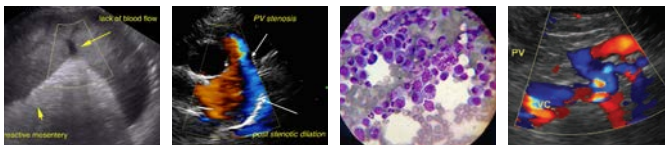
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kinski Olsan

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
17 Years 9 Months

WEIGHT
15.4

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

IMAGING PERFORMED BY
M. Kermendy, CVT

HOSPITAL NAME
Wauwatosa Vet Clinic

REFERRING VET
Dr. Elaine Binor

INVOICE
44508

DATE
1/25/23

PRESENTING CLINICAL SIGNS

Patient presented on 1/13/23 for yearly exam. Pet has a history of diabetes, overweight, dental disease, and a limp @ right front leg/shoulder. Pet is insulin dependent BID. On routine senior blood work elevated liver enzymes were noted. Ultrasound to evaluate abdomen, esp liver. Rule out neoplasia, hepatitis, other

Abnormal PE/Chem/CBC/UA Results: Fructosamine=319 (300-400) BUN=50 (16-37) ALT=754 (27-158) AST=270 (16-67) GGT=5 (0-6) Glucose=229 (72-175) AlkPhos=61 (12-59) Lipase=97 (0-45)

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 is normal in size (4.2 cm) but irregular in shape, likely due to previous infarcts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.11 cm) with pyelectasia at 0.36 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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 is visualized.

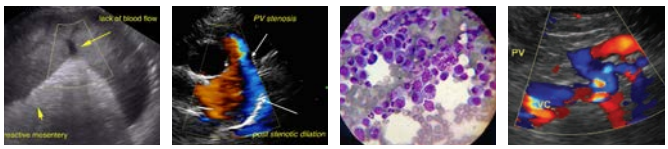
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.0 cm), 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 large in size, and normal in 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. In the cranial aspect of the liver, there is a large hypoechoic structure most consistent with a very large fluid filled structure with a large amount of intraluminal echogenic debris. This structure measures 4.9 cm x 4.9 cm. There are numerous smaller hypoechoic cysts in the periphery of this lesion measuring 1.74 cm x 1.3 cm and 1.9 cm x 1.68 cm. This could be a cystic structure (cyst, abscess, etc.) with a large amount of intraluminal echogenic debris or could be a mass effect with a very hypoechoic outer ring. Recommend power doppler.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kinski Olsan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 9 Months

WEIGHT

15.4

INTERPRETED BY

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

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa Vet Clinic

REFERRING VET

Dr. Elaine Binor

INVOICE

44508

DATE

1/25/23

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. 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. Jejunum wall measures 0.23 cm. 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 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

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.

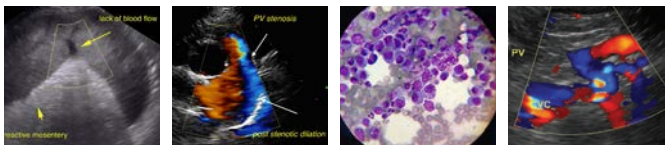
ULTRASONOGRAPHIC FINDINGS

- Large hypoechoic liver lesion with a hyperechoic center – Findings are most consistent with a large cystic structure with intraluminal echogenic debris such as a cyst, abscess, etc. A mass effect cannot be ruled out. Recommend power doppler.
- Hypoechoic cystic structures within the hepatic parenchyma – These lesions are most consistent with benign hepatic cysts.
- Decreased corticomedullary distinction in both kidneys with right-sided pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large hypoechoic structure in the liver containing hyperechoic intraluminal material. I suspect this is a cystic structure with organized echogenic debris within it. This could represent a cyst or an abscess, and a mass lesion cannot be excluded as a possibility. Consider power doppler in this region to see if there is blood flow of the intraluminal material. Additionally, there are smaller cystic structures in the region, increasing my suspicion for a cystic structure. The appearance of this lesion trends towards a more benign lesion, although an infectious or neoplastic lesion cannot be ruled out.

Consider a fine needle aspirate/drainage of this lesion. if this is performed, the needle should pass through hepatic parenchyma prior to entering the structure to try and prevent back leakage of fluid into



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kinski Olsan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 9 Months

