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DATE PRESENTING CLINICAL SIGNS

10/11/22 Has lost 20% of body weight since May 2022. Decreased appetite. Bloodwork showed pancreatitis. Borderline Hyperthyroid.

PATIENT

Cleo Southworth Current Medications: None.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

SEX

Spayed Female

AGE

10/23/15

The left kidney is normal in size (4.99 cm) but irregular in shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic line surrounding the kidney, most consistent with a scant amount of subcapsular fluid. There is no evidence of focal perinephric inflammation. There is a 0.93 cm shadowing area on the right kidney, most consistent with a thin nephrolith. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

WEIGHT

11.4 Pounds

The left kidney is normal in size but irregular in shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic line surrounding the kidney, most consistent with a scant amount of subcapsular fluid. There is no evidence of focal perinephric inflammation. There is no evidence of pyelectasia, nephroliths 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.

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Andi Parkinson RDMS

The right adrenal gland is normal in size measuring 0.51 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.

HOSPITAL NAME

Abbey Animal Hospital

Spleen

The spleen is large (1.0 cm in width at the level of the hilus), 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.

REFERRING VET

Dr. Kluttz

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

41968

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 0.27 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 large, extremely prominent, irregular, and hypoechoic. The mesentery surrounding the pancreas is generally of increased echogenicity. There is a hypoechoic region within the pancreas measuring 0.95 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy present, particularly in the cranial abdomen. There are numerous hypoechoic, large, rounded lymph nodes in the region of the pancreas and cranial abdomen, measuring 1.11 cm and 0.82 cm. Additionally, there is a caudal mesenteric lymphadenopathy with lymph node visualized measuring 1.0 cm. The omentum is hyperechoic throughout the abdomen.

Other

Brief views of the thorax are including, revealing pleural effusion and some irregularity to the lung margin.

ULTRASONOGRAPHIC FINDINGS

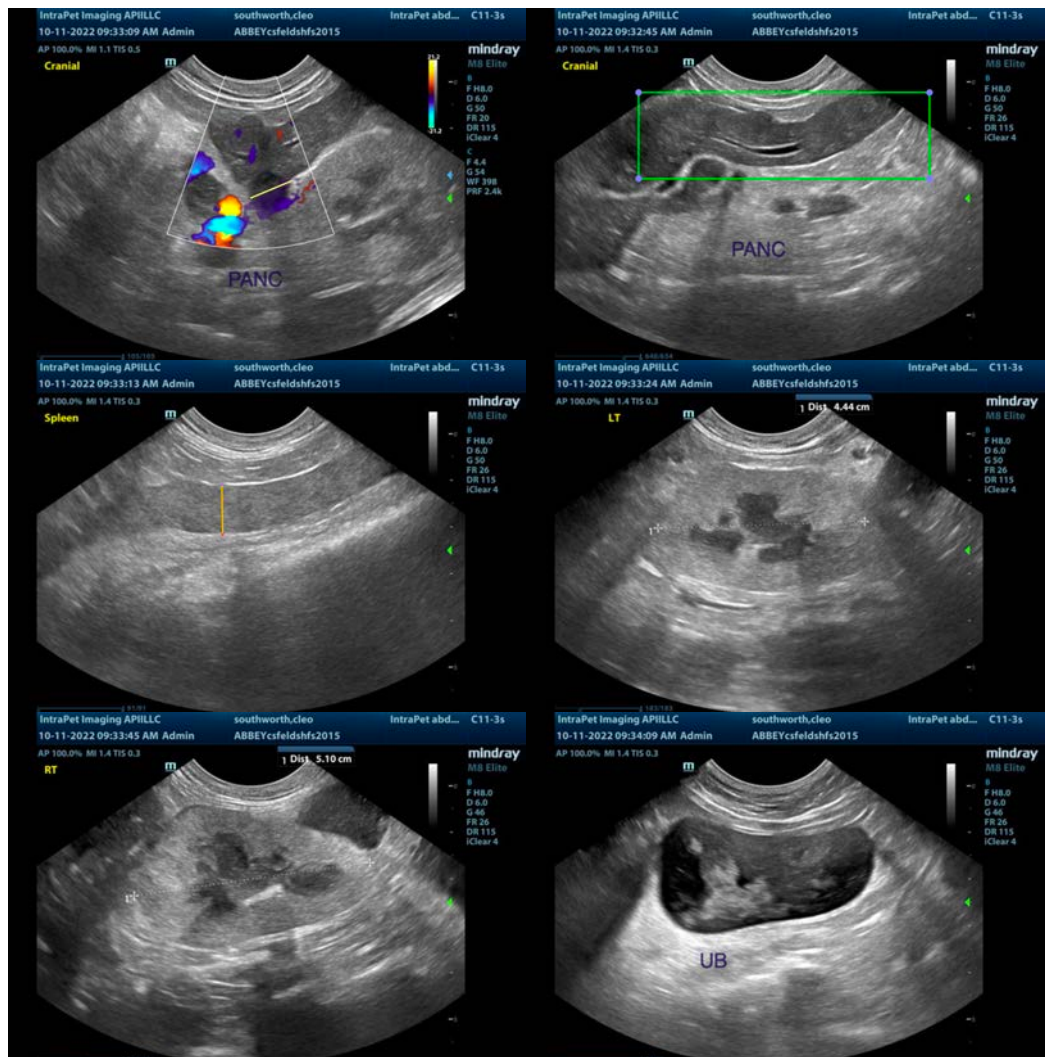
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys with subcapsular fluid – Possible differential for this would be lymphoma, FIP, less likely pyelonephritis, etc.
- Large liver – Primary differentials would infiltrative disease or congestion. Consider a fine needle aspirate.
- Extremely large, hypoechoic, irregular pancreas with a hypoechoic nodule – These findings could be consistent with pancreatitis, but the irregular appearance and prominence of the pancreas with only moderate inflammation is concerning for possible infiltrative disease. Recommend a fine needle aspirate.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

