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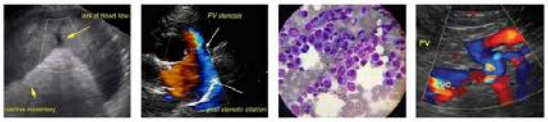


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Joe Bartram

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 5 Months

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

42204

DATE

10/19/22

PRESENTING CLINICAL SIGNS

P vomiting. Taking cerenia, prednisolone EOD, mirtazapine. Appetite up/down. Congestion, history URI. Dental disease. Has had a few rounds of convenia. Recently had biopsy on nose: Interpretation = dermatitis, ulcerative, purulent with epidermal hyperplasia, pyoderma. Reason for Ultrasound Vomiting, painful abdomen, inappetence on/off, BW not WNL

Abnormal PE/Chem/CBC/UA Results: Nose: Abnormal: scabbed, mildly erosive 0.3 cm lesion at dorsal nasal planum and extending slightly onto the haired skin above. CBC from 3.8.22 WNL Abnormal Chemistry Values Another clinic, 10.8.22: GLU 169 (70-159) BUN 14 (16-36) GLOB 5.7 (2.8-5.1) ALT 463 (12-130) ALKP 262 (14-111) HCT 28.4 (30.3-52.3) MCV 34.5 (35.9-53.1) WBC 24.75 (2.87-17.02) EOS 0.04 (0.17-1.57) Abnormal UA Values WNL 3.8.22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney has a normal shape and size (4.31 cm) with small nephroliths and significant pyelectasia at 1.2 cm. Overall echogenicity is normal with adequate 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.33 cm) with small nephroliths. Overall echogenicity is normal with adequate 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, 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.

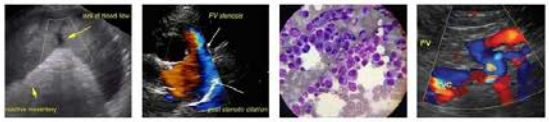
The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. There are two hyperechoic nodules visualized measuring 0.29 cm and 0.24 cm.

Liver

The liver is large and irregular. The visible portions of the vasculature and biliary tract appear normal. There is a very large mid abdominal mass measuring approximately 5.7 cm x 7.04 cm. This hyperechoic mass effect contains numerous hypoechoic cystic structures varying in size from 3.5-1.0 cm in diameter. Additionally, some of these lesions have echogenic material within. One has



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hyperechoic material. Findings are most consistent with a cystic mass effect. This mass comes into contact with the liver and is suspected to originate from it.

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. 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

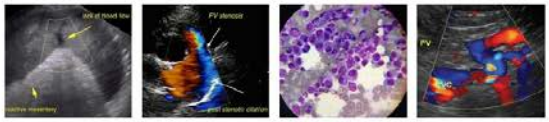
The pancreas is normal and isoechoic to surrounding mesentery. There is a focal area of what appear to be mottled hypoechoic pancreas near the tail of the spleen. There is no evidence of regional mesenteric inflammation or fluid.

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

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Small hyperechoic mineralizations in both kidneys – Consistent with small nephroliths.
- Significant pyelectasia of the left kidney – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Small, hyperechoic nodules in the spleen – These lesions are small and likely represent benign lesions, but early neoplastic lesions are possible. Recommend continued monitoring.
- Focal hypoechoic mottled pancreas near the tail of the spleen – The significance of this is



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unclear. This could represent an area of remodeling, and ill-defined mass effect, etc. Recommend continued monitoring +/- fine needle aspirate.

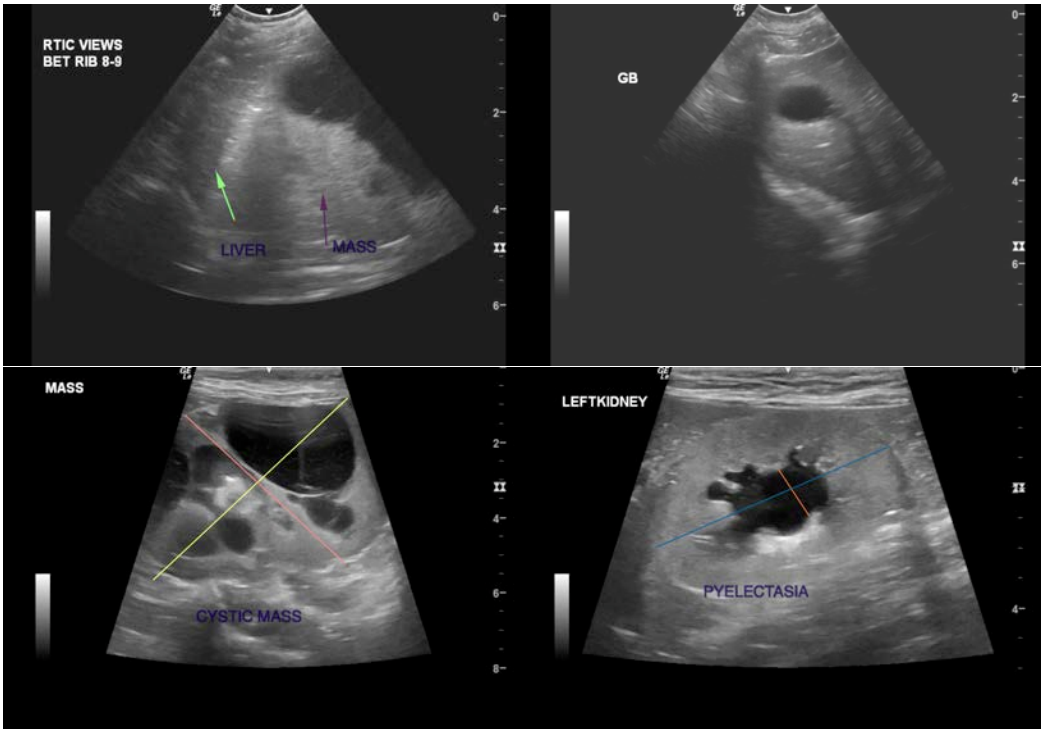
- Large hyperechoic cystic mass effect in the cranial abdomen – The primary differential for this lesion is a cystic liver mass. These are often benign. Origination from a different location cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cranial abdominal mass effect that is cystic. I suspect this is a liver mass lesion (possibly a cystadenoma), but I cannot definitively rule out the possibility of it originating from a different location. Recommend a contrast CT for surgical planning, as I suspect the size of this lesion is causing some discomfort.

