

**DATE**

9/23/22

PRESENTING CLINICAL SIGNS**PATIENT**

Bashful Hein

History: Keep Patient for the day to try to get UA, also recommend Senior labwork and X-rays (whole body but largely concentrated on Abdomen) - 2 view with consult - O agreed give 75mL SQ Fluids. Offered A/D canned food - patient seems interested and eating small amounts at a time but eating frequently throughout the day. 4:30p - still no palpable bladder. x-rays - no evidence of pleural effusion in thorax, kidneys appear normal size and shape, very poor serosal detail in abdomen otherwise. Dr. Williams attempted UA via cysto - got tiny amount of bloody fluid that we suspect is urine due to location of needle (QNS for the UA) - but bladder appeared very abnormal on U/S and either just very empty or possible mass-like structure(s).

SPECIES

Feline

Current Medications: None listed.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

1/1/06

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. At the apex of the bladder, there is a focal area where the wall is not as visible and there appears to be an omental adhesion. This is not believed to be a rent in the urinary bladder wall, especially given that the urinary bladder remains distended, but a small rent cannot be definitively ruled out. 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.

WEIGHT

6.5 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM

Left kidney is normal is size (3.45 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 or infarcts observed. A nonobstructive nephrolith and a chronic infarct are observed.

HOSPITAL NAME

Homeward Bound VS

Right kidney is normal is size (3.47 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.

REFERRING VET

Dr. Vance

Adrenal Glands

Left adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.5 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INVOICE

17426

Spleen

Spleen is subjectively large in size with irregular contour. Parenchyma is heterogeneous and coarse with a mid-body capsule expanding 2.0 cm-3.0 cm hypoechoic mass. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with irregular margins. Parenchyma is heterogeneous and coarse, characterized by multiple mixed nodules and masses of varying sizes, measuring between 2.0 cm and 4.0 cm in diameter.

The gallbladder is difficult to fully visualized based on the marked liver pathology but appears to be very small.

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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a large amount of very echogenic free fluid and clumped heterogeneous almost nodular mesentery throughout the abdomen. No appreciable lymphadenopathy is noted. No evidence of pericardial effusion in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Coarse heterogeneous/nodular spleen and liver, most concerning for infiltrative neoplasia. Given the concurrent clumped hyperechoic mesentery and echogenic free fluid, carcinoma/carcinomatosis is suspected. Infiltrative round cell neoplasia cannot be definitively ruled out.