WEIGHT

15.4

INTERPRETED BY

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

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa Vet Clinic

REFERRING VET

Dr. Elaine Binor

INVOICE

44508

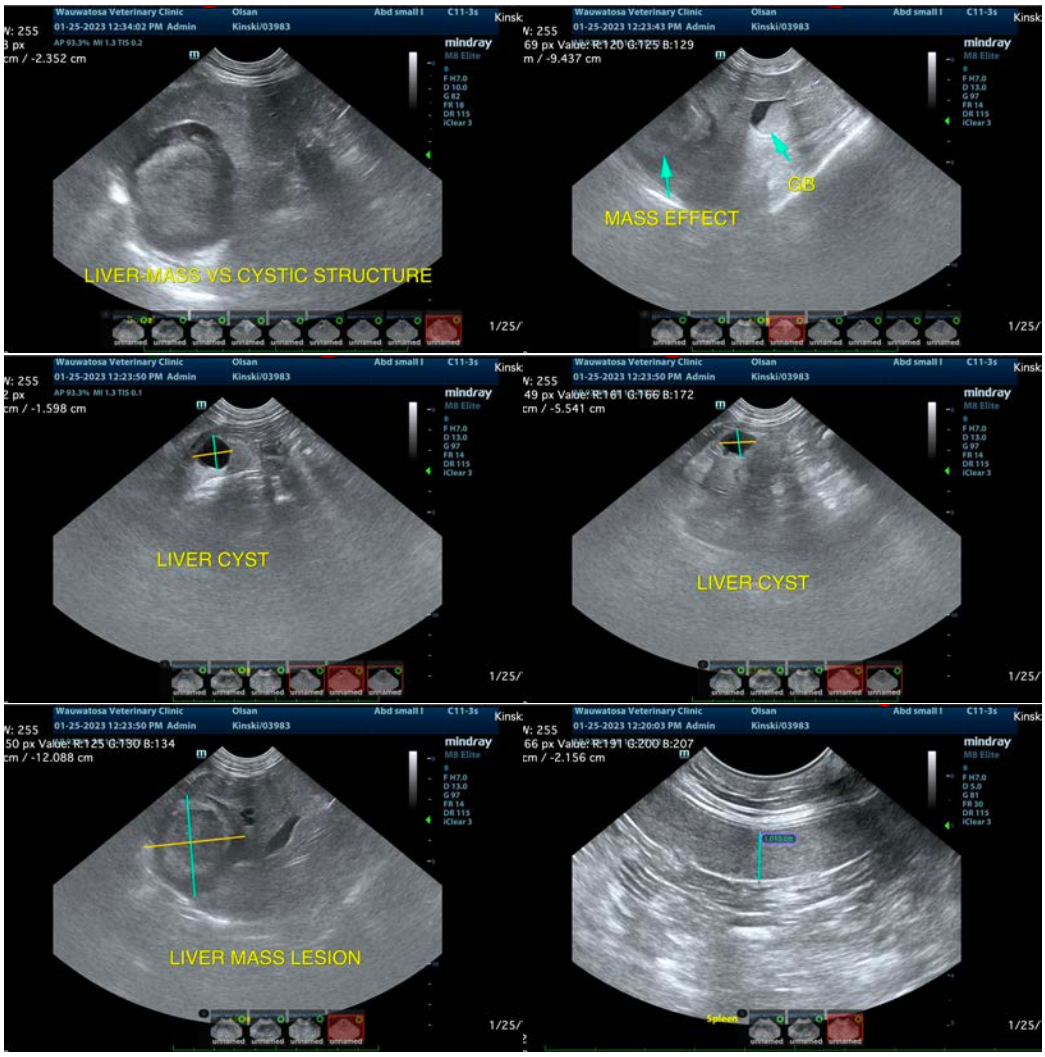
DATE

1/25/23

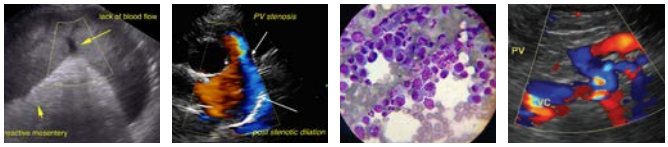
the abdomen. Fluid analysis, cytology, and aerobic and anaerobic cultures should be performed, ideally. If this is a benign structure and the patient is tolerating it well, continued monitoring could be considered, or surgical resection, which would probably require a preoperative CT scan to better determine a surgical plan.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

The changes in the kidneys are consistent with chronic progressive renal disease. There is right-sided pyelectasia. Recommend a urinalysis, culture, and blood pressure evaluation.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kinski Olsan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 9 Months

WEIGHT

15.4

INTERPRETED BY

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

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa Vet Clinic

REFERRING VET

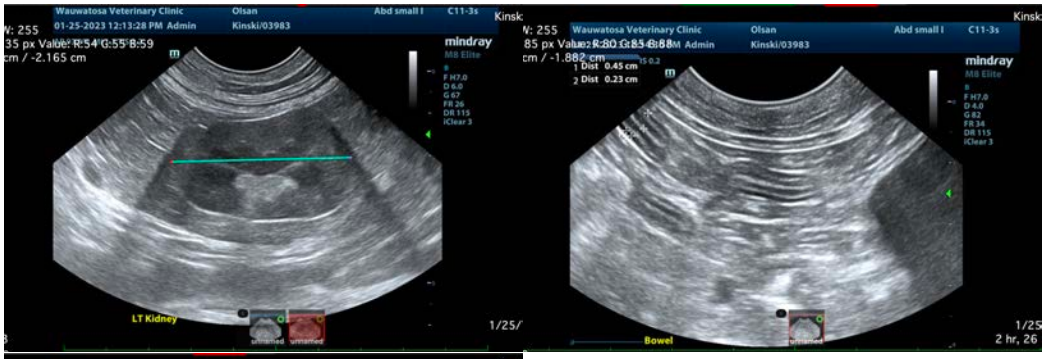
Dr. Elaine Binor

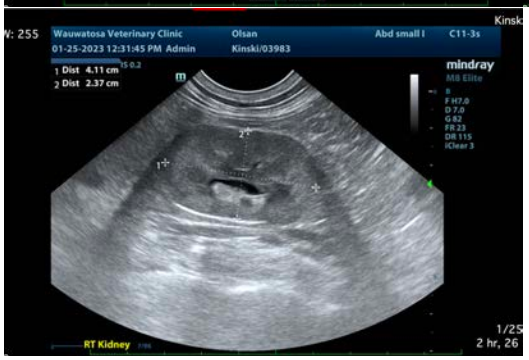
INVOICE

44508

DATE

1/25/23





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)

kathleen.sennello@sonopath.com