IMAGING PERFORMED BY

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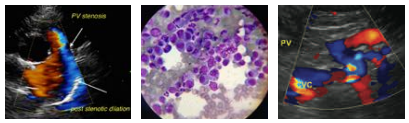

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
9/28/21

PATIENT
Mittens Skeens

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
2007

WEIGHT
13.44 lbs

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

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Goessling

INVOICE
92028

PRESENTING CLINICAL SIGNS

Trouble Breathing & Vomiting.
Current Medications: Maropitant Citrate (Cerenia) Tablets 16mg, Convenia <40 lbs [80 mg/ml] Inj., Oral Buprenorphine 0.3mg/ml, Gabapentin Tablets 50mg, Acepromazine 10mg/mL Injection (Per mL)
Lab Results: Attached separately.
Radiographs: Thorax 2 view-Lat and V/D whole body- cardiac silhouette normal, lungs clear. Stomach empty, gas in small intestines, gas in colon.
Date of Previous IntraPet Ultrasound: No previous
Sedation: Sedation not required for 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 (3.79 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 (3.3 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 left adrenal gland is normal in size measuring 0.4 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 large in size. The spleen echotexture is hypoechoic and mottled, 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 large in size and mildly heterogenous 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 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. The duodenum measured as normal and the jejunum measured as normal (0.22 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 revealed scant, anechoic free fluid. No lymphadenopathy was noted. The omentum is of normal uniform echogenicity.

Other

A scant amount of anechoic pleural effusion is visualized.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, hypoechoic spleen. This may be normal for this cat, consistent with infiltrative disease (inflammation, infection, neoplasia) or congestion.
- Large and heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Scant pleural and peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the vomiting and difficulty breathing is not visualized. The liver and spleen appear somewhat enlarged and the omentum is generally of increased echogenicity indicating some degree of inflammation. You can consider a FNA of the liver and spleen. Additionally a GI panel is recommended to look for evidence of pancreatitis that was not evident on today's scan or underlying gastrointestinal disease could be helpful. If symptoms persist consider cardiac ultrasound and possible further work-up for gastrointestinal disease/pancreatitis.


IntraPet Imaging APIILLC
skeens,mittens
IntraPet abd... C11-3s
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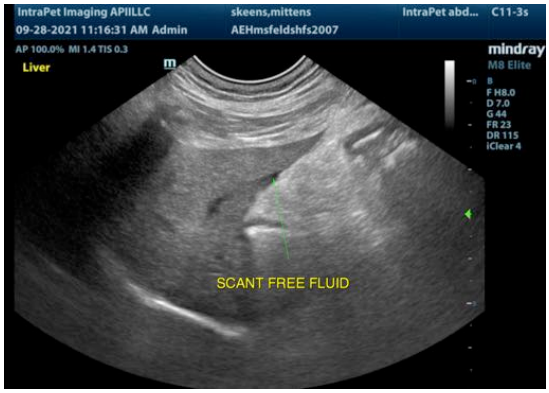
AEHmsfeldshfs2007
AP 100.0% MI 1.4 TIS 0.3
LT
1 Dist 3.79 cm
mindray
M8 Elite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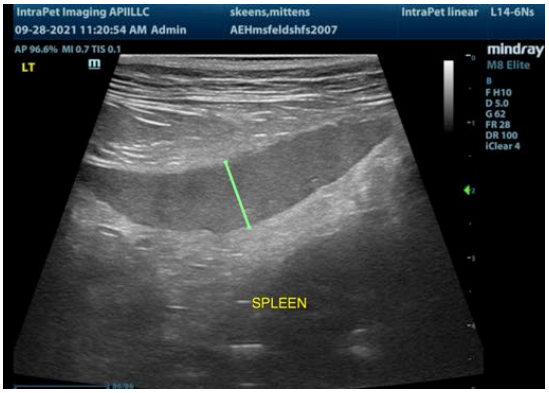
Liver
SCANT FREE FLUID
mindray
M8 Elite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skeens,mittens
IntraPet linear L14-6Ns
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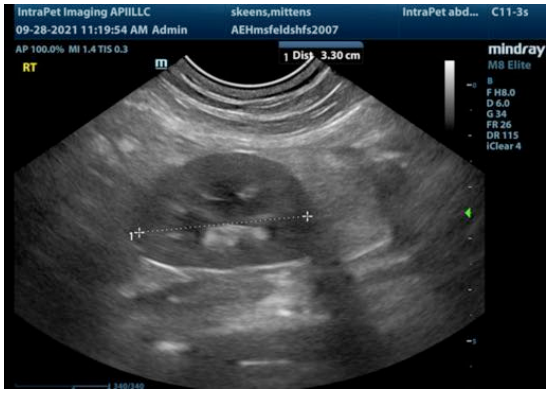
LT
SPLEEN
mindray
M8 Elite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skeens,mittens
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09-28-2021 11:19:54 AM Admin
AEHmsfeldshfs2007
AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 3.30 cm
mindray
M8 Elite


IntraPet Imaging APIILLC
skeens,mittens
IntraPet abd... C11-3s
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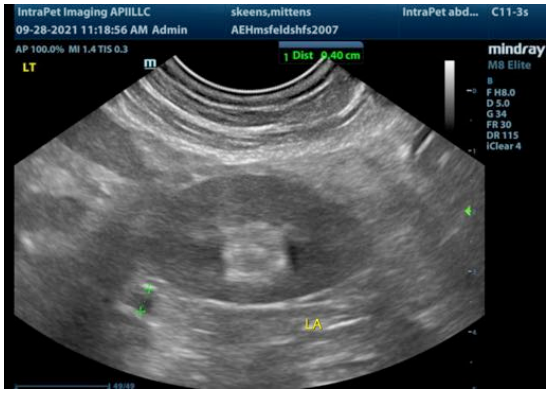
AEHmsfeldshfs2007
AP 100.0% MI 1.4 TIS 0.3
UB
mindray
M8 Elite


IntraPet Imaging APIILLC
skeens,mittens
IntraPet abd... C11-3s
09-28-2021 11:18:56 AM Admin
AEHmsfeldshfs2007
AP 100.0% MI 1.4 TIS 0.3
LT
1 Dist 0.40 cm
LA
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)
kathleen.sennello@sonopath.com