IMAGING PERFORMED BY

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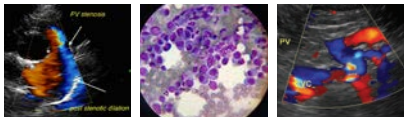

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DATE

9/1/22

PATIENT

Daisy Sigafoose

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10/10/05

WEIGHT

6 lb 2 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

40951

PRESENTING CLINICAL SIGNS

Pt seen on 8/30/22 with 1lb weight loss since 6/6/22 despite normal appetite. Owner also noted recent episode of anisocoria with left pupil larger. On exam the left pupil is flattened laterally creating a "reverse D" shape and slight bulge from 3-6 o'clock concerning for a mass effect behind iris? Previous AUS had prominent muscularis in section of small intestine and borderline enlarged spleen that may not have progressed to Lymphoma wit ocular involvement?

Current Medications: None.
Lab Results: Lymphs 1122
Date of Previous IntraPet Ultrasound: 12/16/21. See attached.
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 mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.77 cm) with pyelectasia at 0.49 cm and a dilated ureter measuring 0.24 cm. Echogenic debris is visualized within the dilated renal pelvis. 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 nephroliths or infarcts. Renal vasculature is normal.

The right kidney has a normal shape and size (3.14 cm) with pyelectasia at 0.42 cm and a dilated ureter measuring 0.37 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 nephroliths or infarcts. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.30 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 (0.7 cm at the level of the hilus), 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. There is a moderate amount of non-organized echogenic debris. 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 measures 0.28 cm. Visualized peristalsis appears appropriate. There is a focal area of bowel in the right abdomen near the ileocecal junction with irregular focal thickening. In this area, the bowel wall measures at 0.63 cm. This lesion creates a mass effect. In the sagittal view, it measures 0.53 cm x 1.4 cm.

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 hypoechoic as 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

There is a small to moderate amount of free abdominal fluid. No lymphadenopathy is noted. There is diffusely hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Bilaterally decreased corticomedullary distinction with pyelectasia and mild to moderate ureteral dilation.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Focal asymmetrical thickening of the small intestinal wall – There is some persistent layering in this area, but the asymmetry is concerning for a mass effect, focal inflammation, etc.
- Free abdominal fluid and hyperechoic mesentery – consistent with generalized peritonitis (sterile versus infectious)