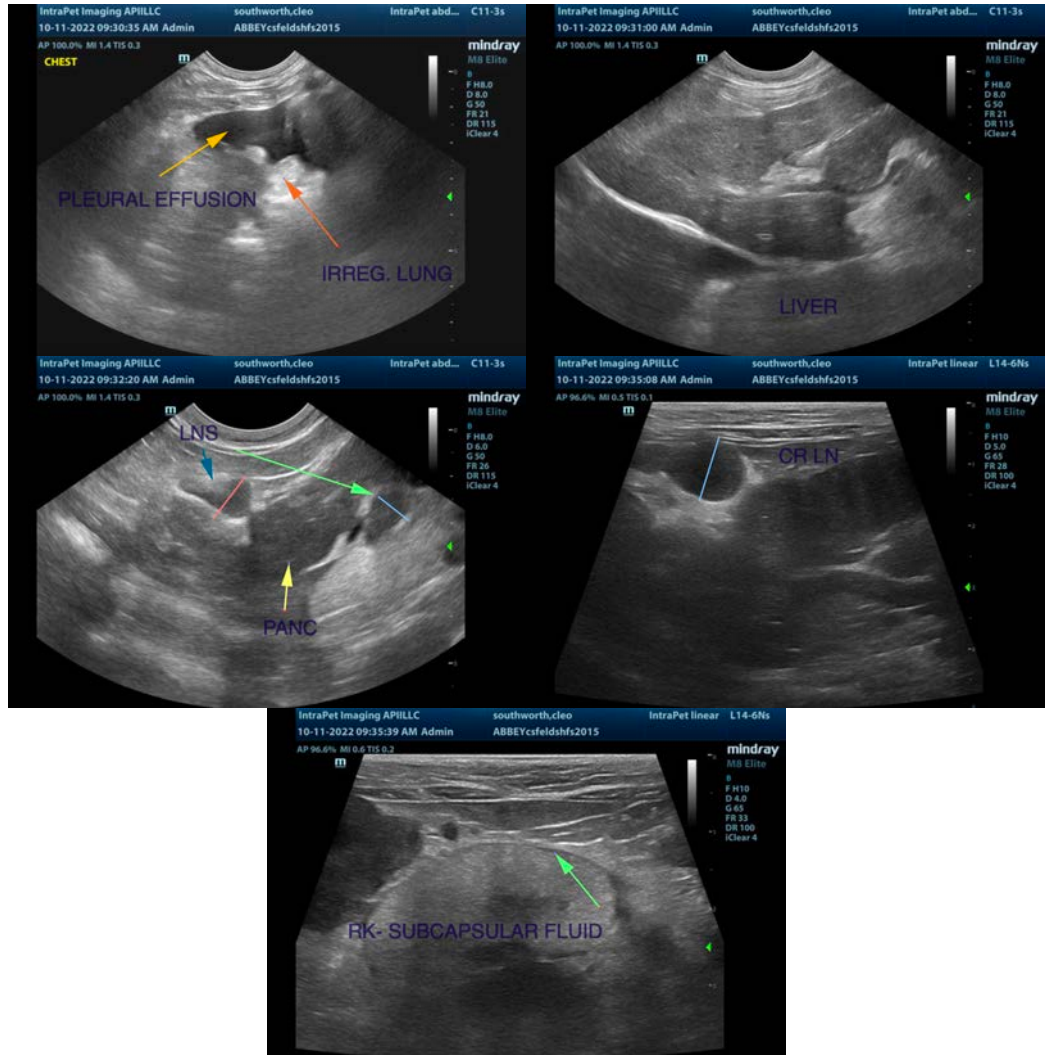
- Pleural effusion with irregular lung margins – The irregularity to the lung margins could be consistent with atelectasis, lung disease, or nodules within the pulmonary parenchyma. Recommend 3-view thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant mesenteric lymphadenopathy present with a very large, irregular pancreas. This could be consistent with pancreatitis, but the irregularity and size combined with the moderate inflammation is more concerning for possible infiltrative disease. This combined with the large spleen, the large lymph nodes, and the small amount of subcapsular fluid around the kidneys is very concerning for possible round cell neoplasia. Recommend a fine needle aspirate of the pancreas and a lymph node. If a cytologic diagnosis cannot be obtained off those samples, you could consider a fine needle aspirate from the spleen and finally the kidney.

Additionally, there is pleural effusion present with some irregularity to the lung lobe. Recommend 3-view thoracic radiographs and possible thoracocentesis with fluid analysis and cytology and a cardiac ultrasound. Save fluid for FIP testing if cytology does not confirm round cell neoplasia.





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.

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