



Appointment Day: 2023-07-17 18:00

Submitted: 2023-07-17 18:03

Feline | Siamese Mix | 10 years | Neutered, Male | 6.8 kg | 071723-020829PM

Admin Details

Services

CANADA-Ultrasound Interpretation- Abdomen

Clinical Information

History

Came in for visit on June 29, 23 the night before was straining to have a BM in litter box and was vocalizing. Only produced small BM. Came back 7/13/23 for revisit as still in and out of the litterbox. Had a few hard BM around the house. Reduced appetite. Drooling.

Current Medications

06/29/23 gave enema and sent home with lactulose 2mls every 8 hours. Also sent with Fibre boost and GI supplement, but cat wont eat it.

Switched to fortiflora SA

Labwork Results

mM1 increase glucose form stress

M1 increase cholesterol

Positive fpIi

rest cbc profile was normal.

Drugs or Sedation Used

Gaba, Torb and Midaz

Number of Images Submitted

81

Date Images Were Taken

2023-07-17

Abdominal Ultrasound Report

Diagnoses

1. Mild echogenic urine debris
2. Mild bilateral mineral foci in the kidneys
3. Possible reactive retroperitoneal fat/ureteritis

Otherwise normal abdomen.

Interpretation & Recommendations

The ureters have some questionable hyperechoic tissue that could reflect inflammation/ureteritis though no dilation or pyelectasia is seen to further support pyelonephritis. The mild bladder sediment could be benign or represent mild cystitis. Correlation with urinalysis

results is needed. Changes are mild however and could be incidental. It is also possible that an occasional shedding mineral foci could have been passed through the urethra.

No abnormalities are seen in the intestinal tract to explain constipation or support IBD or neoplasia. However if GI signs are persistent, a normal exam cannot exclude mild IBD. Similarly, while the pancreas is ultrasonographically normal, mildly inflammation cannot be excluded.

Findings

Left Kidney: Length=4.4 cm. Normal size, shape, mildly irregular capsule. Normal echogenicity, good corticomedullary distinction. Couple diverticular mineral foci. No pyelectasia or ureteral dilation but mildly hyperechoic fat surrounding the ureter/pelvis.

Left Adrenal Gland: Diameter =0.47 cm. Normal size, shape, and echogenicity.

Right Kidney: Length= 4.7 cm. Normal size, shape, mildly irregular capsule. Normal echogenicity, good corticomedullary distinction. Couple diverticular mineral foci. No pyelectasia or ureteral dilation but mildly hyperechoic fat surrounding the ureter/pelvis.

Right Adrenal Gland: Not seen.

Lymph Nodes: No abnormal lymph nodes are identified.

Pancreas: Left Limb= 0.7cm. Normal size, shape, echogenicity relative to adjacent fat/mesentery. The pancreatic duct is normal. No nodules or masses seen.

Urinary Bladder: Normal wall thickness and echogenicity with normal layering and smooth lumen surface. Trigone is normal. Urine is anechoic with a mild amount of mobile echogenic material.

Liver: Normal size and shape with smooth margins. Homogeneous and normoechoic parenchyma. Normal portal and hepatic vein architecture. No masses or nodules. No biliary duct dilation.

Gallbladder: Normal size and shape with a thin, smooth wall. Normal tapering cystic duct and common bile duct. Anechoic bile.

Spleen: Normal size and shape with smooth margins. Homogeneous, normoechoic parenchyma. Normal vascular architecture. No masses, nodules, infarctions or suspicion for infiltrative disease. Thickness at the hilus = 0.82 cm.

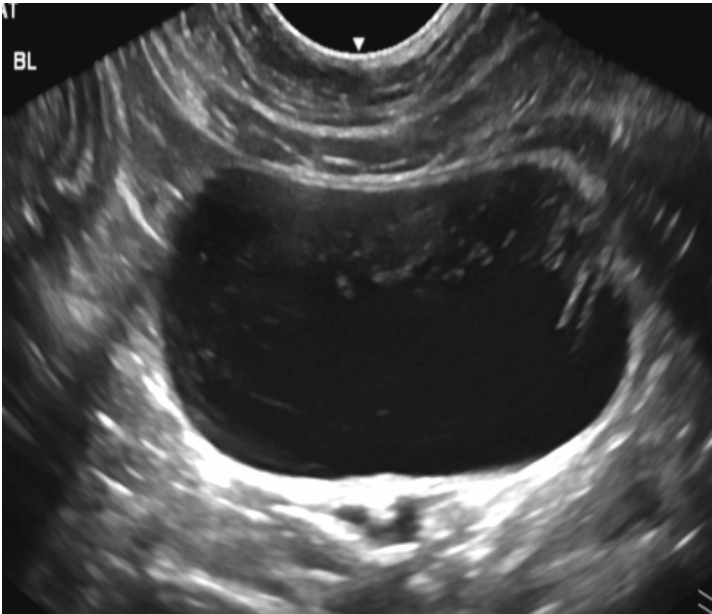
Peritoneum: Diffusely normoechoic mesentery. No free fluid. Retroperitoneal tissue is normal.

