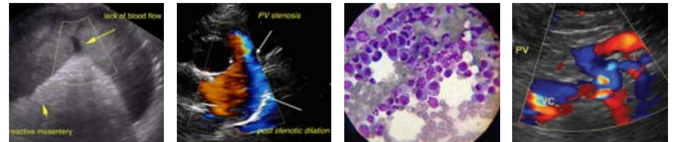

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PATIENT

Tasha Parkinson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 Years

WEIGHT

2.56 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Richard Morgan

INVOICE

25213

DATE

9/7/21

PRESENTING CLINICAL SIGNS

Presented 9/1 for lethargy/inappetence over the previous week. Had been having a "hair ball" issue for the last month. Treated with dexamethasone and oral prednisolone (owner could not get her to take oral meds). Rechecked 9/7, and had some improvement right after initial injection. But still isn't eating and lethargic.
Abnormal PE/Chem/CBC/UA Results: BCS 2/9, lethargic, but feisty/growling/hiding. 9/1/21 - RBC 37.4%, WBC 51.91, Neu 46.46, Mono 1.20, Cre 2.2, BUN 58, SDMA 34, Lipase 1855, USG 1.021, cocci suspected 9/7/21 - RBC 27.3%, WBC 17.19, Neu 13.47, Mono 0.68, Eos 0.10, SMDA 75, Cre 1.9, Bun 60, bacteriuria present - Cocci and rods, WBC 5/hpf, RBC 4/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately/minimally distended with anechoic urine. The Bladder wall appears diffusely irregular with some speckling echogenic debris. The 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. These findings are most consistent with cystitis. Recommend urinalysis and culture.

The left kidney has a normal shape and size (2.72 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, infarcts or hydroureter. There are numerous small non obstructive nephroliths/mineralizations present. Renal vasculature is normal.

The right kidney has a normal shape and size (3.8 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. Significant pyelectasia is present at 0.55 cm with numerous small stones (from 1-2 mm) within the cortical region, but many also appear to be lining the renal pelvis. There is a hint of proximal ureteral dilation, but this is not clearly visualized. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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.

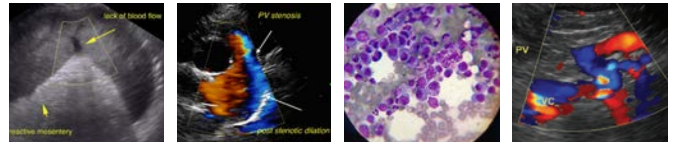
The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 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.



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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 <0.36 cm 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 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 moderate pancreatitis.

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

- Diffusely irregular urinary bladder mucosa – most consistent with cystitis (bacterial or sterile) – recommend urinalysis and culture.
- Decreased corticomedullary distinction both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Right-sided renal pyelectasia with small nephroliths observed within the renal pelvis – This is very concerning for possible pyelonephritis and intermittent obstruction.
- Large, prominent, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The irregular bladder mucosa and dilated right kidney are concerning for pyelonephritis. I would recommend urinalysis and culture (when not on antibiotics for 3-5 days), and likely a long course of antibiotics (4 weeks) regardless, as some cases of pyelonephritis do not culture positive. Recommend

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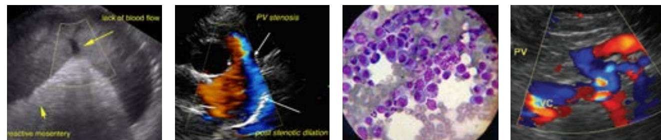

