IMAGING PERFORMED BY

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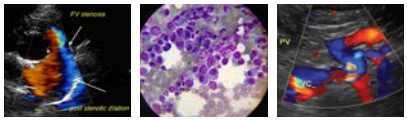

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DATE

9/1/21

PATIENT

Cringle Clum

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/17/16

WEIGHT

13.3 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Taylorsville Vet Clinic

REFERRING VET

Dr. Lucas

INVOICE

25131

PRESENTING CLINICAL SIGNS

History: Owner has noticed p abdomen has gotten very large over the last 3 weeks or so. She is eating/drinking normally, no vomiting or diarrhea. But owner does think that she is producing less fecal/urine than normal.

Current Medications: Not provided by the veterinarian.
Lab Results: Attached separately.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
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 (4.07 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 (4.07 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 normal to small in size with normal echogenicity with smooth peripheral mildly rounded 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 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 (between 0.15-0.36cm.) 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 revealed a large volume of anechoic fluid. No lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum appears somewhat irregular and almost nodular, and is of increased echogenicity as compared to the surrounding anechoic fluid.

Other

A brief view of the heart was submitted. No pericardial effusion was seen. Additionally, there is no evidence of pleural effusion visualized.

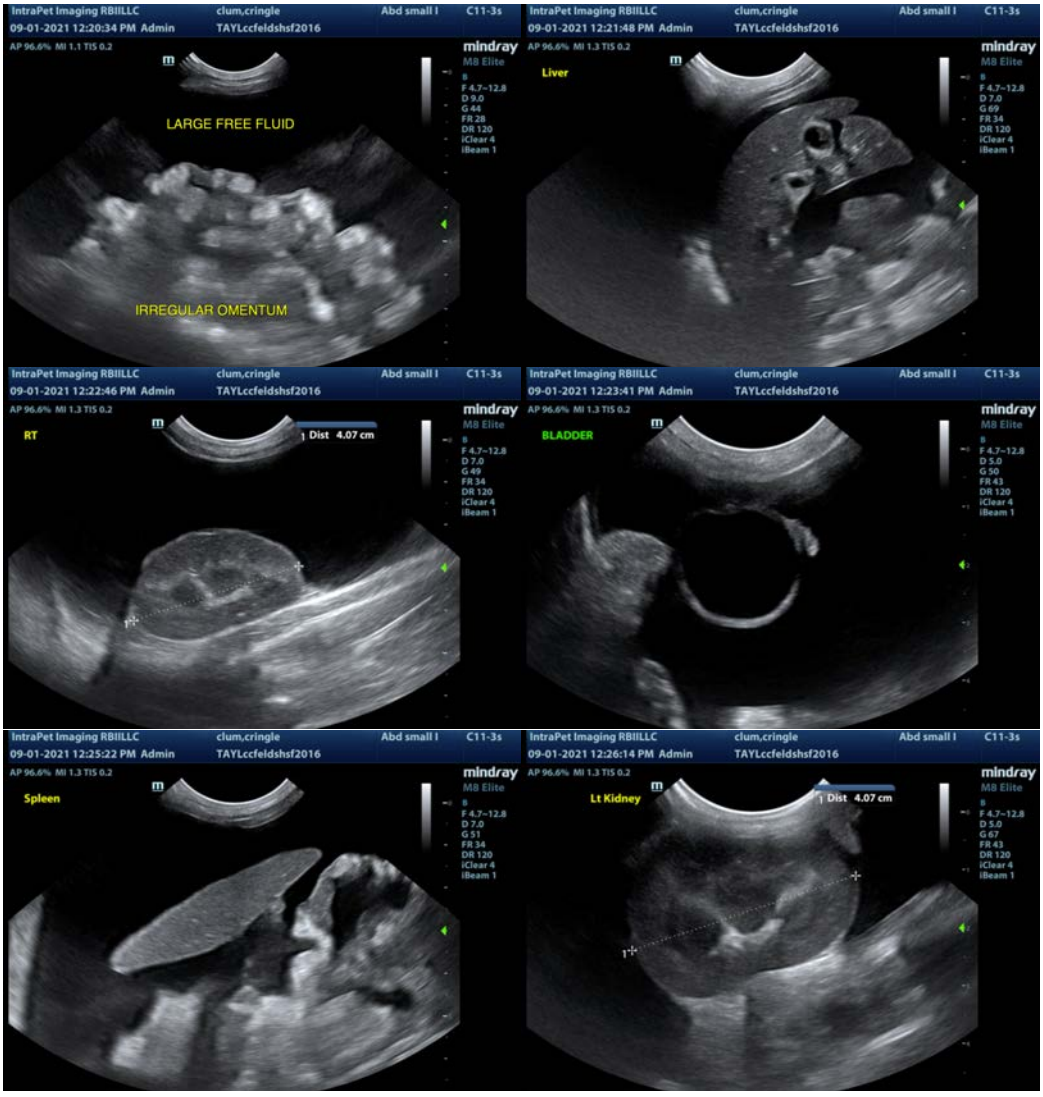
ULTRASONOGRAPHIC FINDINGS

- Large volume anechoic abdominal fluid – recommend fluid analysis and cytology to determine the type of effusion present.
- Rounded liver margins – this could be consistent with chronic fluid accumulation or a small liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of abdominal fluid present. A focal mass lesion is not observed. The omentum does appear somewhat irregular and nodular, which could be consistent with carcinomatosis or mesothelioma, but the other peritoneal surfaces appear normal. Additionally, the liver looks somewhat rounded, which I suspect is due to chronic presence of fluid. Possible steps moving forward include:

- Fluid analysis and cytology
- 3-view thoracic radiographs
- Liver function test to rule out possibility of portal hypertension
- Full blood work including thyroid testing and urinalysis
- If blood work is normal and liver function is normal with clear radiographs, consider either advanced imaging of the abdomen (CT scan) or abdominal exploratory to obtain biopsies of the mesentery and any abnormal tissue.



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.

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