

PATIENT PRESENTING CLINICAL SIGNS

Newton McIntyre History: Chronic weight loss, vomiting, diarrhea, ~6# weight loss in 2 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder is mildly distended with mildly anechoic urine. The Bladder wall largely appears normal, but there is an area near the trigone where there is some irregularity to the mucosa and the wall appears slightly thickened at 0.33 cm. The remaining proximal urethra to a depth of 2.0 cm appears normal, and there is no evidence of cystic calculi. These findings could be consistent with cystitis or a focal mass effect.

BREED

DSH

SEX

MN

The left kidney has a normal shape and size (3.96 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 hydronephrosis. Renal vasculature is normal.

AGE

12 years

The right kidney has a normal shape and size (4.17 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

15.87 lbs

Adrenal Glands

The left adrenal gland is normal in size measuring 0.20 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Kathleen Sennello,
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The right adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 is a large 2.23 cm x 2.12 cm hyperechoic mass effect on the right side of the liver. Additionally, there is a 0.92 cm nodule.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

INVOICE

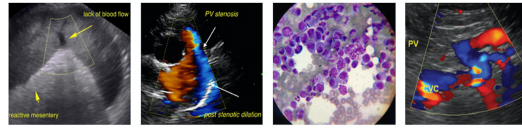
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Gastrointestinal

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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. The jejunum is thick at 0.45 cm. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Feline

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.

BREED

Pancreas

DSH

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.

SEX

Free Abdomen

MN

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate mesenteric lymphadenopathy. Mesenteric lymph nodes are diffusely enlarged. Examples measure 0.64 and 0.53 cm in diameter. The omentum is of increased echogenicity and appears slightly irregular.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

15.87 lbs

- Heterogeneous liver with a hyperechoic mass and nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The mass effect is concerning for a possible neoplastic process.
- Bladder wall mucosal irregularity in the trigone area – This is a subtle area of irregularity, but is visible in two separate views. Recommend urinalysis and culture.
- Thickened small intestine with prominent muscularis layer – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Moderate mesenteric lymphadenopathy – Possible differentials include neoplasia, inflammation and infection. A fine needle aspirate with cytology is recommended for further evaluation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect in the liver. Options moving forward include a fine needle aspirate of this area or surgical evaluation +/- advanced imaging prior for pre-surgical planning.

Additionally, the small bowel is thickened and there is a mesenteric lymphadenopathy present. This is the most likely source of the GI signs and weight loss. In older pets with chronic GI signs, I most strongly consider food allergy, IBD, and intestinal neoplasia as differentials, although other possibilities exist. Consider a fine needle aspirate of a mesenteric lymph node. If surgery is pursued for the liver, obtain intestinal and lymph node biopsies at that time.

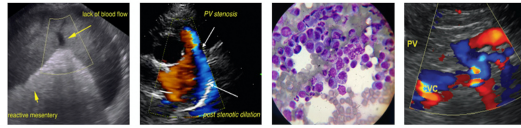
Lastly, there is some irregularity in the urinary bladder wall. This could be consistent with cystitis, but it does appear somewhat focal in the trigone area. This is subtle. Recommend urinalysis and culture and recheck ultrasound in 3-4 weeks. If additional diagnostics are desired prior to that, consider traumatic catheterization or surgical biopsy.

