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Clinical Sonography & Telecytology
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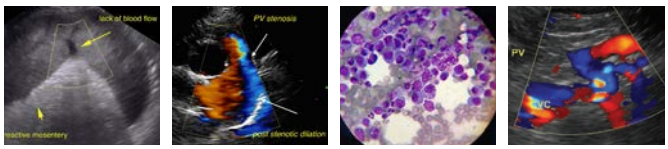


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Raven Bailey

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

1 Year

WEIGHT

11.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Zeliff

INVOICE

42172

DATE

10/19/22

PRESENTING CLINICAL SIGNS

Cat presented ADR. Was neutered at another hospital 5 days ago. Has been lethargic since that time. Bloodwork shows increased WBC (24K), PCV = 29%, rest Chem/CBC WNL. Temp - 103.7. Has been on clavamox and onsior from other bet for 2 days. Ultrasound done for further diagnostics

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 (4.5 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.51 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.30 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 right adrenal gland is normal in size measuring 0.35 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 (1.0 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mildly mottled, 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.

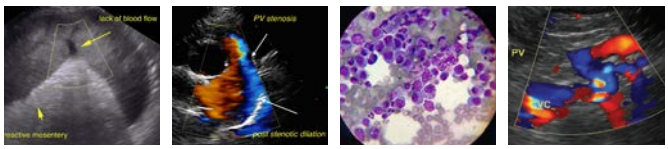
Liver

The liver is 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. No focal nodules or cystic lesions are observed.

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.



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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 0.24 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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is a large mixed echogenicity, hypoechoic lesion caudal to the left kidney in the region of the left limb of the pancreas. This could represent a pancreatic mass/abscess/cyst/other. (see under other).

Free Abdomen

There is a small amount of free abdominal fluid located primarily around the mass lesion in the left caudal abdomen. Additionally, there are some prominent caudal abdominal lymph nodes. The sublumbar lymph node is measured at 0.36 cm in diameter. The omentum is hyperechoic and edematous in the region of the caudal abdominal lesion.

Other

There is a large, hypoechoic, somewhat mixed echogenicity lesion, This lesion could represent solid hypoechoic mixed echogenicity tissue or fluid. This measures approximately 5.47 cm x 2.52 cm. This structure could represent a pancreatic mass, abscess, an omental abscess/cyst, or an effaced lymph node. Color doppler would be helpful to try and determine the vascularity of this lesion. There is a large amount of surrounding inflammation and a small amount of fluid.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic, mixed echogenicity caudal abdominal lesion – Findings are most concerning for a possible mass, abscess or cystic lesion.
- Borderline large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Prominent, hypoechoic left limb of the pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Hyperechoic mesentery and a small amount of fluid surrounding the mass lesion – Findings are consistent with focal peritonitis (Sterile or infectious).
- Prominent caudal abdominal lymph nodes – Findings are consistent with a mild regional lymphadenopathy – Possible differentials include inflammation, infection, or neoplasia.

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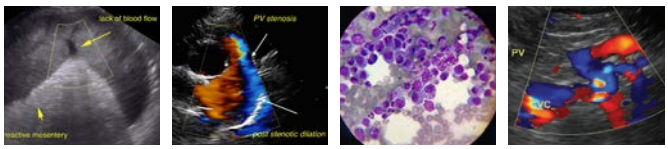

