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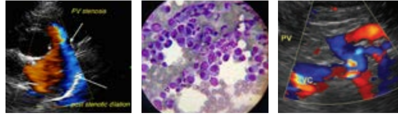

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DATE

9/28/21

PATIENT

Sinatra Animal Rescue

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2017

WEIGHT

7 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Homeward Bound Vet

REFERRING VET

Dr. Vance

INVOICE

25844

PRESENTING CLINICAL SIGNS

Has a history of chronic UTI. previous urine samples suggestive of neoplasia.
Current Medications: Metronidazole for continued diarrhea (started by rescue)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Alfaxan IV.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately/mildly distended with anechoic urine. The bladder wall appears diffusely thickened and irregular measuring 0.39 cm. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of masses or cystic calculi.

The left kidney has a normal size (4.13 cm) and irregular shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There appears to be a small volume of perinephric effusion, possibly subcapsular effusion as well. Pyelectasia noted at 0.32 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.1 cm) with irregular shape. Moderate pyelectasia is noted at 0.43 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal to borderline enlarged in size measuring 0.60 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 to borderline enlarged in size measuring 0.64 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 in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature appear dilated andn prominent. The biliary tract appears prominent and dilated as well. There is one small hypoechoic nodule visualized measuring 0.35 cm.

The gallbladder lumen is mildly to minimally distended with anechoic luminal contents. The wall of the gall bladder is not thickened and has a smooth mucosal surface. The cystic and common bile duct appear somewhat tortuous and dilated, measuring 0.43 cm at the widest area. No obstruction visualized, no mucoid debris.

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 measured 0.21 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. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The pancreatic duct is prominent pancreatic duct.

Free Abdomen
Evaluation of the peritoneal cavity revealed scant anechoic free fluid. Mild lymphadenomegaly is present. Mesenteric lymph nodes are occasionally prominent, measuring 0.34 and 0.37 cm. The omentum is generally of normal uniform echogenicity.

Other
A brief view of the heart is submitted, revealing possible scant pericardial effusion. Recommend cardiac ultrasound.

PRIMARY FINDINGS

- Diffuse urinary bladder wall thickening – most consistent with cystitis but lack of urine distention makes further evaluation difficult. If neoplasia is suspected, consider traumatic catheterization and cytology. Recommend urinalysis and culture.

- Bilaterally decreased corticomedullary distinction, irregular shape and architecture, and bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. Left-sided subcapsular fluid also present.

- Prominent, hypoechoic pancreas with mildly dilated pancreatic duct – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Large, mildly heterogeneous liver with dilated vasculature – could be consistent with congestion. Recommend cardiac evaluation.

- Dilated, tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other). No significant obstruction is visualized.

SECONDARY FINDINGS

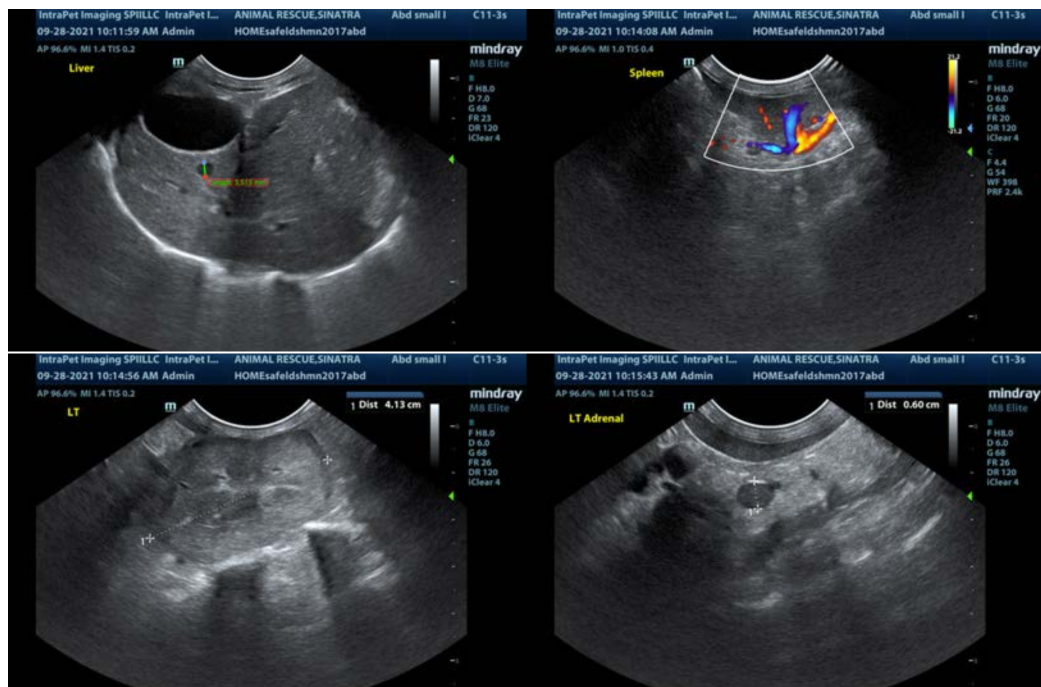
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Small volume peritoneal free fluid
- Borderline bilateral adrenomegaly – the significance of this is unclear and could be associated with the stress of illness or a primary endocrinopathy.
- Possible scant pericardial effusion – recommend cardiac ultrasound.

