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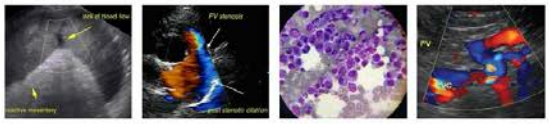

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Vito Kindorf

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

8.55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

INVOICE

26287

DATE

10/14/21

PRESENTING CLINICAL SIGNS

Sept 2021 History - Patient doing well at home, eating well, active, indoor/outdoor into fenced yard/electrified. Eliminates outdoors. Owner appreciates waxing/waning crusting then ulceration at inferior lid OD. AUS to check for metastasis due to a history of .....History APRIL 2019: Back in April 2019 had surgery to remove both pinnas and tip of nose. Head Nasal planum 3 black lesions - Left nares region with overt SQCCA Center and right mucocutaneous region Eyes Eyelids Erosive lesion: Lower right lid - At mucocutaneous junction. Verysuggestive of developing SQCCA, too Lacrimation Epiphora - Owner says always like that Ears Pinna bilateral black crust covering tip and close to base of pinna - Also extends down to pinna base.Head Nasal planum 3 black lesions - Left nares region with overt SQCCA Center and right mucocutaneous region Eyes Eyelids Erosive lesion: Lower right lid - At mucocutaneous junction. Very suggestive of developing SQCCA, too Lacrimation Epiphora - Owner says always like that Ears Pinna bilateral black crust covering tip and close to base of pinna - Also extends down to pinna base. MICROSCOPIC FINDINGS: Cutaneous squamous cell carcinoma was done prior to surgery.
Abnormal PE/Chem/CBC/UA Results: ASSESSMENTS Leukopenia - moderate Leukopenia with moderate neutropenia, mild lymphopenia r/o patient normal variant vs. viral disease vs. other. CKD IRIS stage 2 - early, Leukopenia - moderate, Weight loss Evidence of early CKD IRIS stage 2 with creat 1.8 and USG 1.024, unlikely etiology weight loss. Reference lab results FIV/FeLV - Neg/neg No indication retroviral disease. Chemistry profile - BUN 35 Creat 1.8 else unremarkable; Thyroid hormones - T4 = 1.9; CBC - Neuts 1891 Lymph 957 else unremarkable; Urinalysis - USG 1.024 else unremarkable

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 (3.82 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.3 cm). Overall echogenicity is slightly hyperechoic with poor 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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.

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.

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.

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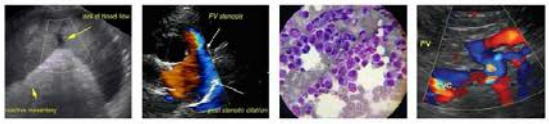

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Liver

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 one hyperechoic nodule visualized measuring 0.85 cm x 0.59 cm.

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.

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 measured 0.2 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. Mild mesenteric lymphadenopathy present with a mesenteric lymph node measuring 0.33 cm. 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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Heterogeneous liver with hyperechoic 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.
- Mildly reduced corticomedullary distinction both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

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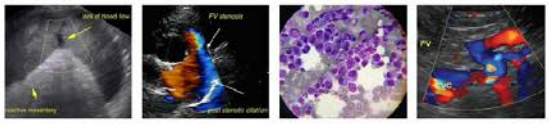

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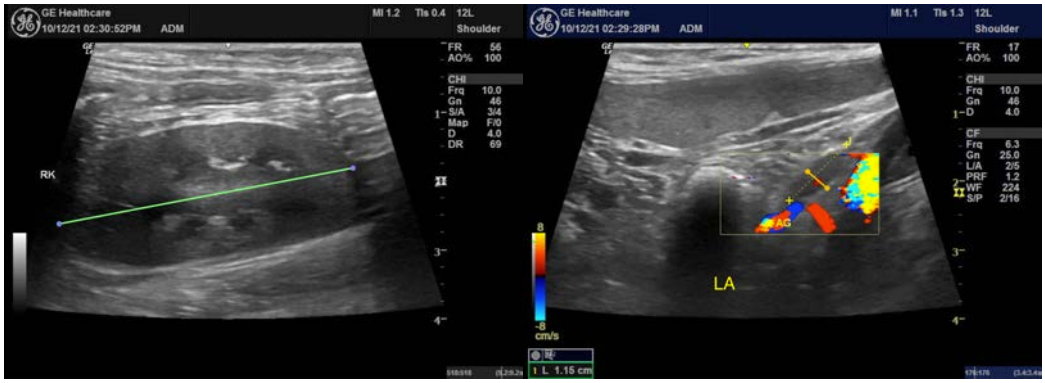
SECONDARY FINDINGS