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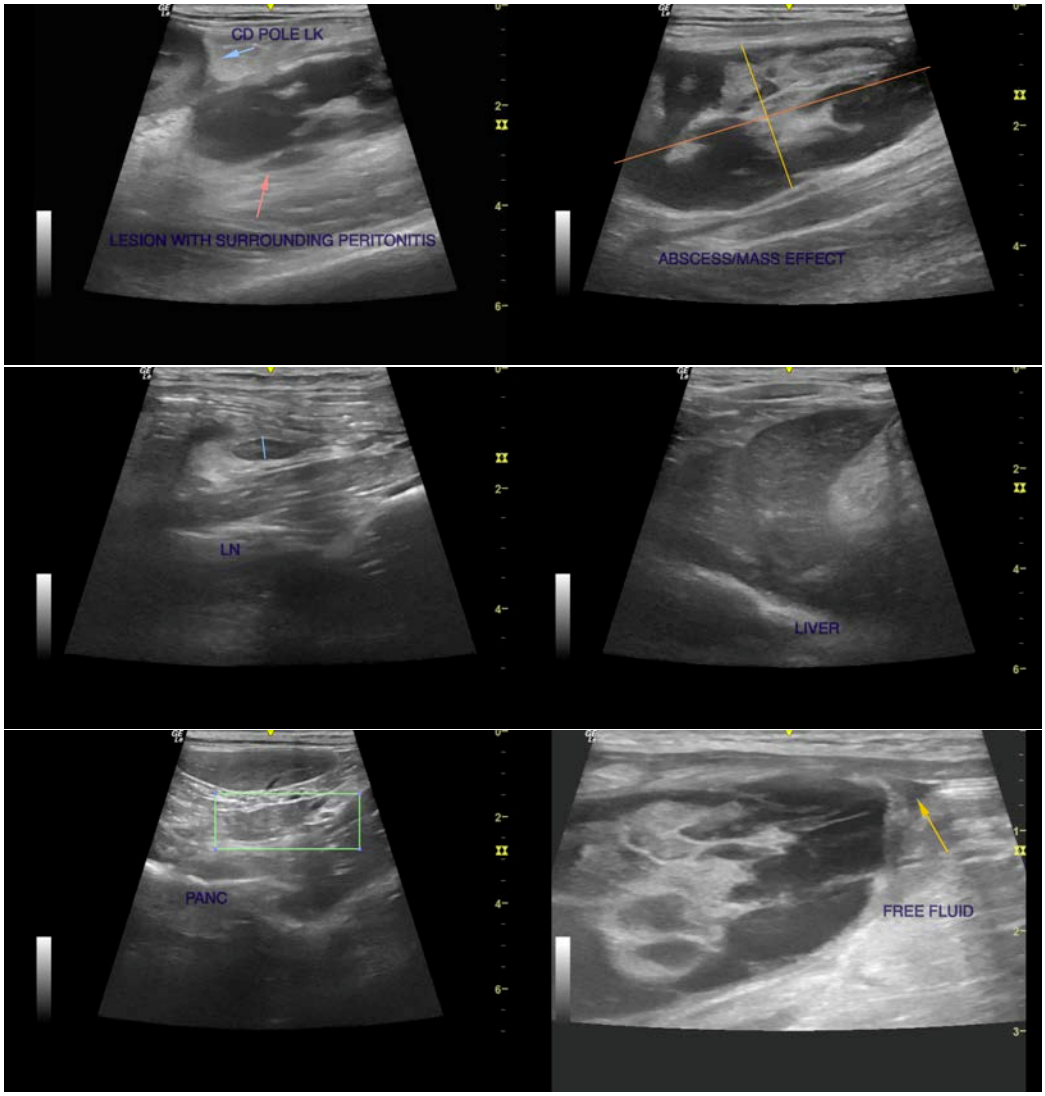
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, hypoechoic, mixed echogenicity mass effect in the left caudal abdomen, caudal to the left kidney. This lesion could represent a very hypoechoic mixed mass effect (such as a ln) or a fluid filled cyst of abscess (did not note the contents moving so seems less likely) it is surrounded by a small amount of fluid and severely inflamed mesentery. Regional color flow in this area would be helpful.

Consider percutaneous aspiration/drainage of this lesion with samples for cytologic analysis, aerobic and anaerobic cultures if possible. If there is a large amount of fluid present, recommend drainage +/- installation of Baytril. Continued monitoring of this lesion is recommended. If it is not resolving or if it is a true mass lesion, surgical resection may be necessary.

Additionally, fine needle aspirate of the spleen could be considered.