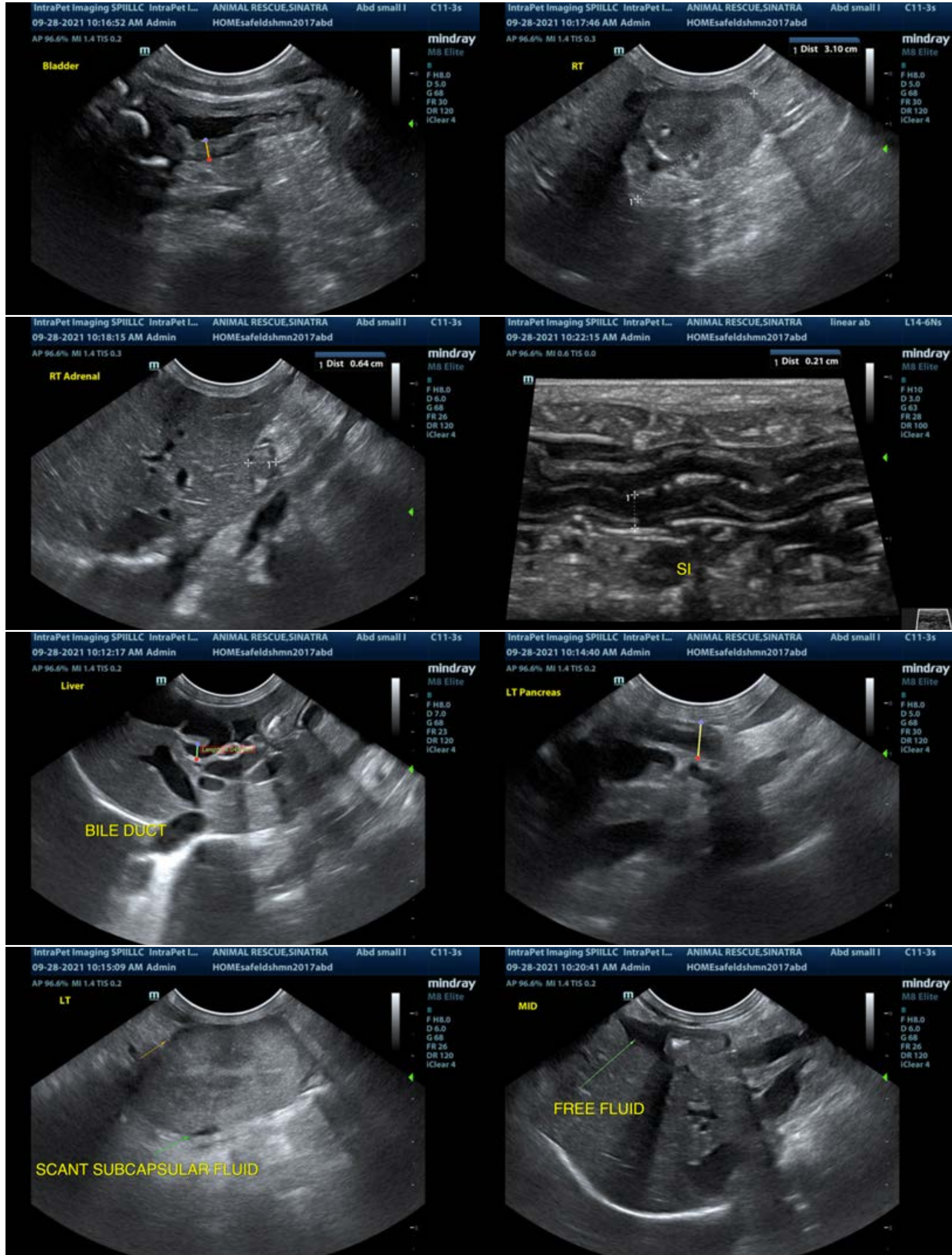
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a lot going on with this patient, making me question the given age. Both kidneys are very irregular and have abnormal architecture. This could be consistent with previous injury (pyelonephritis?), FIP, or congenital changes. Recommend urinalysis and culture also because of the irregular bladder wall. The changes to the bladder wall are most consistent with a diffuse cystitis, but neoplastic cannot be excluded as a possibility.

The vasculature in the liver is very prominent. The significance of this is unclear. Consider possible congestion and recommend cardiac evaluation. Additionally, the bile duct is tortuous and dilated. No obstruction is seen. If liver values are normal on blood work, this is likely an incidental finding.

The pancreas is prominent with a prominent bile duct. Consider a quantitative fPLI to evaluate for pancreatic disease along with B12 and folate to look for small intestinal issues (due to the diarrhea). No focal lesions are observed associated with the bowel. Recommend 3-view thoracic radiographs.




IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA Abd small I C11-3s
09-28-2021 10:16:52 AM Admin HOMEsafeldshmn2017abd
Bladder
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RT
1 Dist 3.10 cm
IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA Abd small I C11-3s
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RT Adrenal
1 Dist 0.64 cm
IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA linear ab L14-6Ns
09-28-2021 10:22:15 AM Admin HOMEsafeldshmn2017abd
1 Dist 0.21 cm
SI
IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA Abd small I C11-3s
09-28-2021 10:12:17 AM Admin HOMEsafeldshmn2017abd
Liver
BILE DUCT
IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA Abd small I C11-3s
09-28-2021 10:14:40 AM Admin HOMEsafeldshmn2017abd
LT Pancreas
IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA Abd small I C11-3s
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LT
SCANT SUBCAPSULAR FLUID
IntraPet Imaging SPIILLC IntraPet I... ANIMAL RESCUE,SINATRA Abd small I C11-3s
09-28-2021 10:20:41 AM Admin HOMEsafeldshmn2017abd
MID
FREE FLUID
mindray

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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