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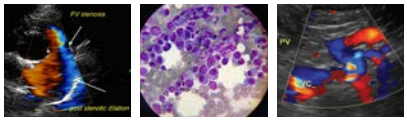

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

9/16/22

PATIENT

Winston Ruvalcaba

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/27/10

WEIGHT

9.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Davies

INVOICE

41388

PRESENTING CLINICAL SIGNS

Pet has had a long history of "IBD" treated with budesonide. (unsure if this was diagnosed with biopsy as just recently starting to see us. Received vaccines in August, was doing well. Decreased appetite started just after that visit. Patient was seen by another vet in the practice and received an injection of steroids, B12, and SC fluids and did well for ~10 days. Patient was seen ~ 2 weeks ago for not eating. He was anemic (28.5% non-regenerative), very dehydrated, creat 2, low K. We switched to prednisolone from budesonide and have treated with SC fluids, K orally (and in fluids), and B12. He has been outwardly much improved, but PCV continues to drop.

Current Medications: Vitamin B 12 injection, Cerenia.
Lab Results: He was anemic (28.5% non-regenerative), very dehydrated, creat 2, low K., PCV continues to drop PCV 24%, TP= 8.0 g/dL CMC/CR
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic IV.
Stat Report: Approved. ECHO was offered but, declined at this time.

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 is normal in size (4.04 cm) but irregular in shape and has a mottled echotexture with numerous small cortical cysts and pyelectasia at 0.25 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.29 cm) but irregular with a mottled echotexture, small cortical cysts, and pyelectasia at 0.71 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.36 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 large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The vasculature appears prominent and somewhat dilated. 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 mild and 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. Jejunum wall measures 0.17 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

Free Abdomen
There is a moderate to large amount of anechoic free fluid. No lymphadenopathy. The omentum is generally slightly increased in echogenicity.

Other
A brief view of the heart was submitted. No evidence of pericardial effusion. There is questionable right-sided heart enlargement.

ULTRASONOGRAPHIC FINDINGS

- Irregular mottled kidneys with decreased corticomedullary distinction, cortical cysts, and bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Prominent, hypoechoic pancreas with prominent pancreatic duct and surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Large, hyperechoic liver with prominent/dilated vasculature – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The dilated vasculature is concerning for possible congestion (heart disease,

thoracic mass, etc.).

- Moderate to large anechoic abdominal fluid
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

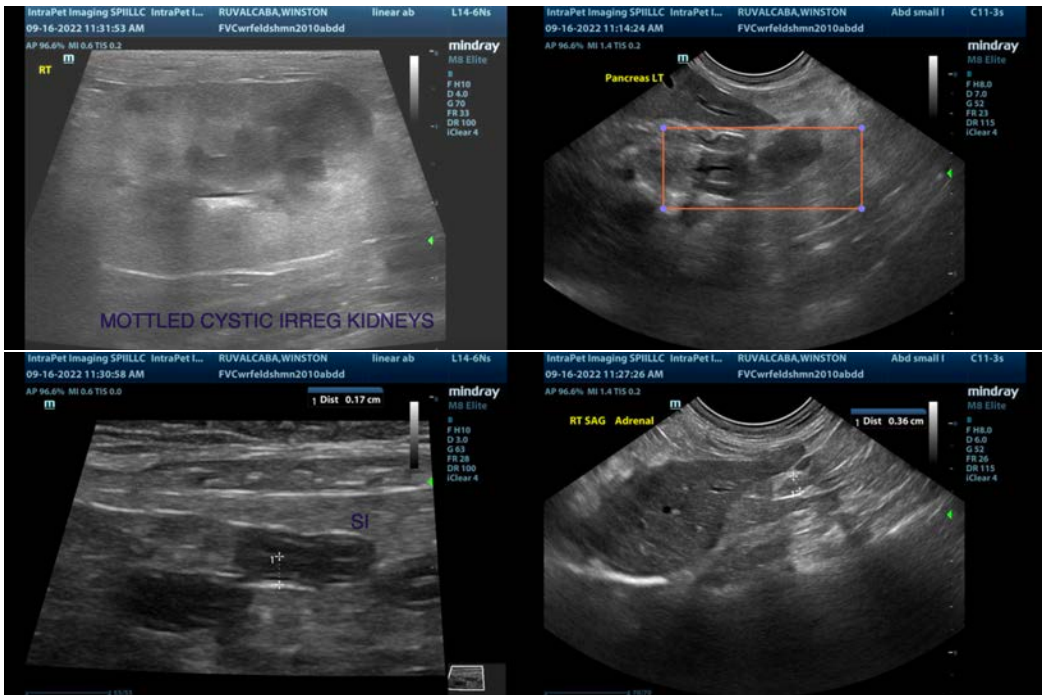
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of fluid evident in the abdomen and prominent vasculature. These changes are concerning for congestion, which can cause some parenchymal changes in some structures.