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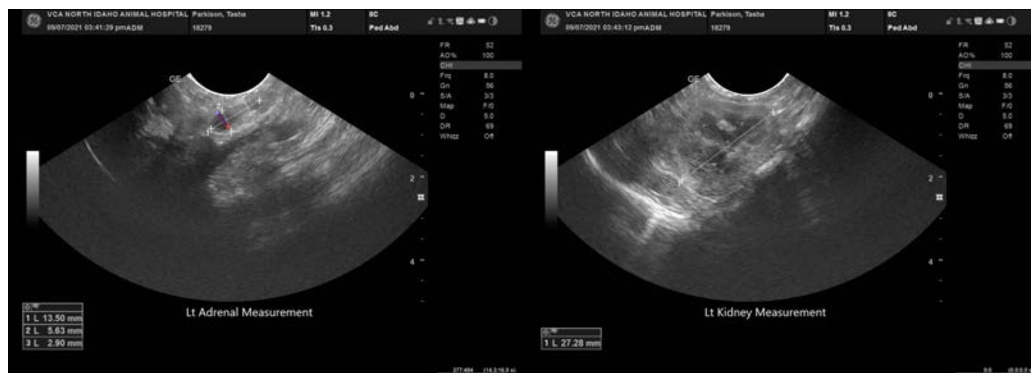
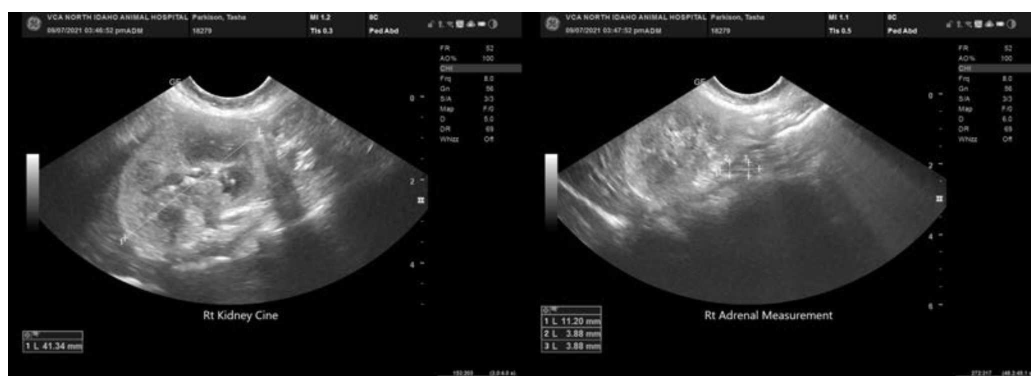
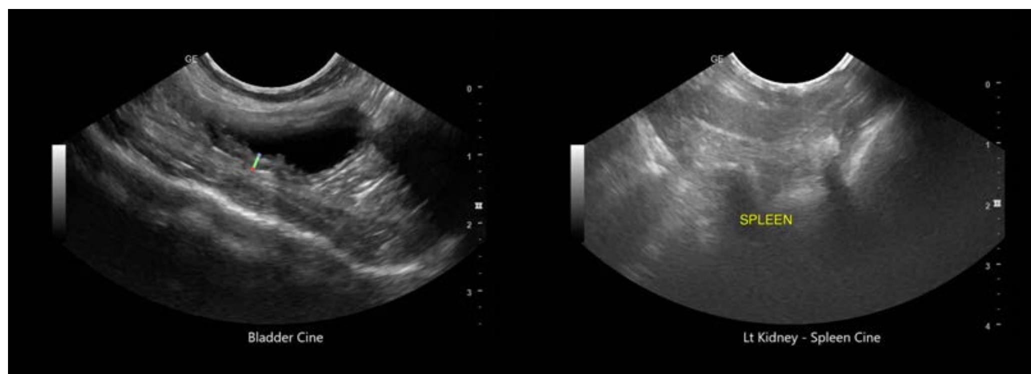
blood pressure evaluation and abdominal radiographs to look for evidence of small calculi in the ureter. Focused, high resolution ultrasound would be necessary to determine if there is any evidence of ureteral obstruction/stones (there is minimal evidence of this at this time), or a contrast CT scan if renal values are going up.

Additionally, the pancreas is prominent and large. This is most consistent with pancreatitis. Recommend pain medication, nausea medication, hydration, etc. for these issues. Recommend GI panel with a quantitative fPLI, B12 and folate level.

The stomach was mildly dilated with fluid. Correlate this with feeding history. If appropriately fasted, this could be consistent with delayed gastric emptying or less likely a partial obstruction. It is likely that the clinical signs reported are due to possible pyelonephritis and pancreatitis.







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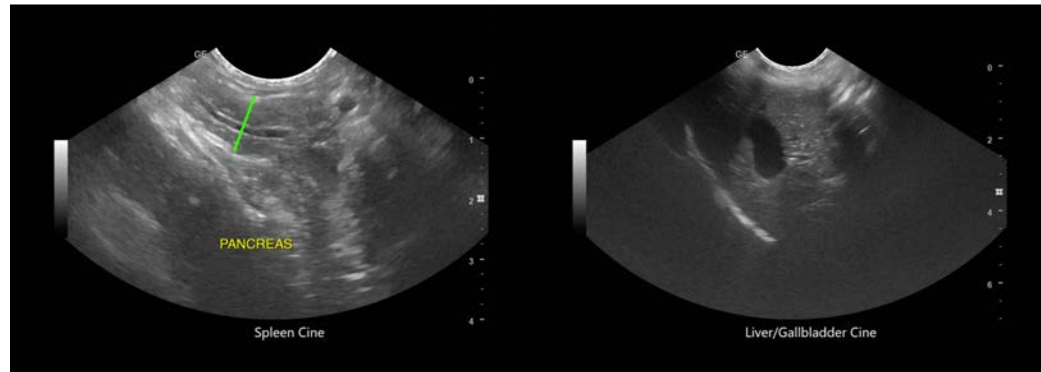

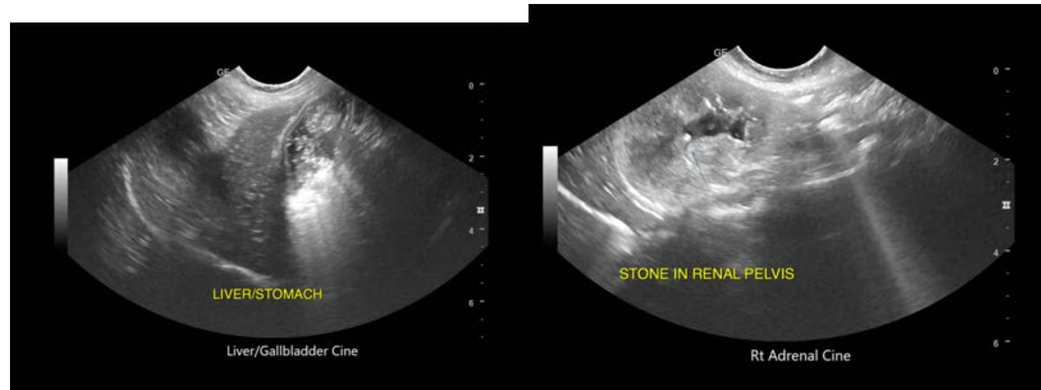

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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