Gastrointestinal Tract:

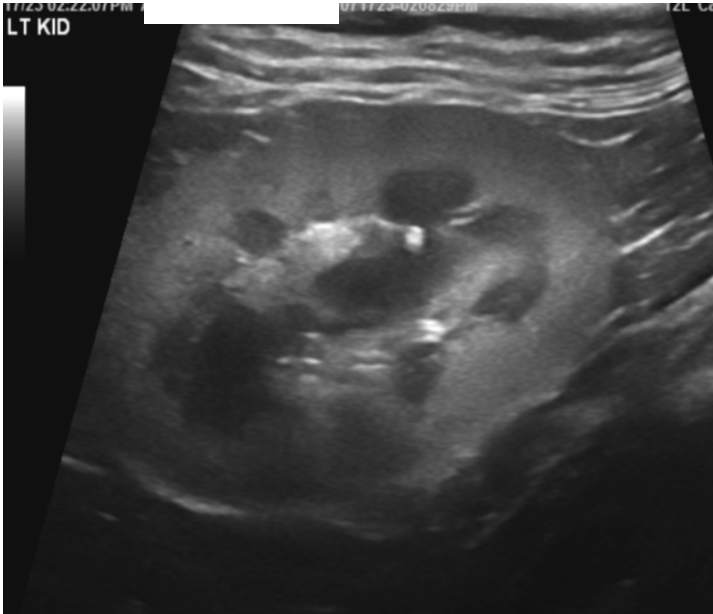
- **Stomach:** Normal size, shape, wall thickness and layering. Empty and contracted. Patent pylorus. No evidence of foreign material.
- **Small Bowel:** Duodenum, jejunum, and ileum have normal wall layering and wall thickness (<0.3cm) with a smooth lumen surface and empty to mild amounts of ingesta and gas. Normal tone/peristalsis. No foreign material or patterns of obstruction.
- **Colon:** All segments have normal wall thickness, layering, and content. The ileocolic junction is seen and is normal.

Thank you for entrusting me with part of L ; care. Diagnostic imaging is best interpreted in conjunction with the referring clinician's assessment, the patient's history and clinical status. If this diagnosis does not correlate with the clinical condition or if I can be of further assistance on this case please do not hesitate to contact me. I am available to speak with overseeing veterinarians only. Due to spam issues, please contact me through the imaging specialist or service and they can provide my direct phone number to call. Better yet is via text and I will respond when able.

Featured Diagnostic Images



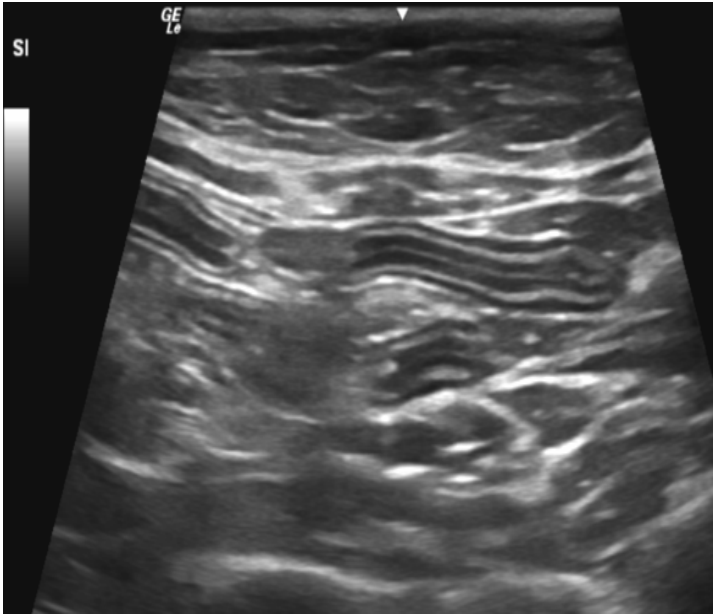
2023-07-18 19:32:38



2023-07-18 19:32:36



2023-07-18 19:32:33



2023-07-18 19:32:31