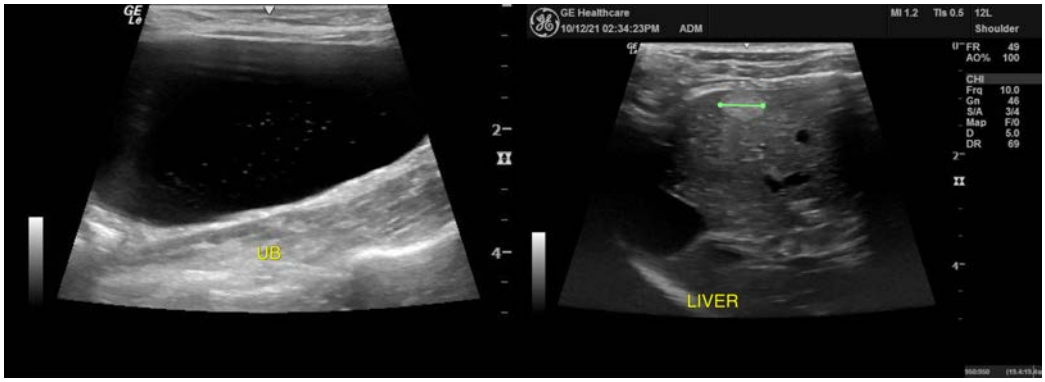
- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is somewhat heterogeneous and there is a hyperechoic nodule present. In general, hyperechoic nodules are less likely to be cancerous lesions, but sampling would be necessary to know for sure. You could consider a fine needle aspirate of the lesion (but it is fairly small and may be a difficult to lesion to sample), or you could consider continued monitoring. No other lesions consistent with metastasis were noted. If liver are normal on lab work, then the parenchymal changes are likely age related.

The mild changes observed in the kidneys are most consistent with age related change and chronic progressive disease.





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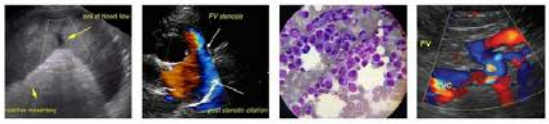

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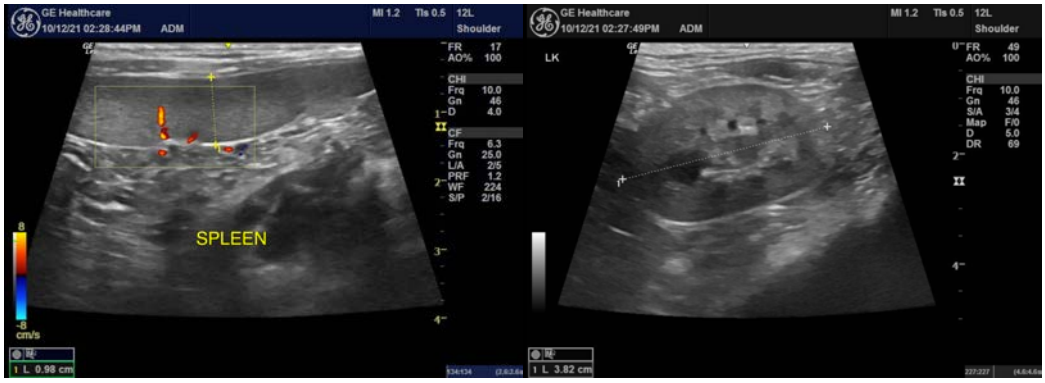

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com