There is renal pelvic dilation of the left kidney. An obvious source of the obstruction is not observed. Recommend a urinalysis and culture and blood pressure evaluation. A contrast study would likely be necessary to try and determine the nature of the dilation (stricture, passing a previous stone, etc.).

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



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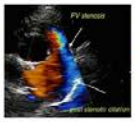

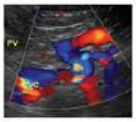

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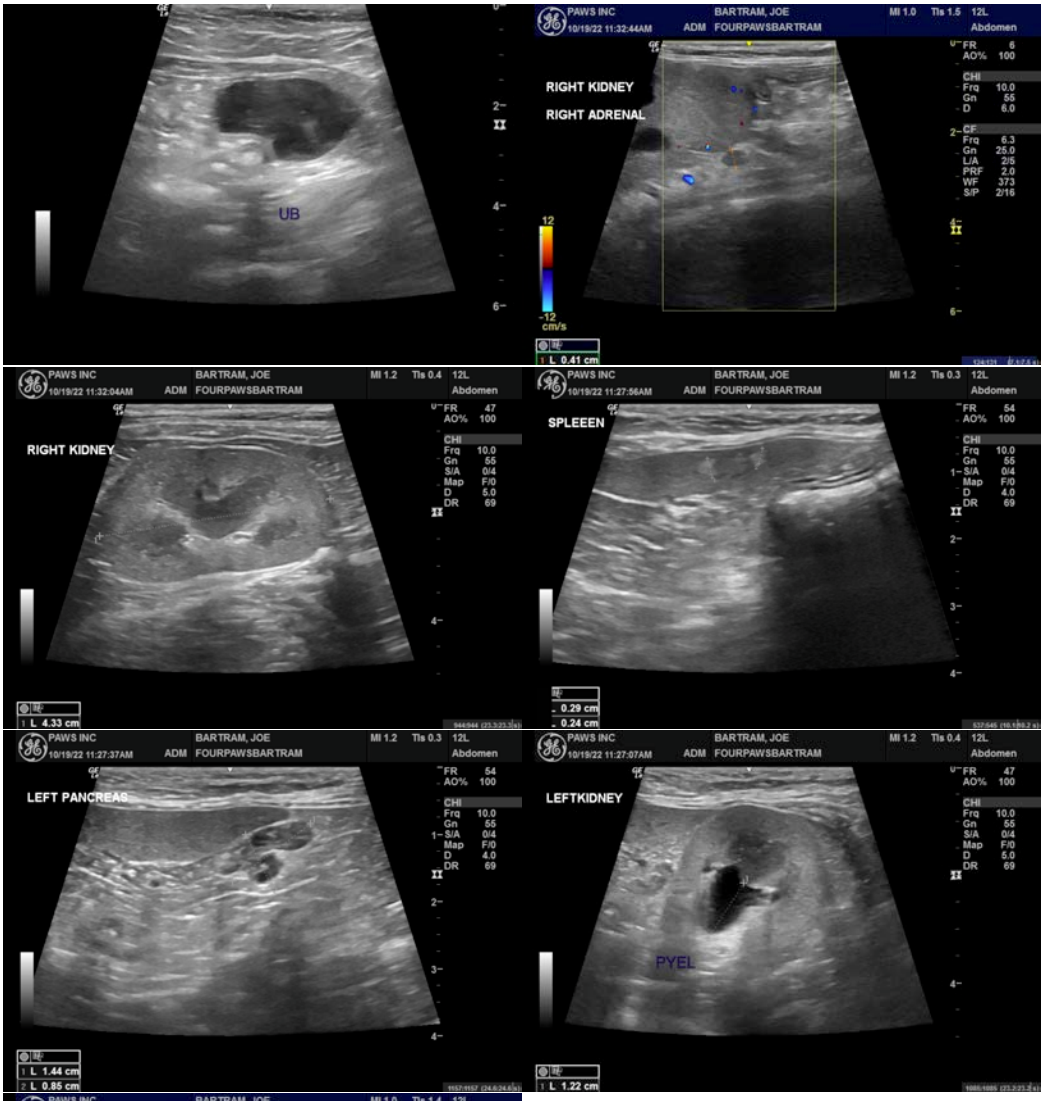

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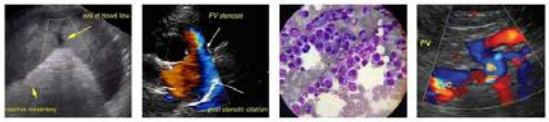

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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