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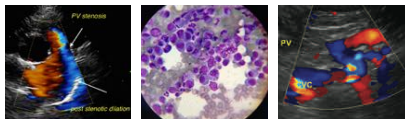

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DATE
9/23/21

PATIENT
Miss Bobby Estes

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
4/24/05

WEIGHT
9 lbs

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

HOSPITAL NAME
Noah's Ark Vet and Boarding Resort

REFERRING VET
Dr. Gostyla

INVOICE
91947

PRESENTING CLINICAL SIGNS

History: 16-year, 4-month SF cat. Presented to an emergency facility on 7/21/21 for blood in urine and straining to urinate. She has undergone multiple rounds of antibiotic treatment and the infection still present. Hx of cutaneous hemangiosarcoma on tail base - surgically removed 1&1/2 years ago.
Current Medications: Dasuquin Advanced (1 capsule PO) for years.
No current meds. She finished a 10-day course of Clavamox 62.5mg PO BID on 9/1/21.
Lab Results: CBC/Chem/T4 normal on 8/20/21; UA moderate cocci on 8/20/21; UA moderate rods - culture = E-coli and susceptible to Clavamox and Amoxicillin that she has been taking - r/o recurrent versus infection that has not cleared up.
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 bladder wall thickness measured 0.17 cm in the urethral thickness. The urethral diameter is 0.33 cm. While the urethra has no mucosal irregularities and measures at a normal thickness it does appear subjectively, mildly prominent.

The left kidney has a normal shape and size (3.41 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.63 cm). Overall echogenicity is slightly hyperechoic with poor 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 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 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. The jejunum measured 0.33 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. The pancreatic duct measures 0.17 cm. 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. There is a mild lymphadenomegaly present. The lymph nodes surrounding the colon and the caudal abdomen are prominent and enlarged measuring 0.58 cm, 0.57 cm. A mesenteric lymph node is visualized and measured 0.81 x 0.55 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hypoechoic prominent pancreas with prominent duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

SECONDARY FINDINGS:

- Very questionable urethral thickening. This is likely normal for this patient. No obstructions were visualized.

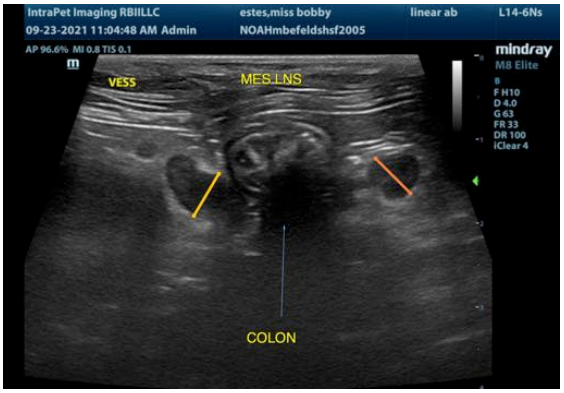
- Mildly decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.

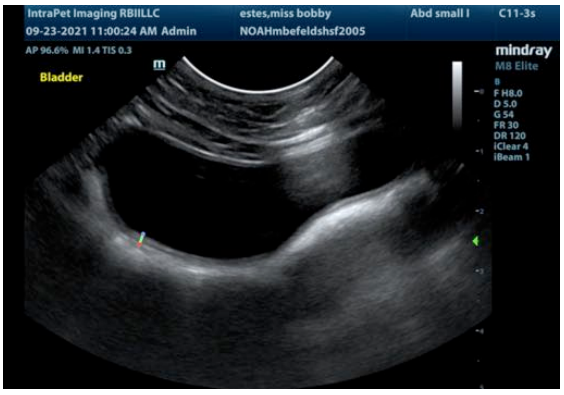
- Mesenteric lymphadenopathy. The most likely differentials are inflammatory/infectious. Neoplastic change cannot be entirely ruled out.

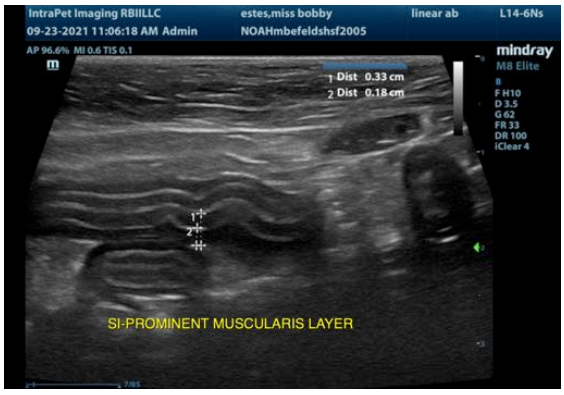
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

