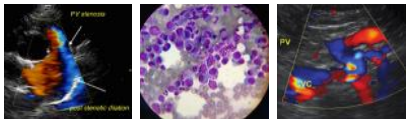
IMAGING PERFORMED BY

IntraPet.com



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DATE

3/6/23

PATIENT

Snowball Armstrong

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/20/11

WEIGHT

6.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Martinoli

INVOICE

21493

PRESENTING CLINICAL SIGNS

History: Previously hyperthyroid; treated w/Radiocat last year (September.) T4 levels came down to normal. (6 month checkup was 2 months ago) She started to gain weight, but recently started losing weight again. 2 weeks ago appetite decreased; went to rDVM; saw bad teeth so set up appointment for March 15th for extractions. Bloodwork and xrays done at that time; was normal ATO including T4. 4-5 days ago she stopped eating completely so went back to her vet; got dose of Convenia, SQ fluids, and pain meds (Buprenex) that day and has been getting twice daily since then. Has not improved at all since then.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (4.22 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (3.96 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The area of the left adrenal gland is examined without evident adrenal gland pathology.

Right adrenal gland is normal in size (0.46 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. In the cranial liver, along the diaphragm, there is an approximately 3.0 cm long x 1.0 cm thick, heterogenous, irregular,

hypoechoic area/nodule adjacent to the diaphragm. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen/Other

There is a scant amount of free abdominal fluid, a moderate to large amount of pleural effusion and scant amount of pericardial effusion noted. There is no apparent lymphadenopathy.

Based on the images provided of the thorax, the effusion appears likely noncardiogenic, as the heart is volume contracted with pseudohypertrophy of the left ventricle and tachycardia.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic hepatomegaly– This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible. A heterogenous hypoechoic area adjacent to the diaphragm was also noted, concerning for infiltrative neoplasia, such as lymphoma or potentially a metastatic carcinoma lesion vs other.

- Free abdominal fluid, as well as pleural effusion and a scant amount of pericardial effusion that appear noncardiogenic in origin with the top differential being a paraneoplastic effusion or effusion secondary to lymphatic obstruction secondary to neoplasia vs other.

