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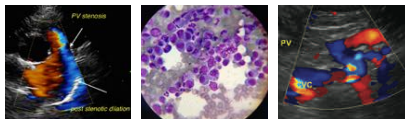

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DATE
9/21/21

PATIENT
Baby Bare

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
7/18/12

WEIGHT
9.4 lbs

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

HOSPITAL NAME
Greenbrier VC

REFERRING VET
Dr. Dellinger

INVOICE
91886

PRESENTING CLINICAL SIGNS

History: P clinically normal. P has persistently elevated CA2+ level and Ionized CA level. HX cardiac disease-Cardiology Report-Mitral valve dysplasia with systolic anterior motion of the mitral valve. History of severe dynamic left ventricular outflow obstruction - Improved now mild outflow obstruction on atenolol. History of mild left atrial dilation Improved now normal left atrial dimensions. History of mild left ventricular hypertrophy - improved now equivocal wall thickening.
Current Medications: Atenolol 25mg 1/2 SID; Aspirin 81mg- 1/4 2x per week.
Lab Results: CA 12.3; Ionized CA 1.45 (1.13-1.38).
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin administered prior to 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 normal shape and size (3.87 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 (3.76 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 left adrenal gland is normal in size measuring 0.38 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 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 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering 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 to moderate 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 and the jejunum measured as normal (0.19-0.25 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

PRIMARY FINDINGS:

Moderate fluid dilation of the stomach and mild to moderate fluid dilation of the small intestine. The findings are most consistent with a recent meal. Correlate with feeding history. If the patient has been adequately fasted then consider such differentials such as delayed gastric emptying or partial gastric obstruction (none was visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan was relatively normal for this patient. An obvious cause of the hypercalcemia was not identified. Correlate with results of chest radiographs, parathyroid hormone levels, dietary history, oral and rectal exam. If no underlying disease is identified the most likely differential would be idiopathic hypercalcemia, but continued vigilance for additional symptoms should be obtained.


IntraPet Imaging RBIILLC
bare,baby
linear ab
L14-6Ns
09-21-2021 09:36:04 AM Admin
GREENbbfeldshsf2012
AP 96.6% MI 0.9 TIS 0.1
mindray
M8 Elite
SMALL INTESTINE


IntraPet Imaging RBIILLC
bare,baby
Abd small I
C11-3s
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AP 96.6% MI 1.2 TIS 0.2
Stomach
mindray
M8 Elite
INGESTA DILATED


IntraPet Imaging RBIILLC
bare,baby
Abd small I
C11-3s
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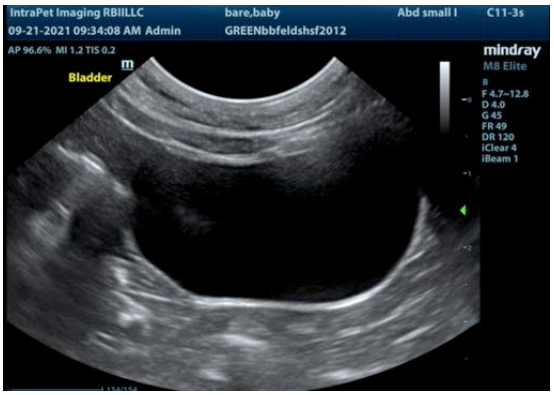
AP 96.6% MI 1.2 TIS 0.2
Lt adr
Dist 0.54 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
bare,baby
Abd small I
C11-3s
09-21-2021 09:34:49 AM Admin
GREENbbfeldshsf2012
AP 96.6% MI 1.2 TIS 0.2
Lt Kidney
Dist 3.87 cm
mindray
M8 Elite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bare,baby
Abd small I
C11-3s
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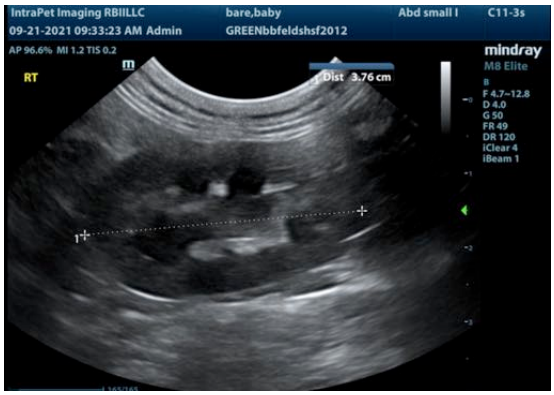
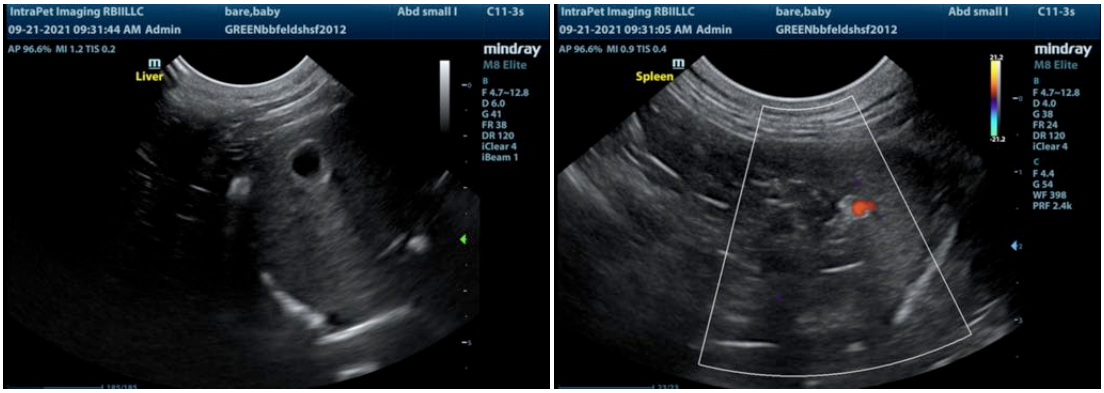
GREENbbfeldshsf2012
AP 96.6% MI 1.2 TIS 0.2
Bladder
mindray
M8 Elite


IntraPet Imaging RBIILLC
bare,baby
Abd small I
C11-3s
09-21-2021 09:33:23 AM Admin
GREENbbfeldshsf2012
AP 96.6% MI 1.2 TIS 0.2
RT
Dist 3.76 cm
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)
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