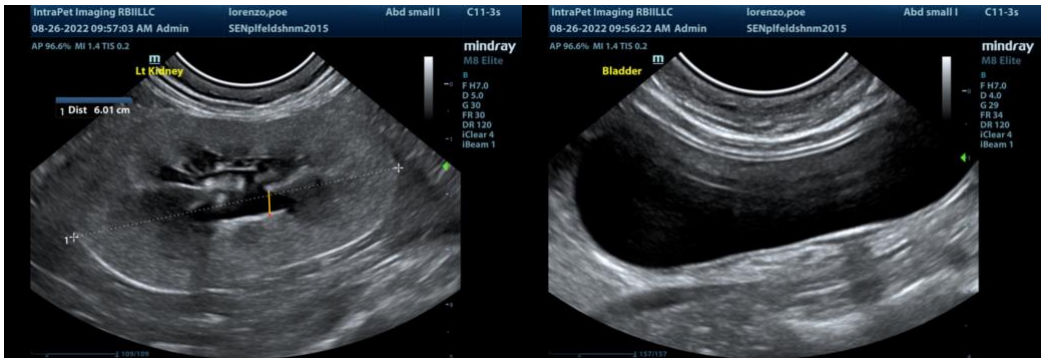
lorenzo,poe
Abd small I
C11-3s
08-26-2022 09:59:01 AM Admin
SENplfeldshnm2015
AP 96.6% MI 1.2 TIS 0.2
mindray
M8 Elite
Spleen


IntraPet Imaging RBIILLC
lorenzo,poe
Abd small I
C11-3s
08-26-2022 09:53:37 AM Admin
SENplfeldshnm2015
AP 96.6% MI 1.4 TIS 0.3
mindray
M8 Elite
Liver


IntraPet Imaging RBIILLC
lorenzo,poe
Abd small I
C11-3s
08-26-2022 09:57:08 AM Admin
SENplfeldshnm2015
AP 96.6% MI 1.4 TIS 0.2
mindray
M8 Elite
Lt Kidney
1 Dist 0.40 cm
NEPHROLITHS



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)
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