Secondary Findings

- Urinary bladder debris

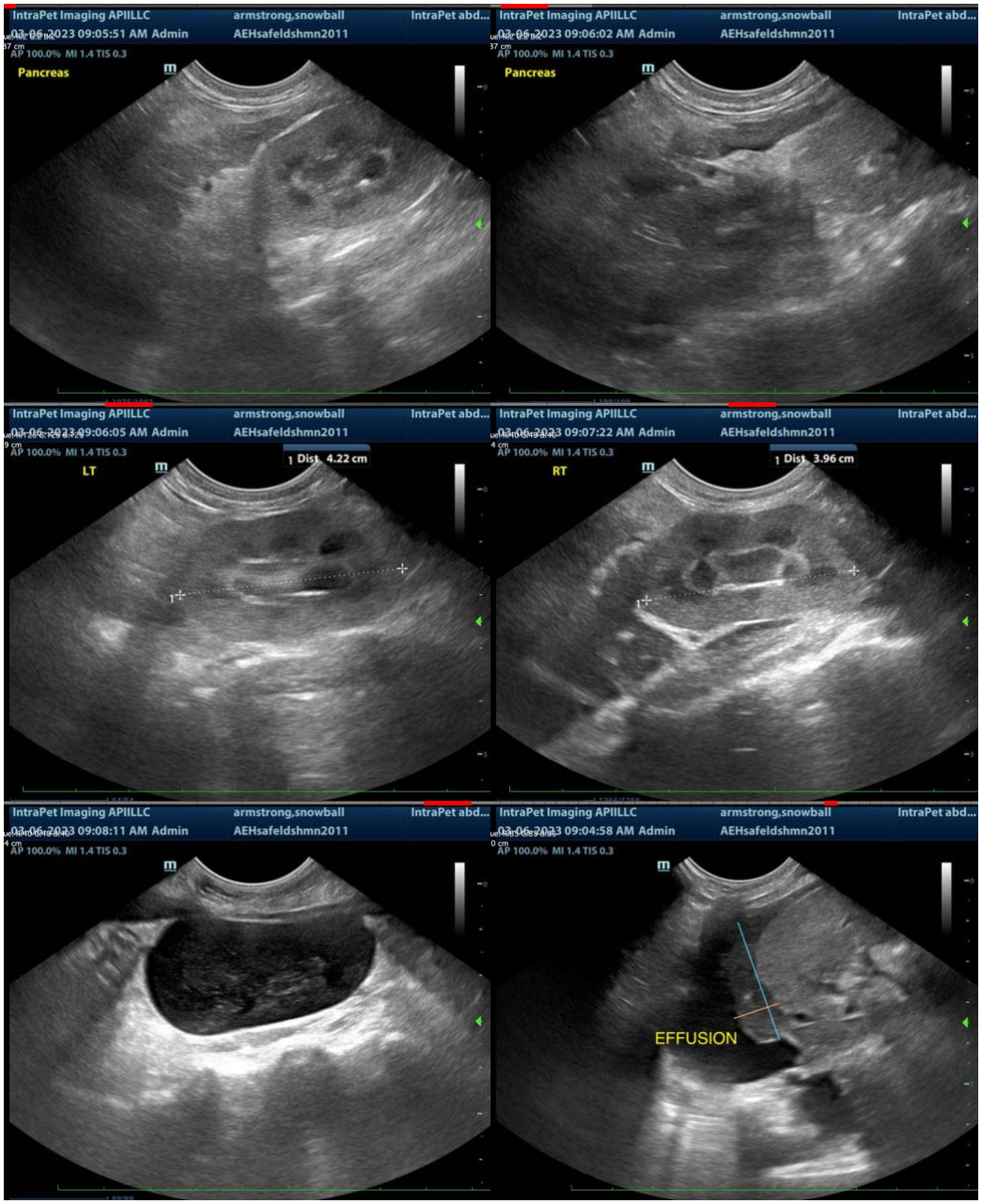
- Chronic active pancreatitis

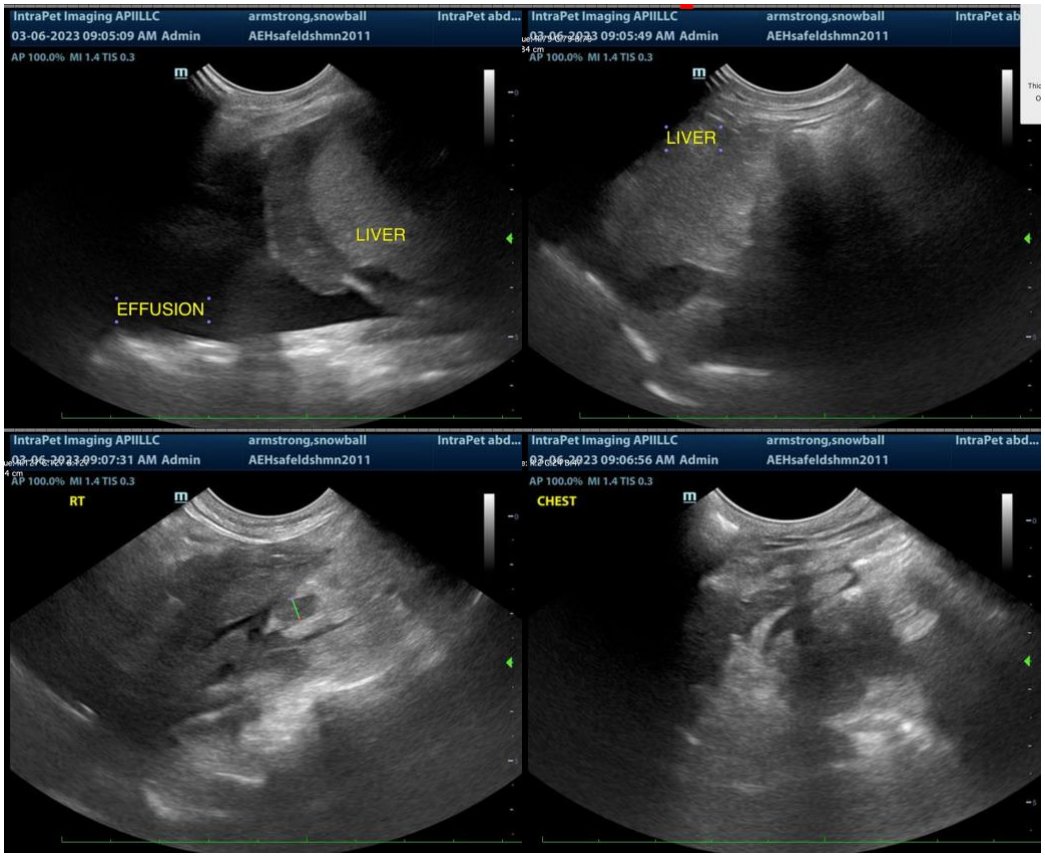
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as

well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Sampling of the pleural effusion is recommended, both for therapeutic purposes, as well as diagnostic, with recommendations to submit fluid for cytology, as well as culture and sensitivity if indicated based on cytology results.
If a diagnosis is not obtained from fluid cytology, and the liver lesion can safely be reached, a fine needle aspirate of the hypoechoic liver lesion could be considered.





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.

Beth Johnson, DVM DACVIM
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