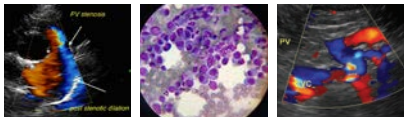
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/21/22

PATIENT

Tabby Keller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/1/06

WEIGHT

11.56 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Eldersburg Vet Hospital

REFERRING VET

Dr. James

INVOICE

41487

PRESENTING CLINICAL SIGNS

Urinating larger amounts, no increase in drinking, has been gone on for 2 weeks.

Current Medications: Gabapentin 50mg BID.
Lab Results: CBC nsf. Chem: slight hypokalemia r/o artifact, vs decr appetite (not noticed by owner?) vs CKD (renal values wnl but urine is dilute) vs hyperaldosteronism, other CK mild incr (r/o stress, cardiac, other) UA: USG 1.008 otherwise NSF, thyroid wnl from first bloodwork
from 2nd bloodwork relayed urine still dilute but other parameters that were abnormal are now normal(potassium, CK) so no explanation for dilute urine at this time unless early disease??
Date of Previous IntraPet Ultrasound: No previous.
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 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 (2.58 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. It is somewhat irregular in appearance in that there is a fluid-filled anechoic region towards the cranial pole measuring 0.52 cm. This appears to be visualized under the capsule, and there is some surrounding hyperechoic mesentery. Additionally, there is mild pyelectasia at 0.28 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.25 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 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. There are small hyperechoic foci seen consistent with mineralization.

The right adrenal gland is normal in size measuring 0.43 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 (0.73 cm in width 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 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 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.27 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 pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are large, irregular, hypoechoic lymph nodes visualized near the root of the mesentery, measuring 0.77-0.89 cm in width. The omentum is hyperechoic around the enlarged lymph nodes and around the cranial pole of the left kidney.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild left-sided 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.

- Anechoic fluid-filled structure at the cranial pole of the left kidney – The significance of this is unclear. It could be an atypical cystic structure, but there is a small amount of inflamed mesentery in the area. Options would include continued monitoring and/or possible sampling/aspiration if the lesion appears to be progressing. Recommend a blood pressure evaluation, urinalysis and culture as a baseline.

- Hypoechoic pancreas with mildly surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild 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.

- Prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

- Hypoechoic, irregular enlarged mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is

considered less likely.

SECONDARY FINDINGS

- Ill-defined hyperechoic foci associated with the left adrenal gland – This is likely incidental mineralization.

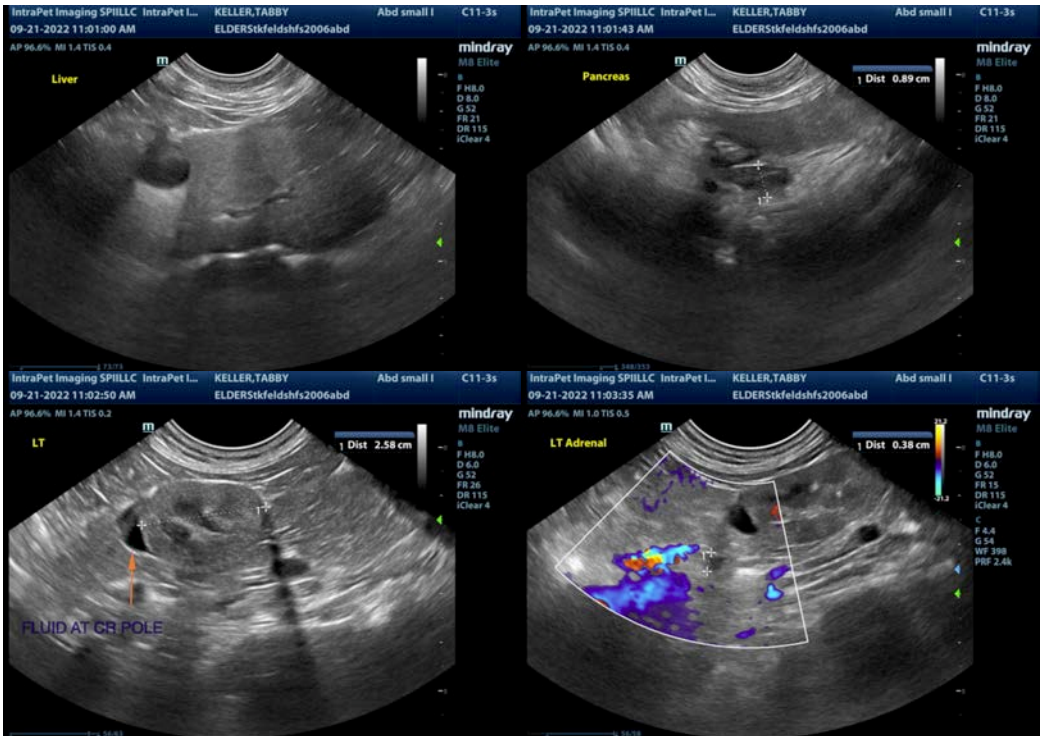
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