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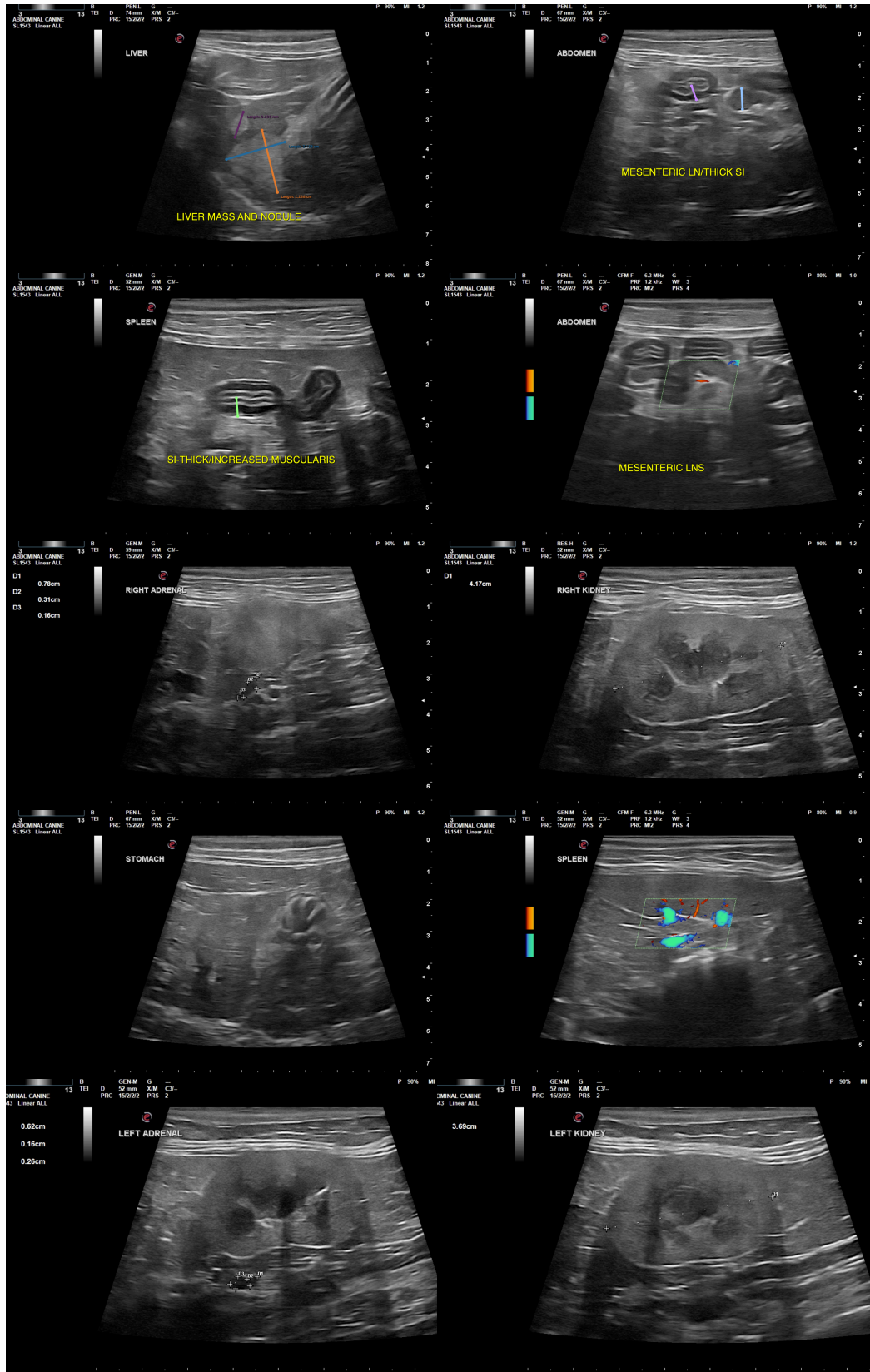
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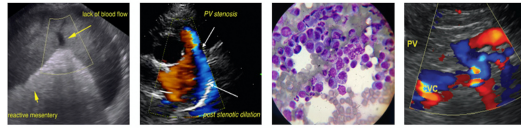
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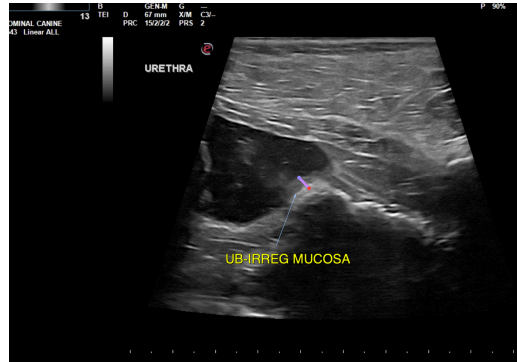
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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