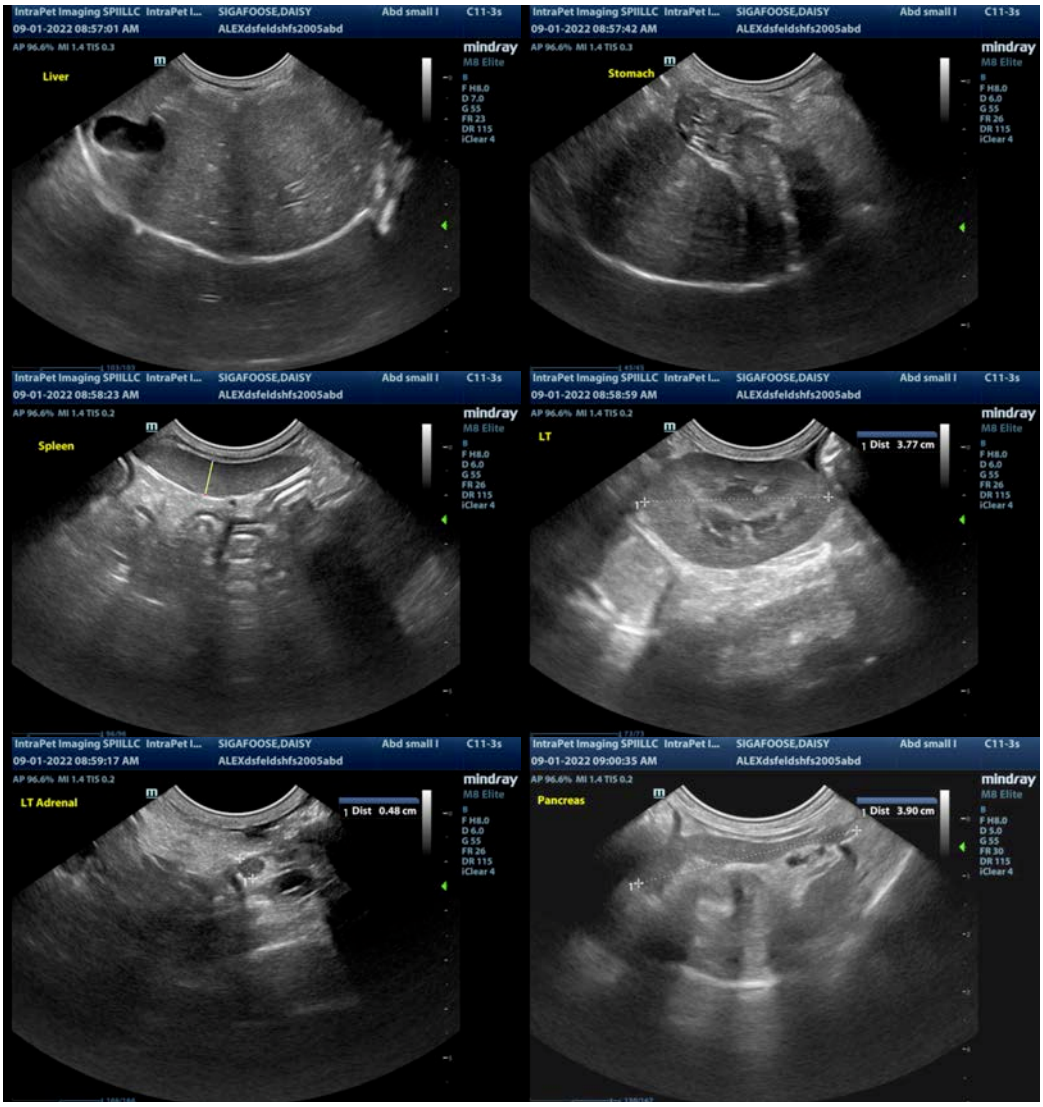
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

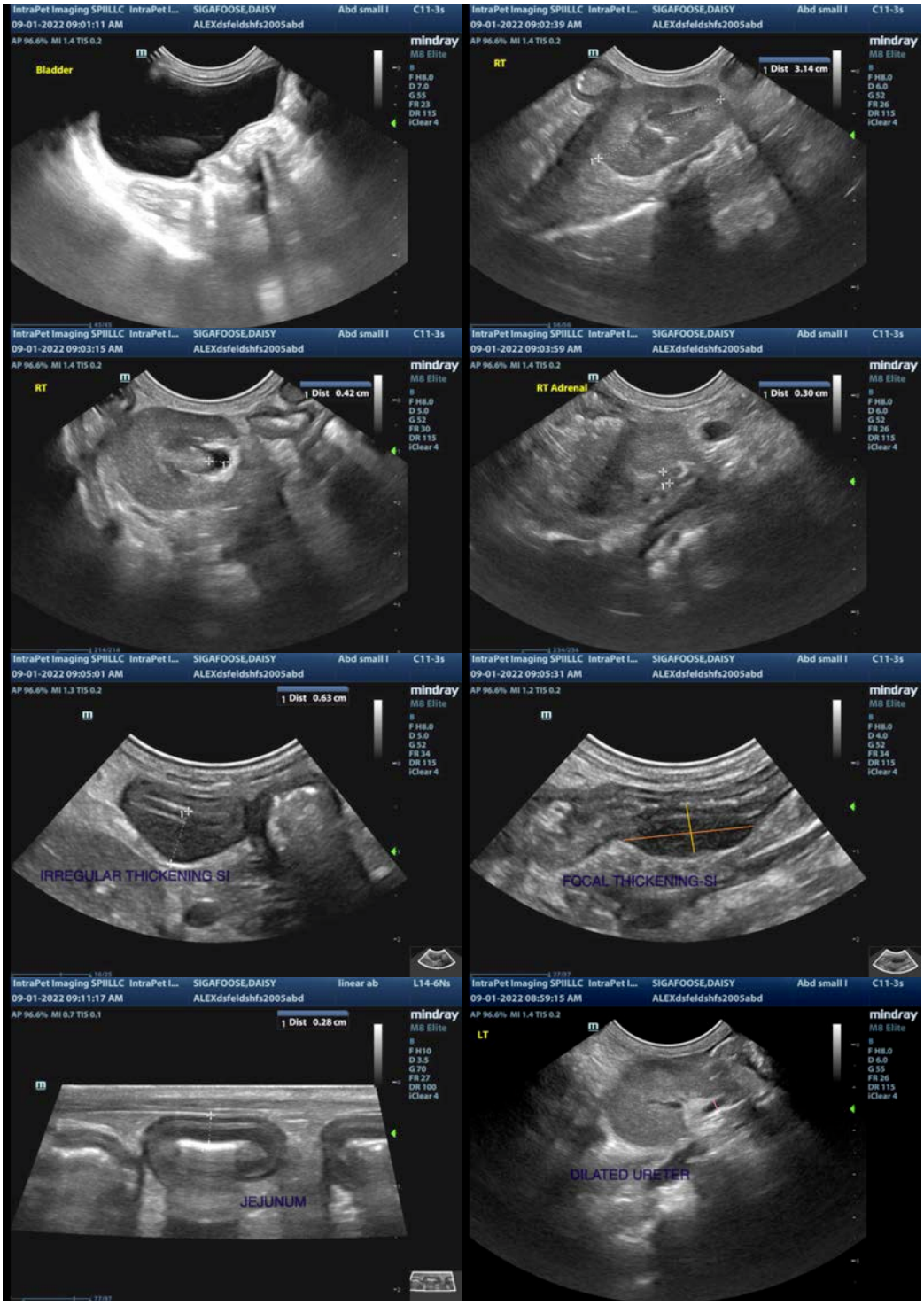
The previously described renal changes are still present and possibly progressed in that both ureters are visualized as mildly dilated at this time. There is additionally echogenic debris visualized within the left renal pelvis. These findings are suggestive for pyelonephritis. Recommend urinalysis and culture, ideally fluid therapy to help flush out some of the debris/infection, and treatment based on culture and sensitivity results.