The pancreas appears prominent and hypoechoic with surrounding hyperechoic mesentery. These changes are concerning for inflammation and pancreatitis.

Additionally, both kidneys appear irregular and mottled with pyelectasia and decreased corticomedullary distinction. Some of these changes could be consistent with chronic progressive renal disease, possible nephritis(?). Recommend a urinalysis and culture.

Recommend 3-view thoracic radiographs and a cardiac ultrasound to further evaluate causes of the effusion. If heart disease is not identified, then consider sampling of the abdominal fluid.

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RT
Dist 0.71 cm
mindray
M8 Elite

IntraPet Imaging SPIILLC IntraPet I... RUVALCABA,WINSTON Abd small I C11-3s
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RT
Dist 4.29 cm
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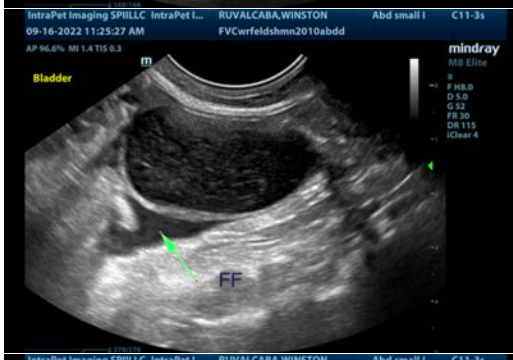
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Bladder
FF
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09-16-2022 11:24:48 AM FVCwrfeldshmn2010abdd
LT Adrenal
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mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... RUVALCABA,WINSTON Abd small I C11-3s
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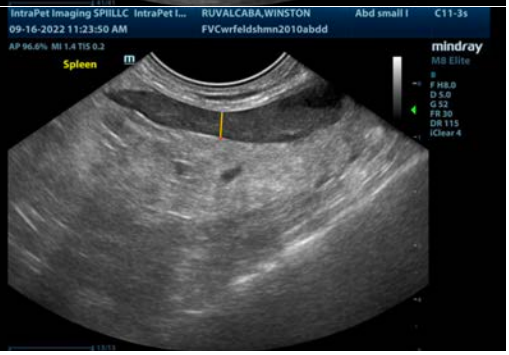
LT
Dist 4.04 cm
mindray
M8 Elite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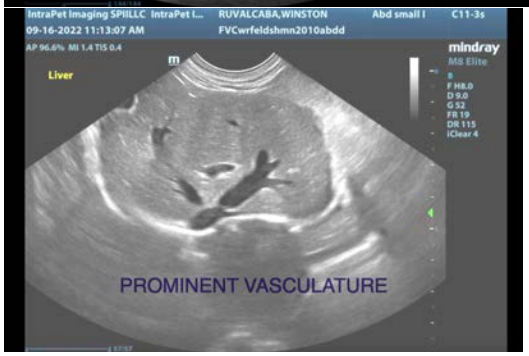
Spleen
mindray
M8 Elite


IntraPet Imaging SPIILLC IntraPet I... RUVALCABA,WINSTON Abd small I C11-3s
09-16-2022 11:13:07 AM FVCwrfeldshmn2010abdd
Liver
PROMINENT VASCULATURE
mindray
M8 Elite

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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