

**DATE**

1/14/22

PRESENTING CLINICAL SIGNS

History: Progressive weight loss over last 5 months. Previously dx hyperthyroid, treatment stopped 3 weeks ago due to loss of appetite and TT4 w/ in normal range OFF meds.

Current Medications: Mirtaz transdermal ointment 2mg q24. No longer on Methimazole (3 weeks).

Lab Results: Mild lymphopenia. Hematuria with no radiographic evidence of cystoliths. Low-normal T-4 0.8 (>0.8) while on transdermal Methimazole, TT4 4.1 WNL (< 4.7) OFF methimazole for 3 weeks. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

PATIENT

Tabby Lambert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9/7/07

WEIGHT

3.6 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, 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.

The left kidney has a normal shape and size (3.93 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.45 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Timonium AH

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. The spleen measured 0.75 cm at the level of the hilus.

REFERRING VET

Dr. Montessi

INVOICE

95244

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are two hypoechoic nodule visualized in the hepatic parenchyma. One nodule was in the area of the diaphragm and measured 1.32 x 1.14 cm. The other is smaller and measured 1.2 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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. 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 region of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small to moderate amount of free abdominal fluid. There is a large mass effect/lymph node at the level of the root of the mesentery measuring 2.4 x 2.8 cm. Surrounding this mass effect is hyperechoic mesentery and prominent lymph nodes.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen. There is a soft tissue structure in the area of the mediastinum measuring 1.12 cm. I suspect this is a sternal lymph node.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, midabdominal mass/lymph node. This structure is located approximately at the root of the mesentery and is most likely an effaced lymph node/solitary mass effect. I recommend a FNA.
- Mildly heterogenous liver with two, hypoechoic nodules. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Small to moderate amount of free abdominal fluid.

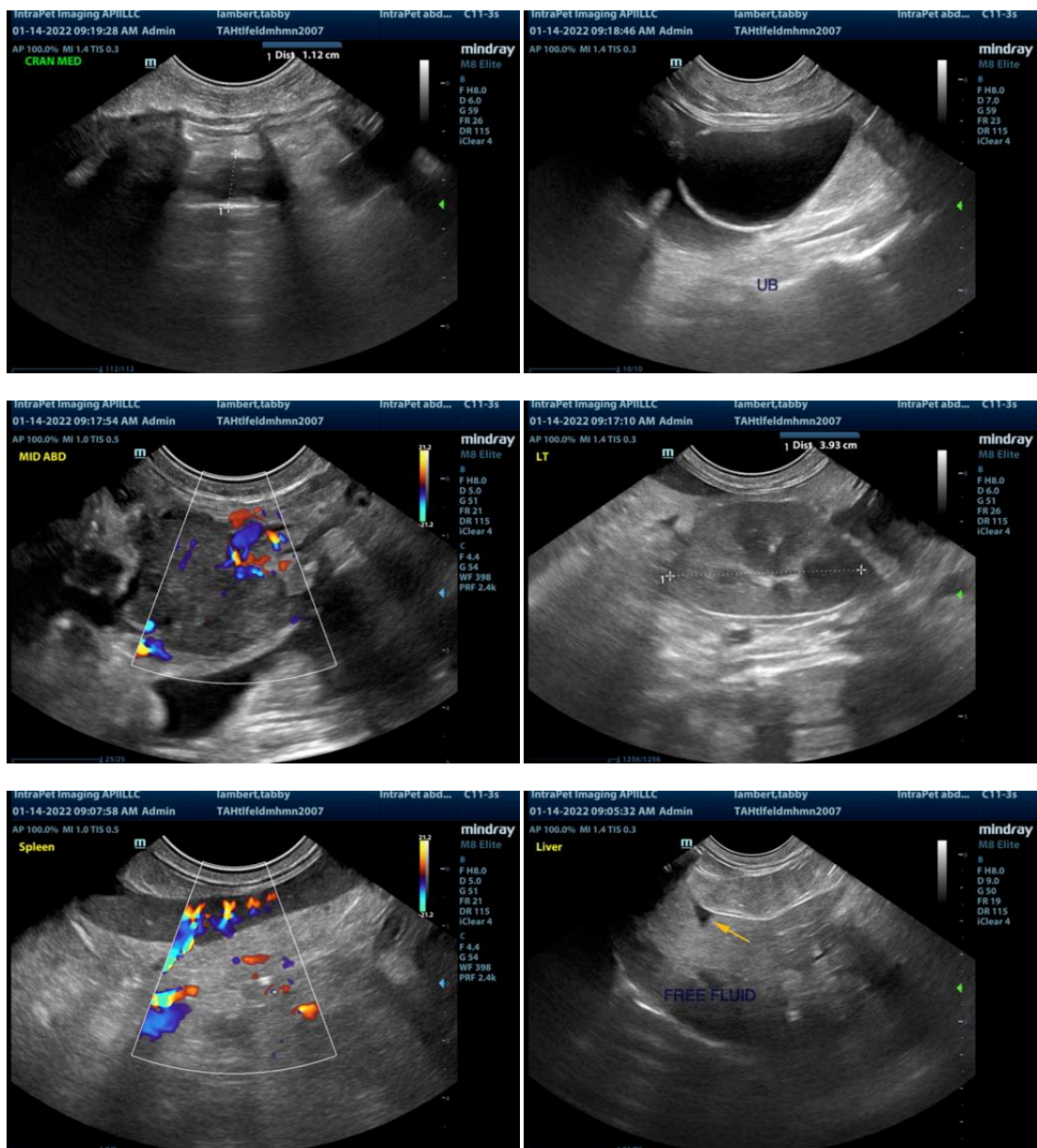
SECONDARY FINDINGS:

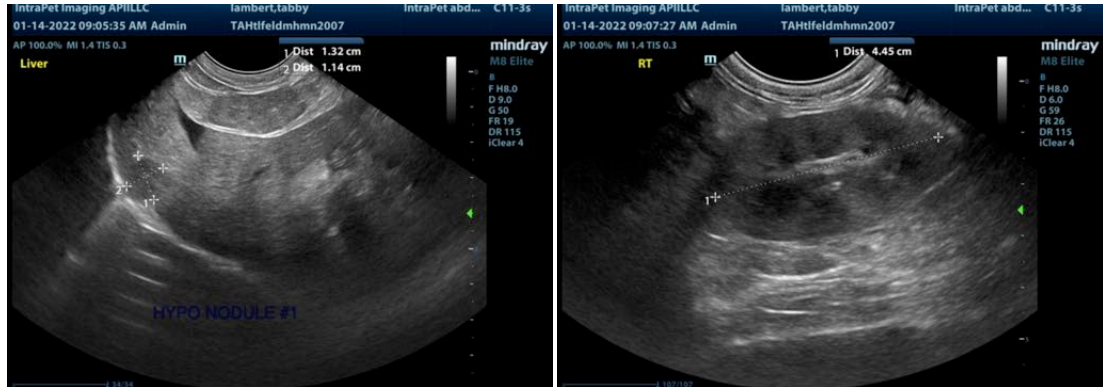
- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Suspect prominent sternal lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mid abdominal mass effect that is either a large lymph node or an isolated mass effect. This tissue appears inflamed and is surrounded by adjacent lymph nodes, etc. I recommend a FNA of this tissue and a sample of the free abdominal fluid as a neoplastic process is a primary concern.

Additionally there are changes in the liver and a prominent, sternal lymph node. The liver changes could be benign or represent a metastatic process. The prominent sternal lymph node could be reactive due to the free fluid in the abdomen, etc. or may be a metastatic lesion. I recommend three view thoracic radiographs.





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.

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