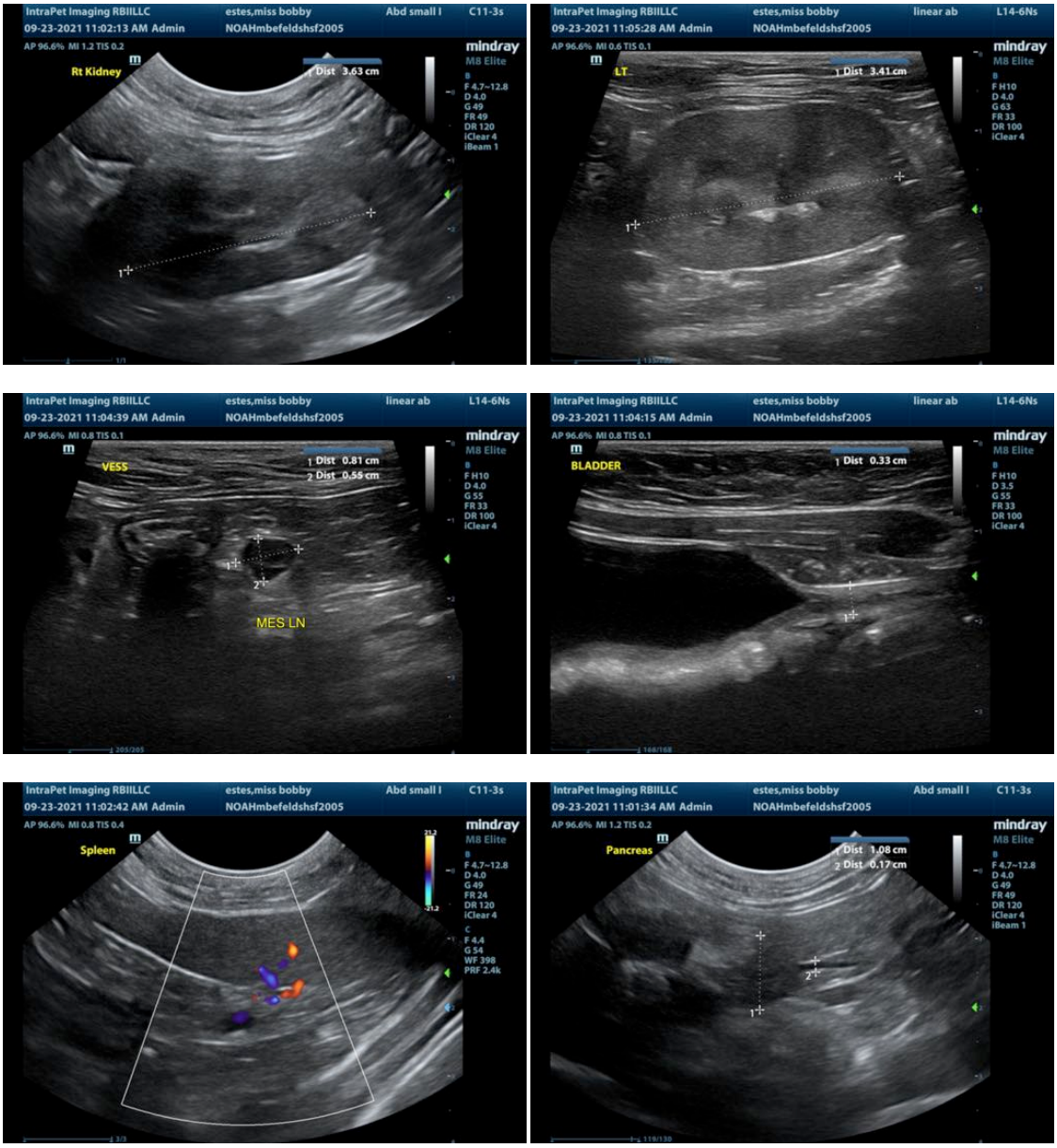
The urinary bladder appears relatively normal. There are stones or definitive mass lesions observed. I recommend urine culture and sensitivity and urinalysis after begin off antibiotics for at least 5 days and if culture is positive then treat according to sensitivities. A repeat culture is recommended at 2 weeks while on antibiotics to ensure that the treatment is working. Treat an additional week or two and then discontinue culture 1 week later. If culture is negative a recheck culture is recommended at a month gradually increasing the time between evaluations. I recommend starting a probiotic for the chronic antibiotic use. Closely evaluate the distal urinary tract, tail and rectal exam to look for any abnormalities that would be associated with previous surgery.

The changes observed with the kidneys, pancreas and small intestine may be age related if no symptoms or blood work changes associated with these issues is identified. I recommend monitoring lymphadenopathy. If these issues are persistent a FNA can be considered. I recommend three view thoracic radiographs.









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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