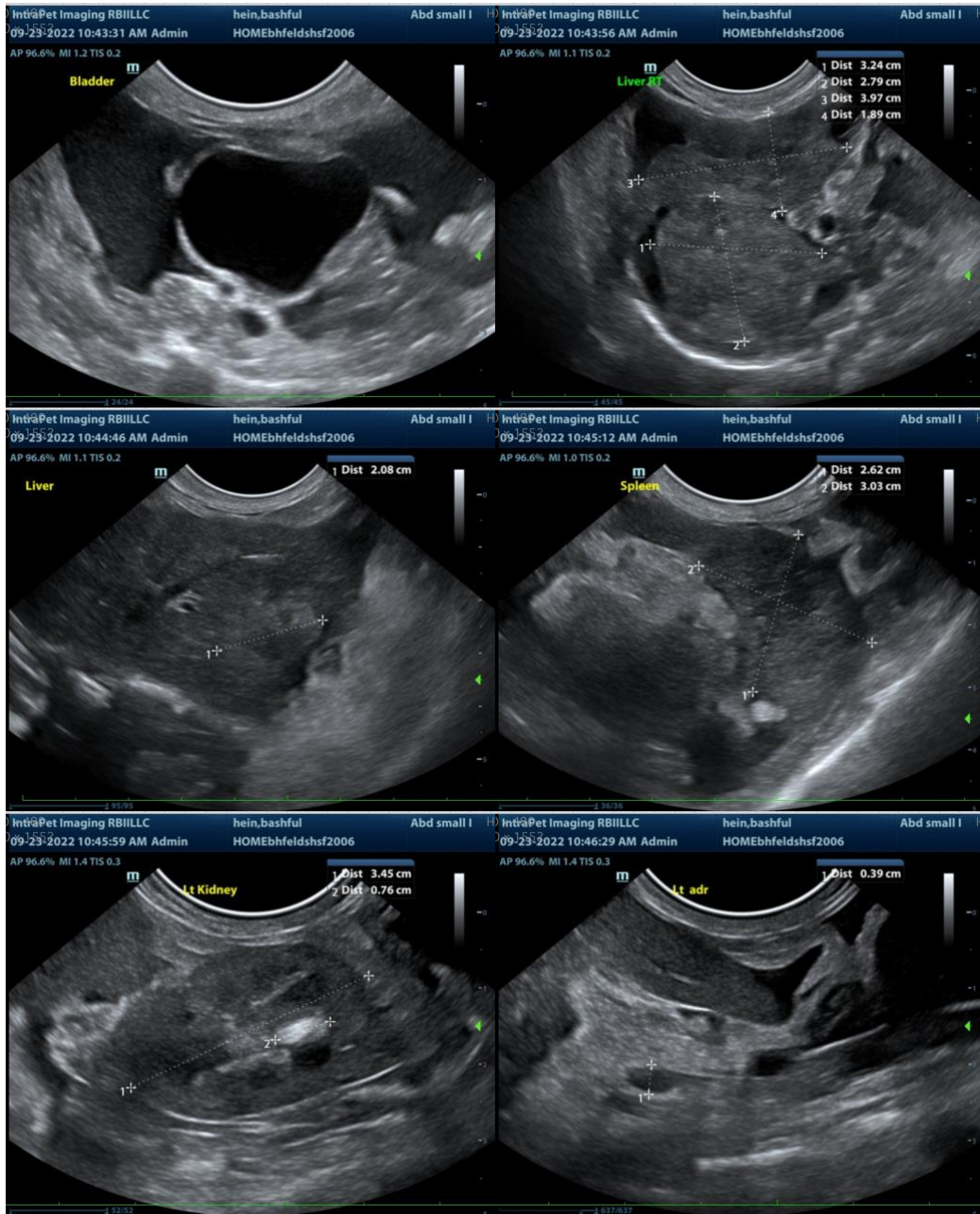
Secondary Findings

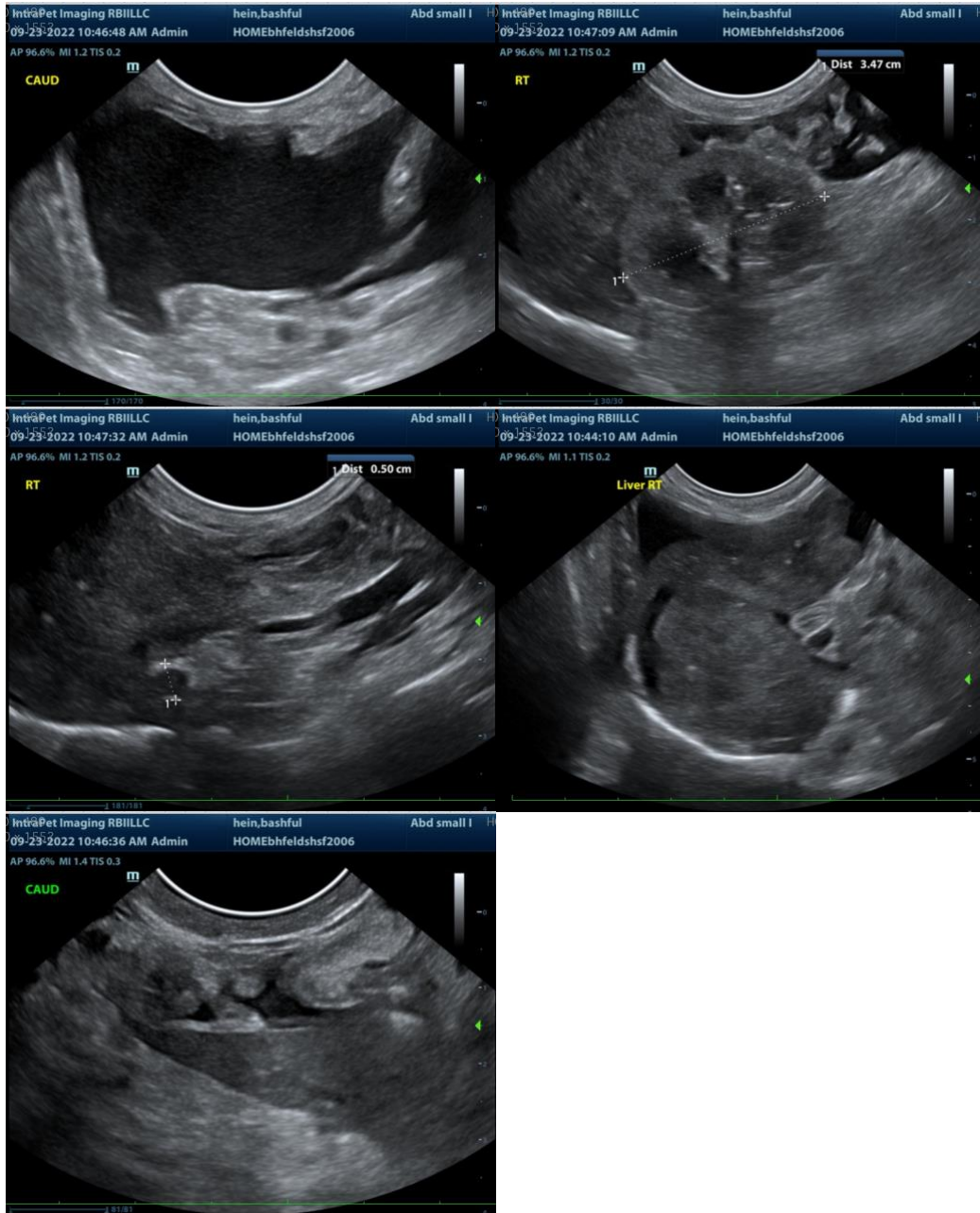
- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Urinary bladder debris
- Nonobstructive nephrolith in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fluid sampling for cytology +/- culture and sensitivity, if indicated based on cytology results, is recommended (a urinary bladder wall rent is considered very much less likely than an artifact combined

with omental adhesion to the apex of the bladder but ruling out a uroabdomen could be done with fluid analysis. If a diagnosis of neoplasia, such as carcinomatosis versus other is not diagnosed cytologically, a fine needle aspirate of the liver and spleen is recommended if patients coagulation status is appropriate.





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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