Additionally, there is diffusely prominent muscularis layer as before, but a focal area of irregular thickening is now noted in the right abdomen near the ileocecal junction. This could be consistent with infiltrative disease. Consider a fine needle aspirate if possible (see images).

The spleen appears normal on today's scan. Recommend continued follow up ultrasound to monitor the renal disease. If a cytologic diagnosis is not possible of the small bowel lesion, consider surgical biopsies.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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mindray M8 Elite
Bladder
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09-01-2022 09:02:39 AM ALEXdsfeldshfs2005abd
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RT
Dist 3.14 cm
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RT Adrenal
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Dist 0.63 cm
IRREGULAR THICKENING SI
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mindray M8 Elite
Dist 0.28 cm
JEJUNUM
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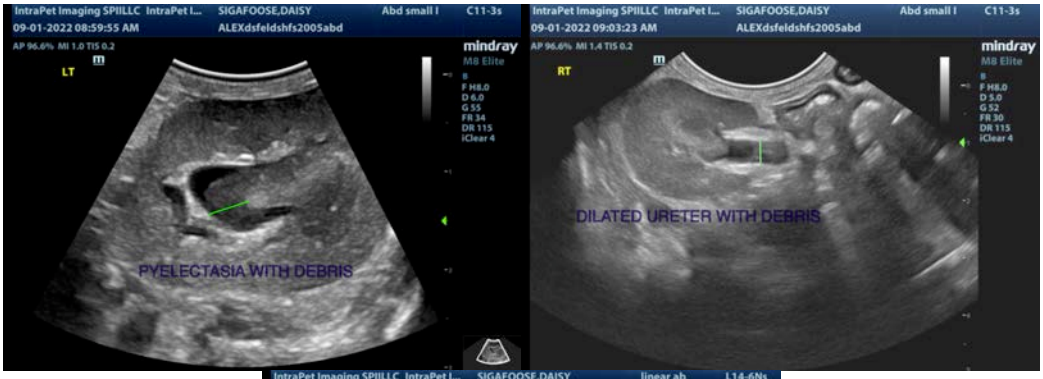
mindray M8 Elite
LT
DILATED URETER



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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