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



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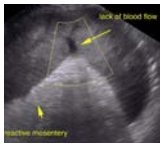
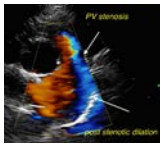
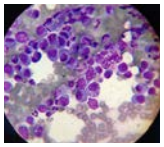
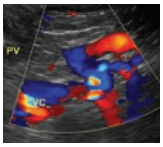

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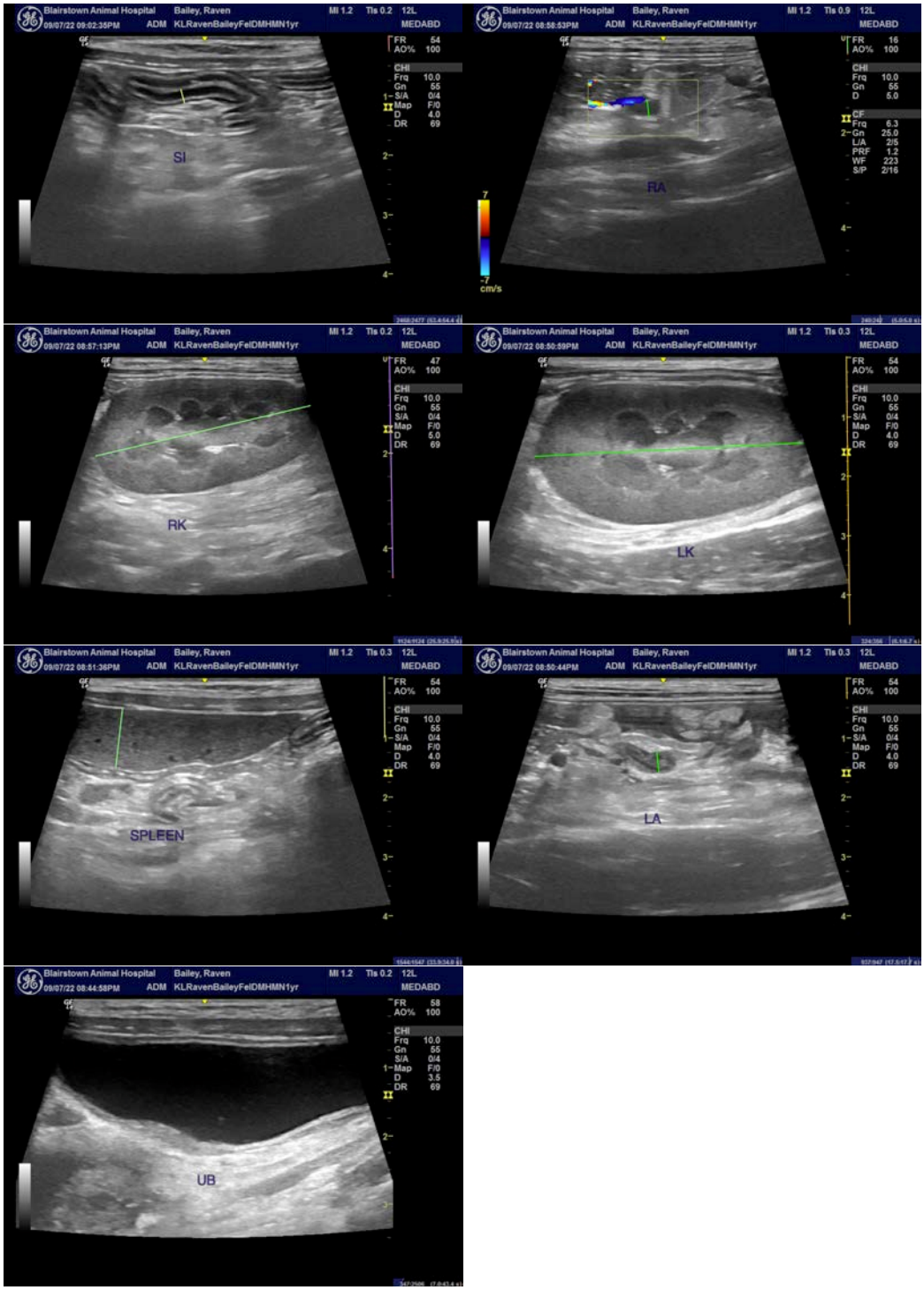

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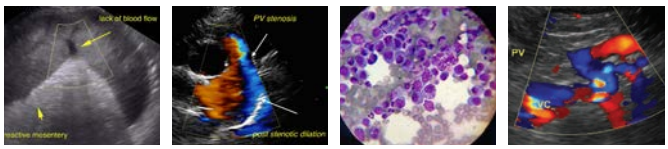

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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