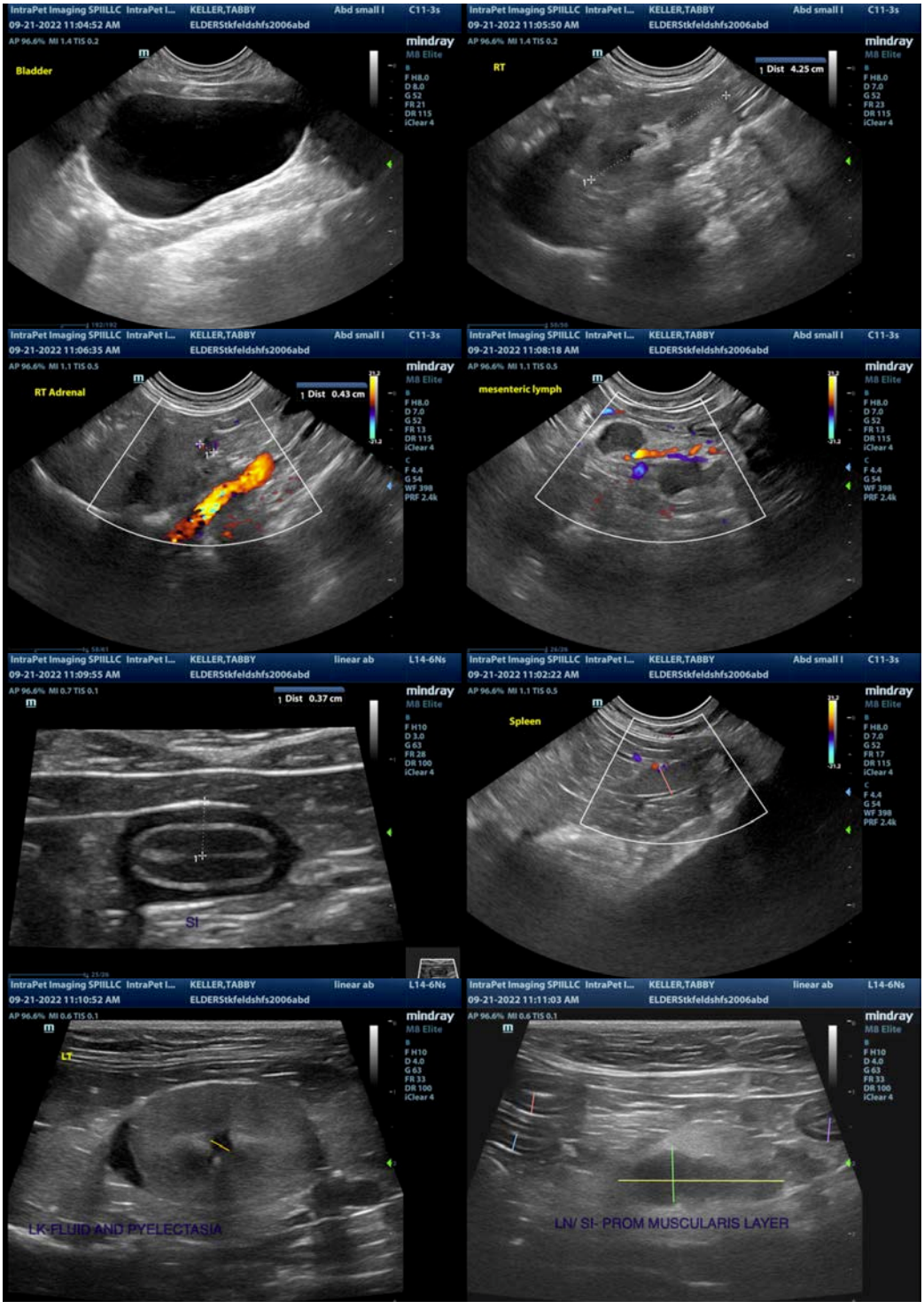
The kidneys appear somewhat abnormal with decreased corticomedullary distinction. This could be age related change, but there is an anechoic fluid-filled structure towards the cranial aspect of the left kidney, which is of uncertain etiology. This could be a benign cystic structure. Continued monitoring is warranted.

The pancreas appears prominent and mildly hyperechoic. This could be due to current inflammation or due to previous episodes of inflammation. Correlate these findings with a quantitative fPLI.

There are large hypoechoic irregular lymph nodes visualized in the abdomen. If possible, consider a fine needle aspirate of one of these lymph nodes.

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




IntraPet Imaging SPIILLC IntraPet I... KELLER,TABBY Abd small I C11-3s
09-21-2022 11:04:52 AM ELDERStkfeldshfs2006abd
Bladder
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RT
Dist 4.25 cm
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RT Adrenal
Dist 0.43 cm
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09-21-2022 11:08:18 AM ELDERStkfeldshfs2006abd
mesenteric lymph
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Dist 0.37 cm
SI
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09-21-2022 11:02:22 AM ELDERStkfeldshfs2006abd
Spleen
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LT
LK-FLUID AND PYELECTASIA
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LN/ SI- PROM MUSCULARIS LAYER

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com