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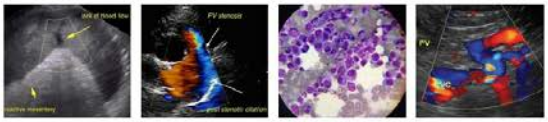

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Dutch Anderson

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

17 Years 5 Months

WEIGHT

11.4 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr.

INVOICE

42325

DATE

10/25/22

PRESENTING CLINICAL SIGNS

On 10/13/22, Dutch had a veterinary telemedicine exam for anorexia, cachexia, and lethargy. Owner reports that Dutch has not been eating well for past few days, and seems to be losing weight as well. Past medical history includes dental disease, heart murmur, and arthritis. Not on any medications at this time Radiographic imaging performed on entire body, with findings including small irregular kidneys, hepatomegaly, and degenerative changes in spine. Ultrasound recommended to assess for hepatic neoplasia per rDVM.
Abnormal PE/Chem/CBC/UA Results: Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely has a smooth appearance and normal thickness, but there is a small, somewhat subtle focal area measuring 0.29 cm x 0.57 cm on the ventral wall, most consistent with adhered debris or a focal mass lesion. The area of the trigone, ureteral papillae and proximal urethra appear free of any calculi or mass lesions.

The left kidney has a normal shape and size (3.32 cm) with pyelectasia at 0.46 cm. Overall echogenicity is slightly hyperechoic with poor 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 (3.13 cm) with pyelectasia at 0.41 cm. Overall echogenicity is slightly hyperechoic with poor 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 0.41 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 0.31 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.

Liver

The liver is large and irregular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous cystic mass lesions visualized in the liver. On the right side of the liver there is a hyperechoic, somewhat cavitated/cystic mass lesion measuring 3.77 cm x 3.35 cm. Additionally, there is abnormal cystic

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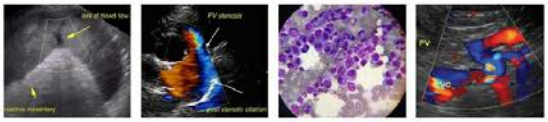

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liver tissue on the left side with numerous small and large cystic lesions, the largest of which measures 3.9 cm x 3.67 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is generally of normal echogenicity.

Other

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

There are some visible mesenteric lymph nodes measured at 0.26 cm and 0.26 cm.

ULTRASONOGRAPHIC FINDINGS

- Focal irregularity on the ventral urinary bladder wall – This could represent some adhered debris, a mass lesion, etc. Correlate with a urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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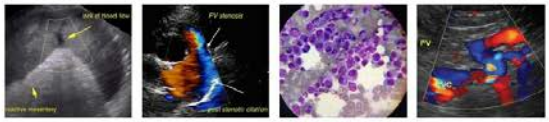

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- Hypoechoic, prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Numerous large hyperechoic cystic mass lesions in the liver – Findings could be consistent with large progressive cystadenomas. A carcinoma or more aggressive lesion cannot be ruled out.

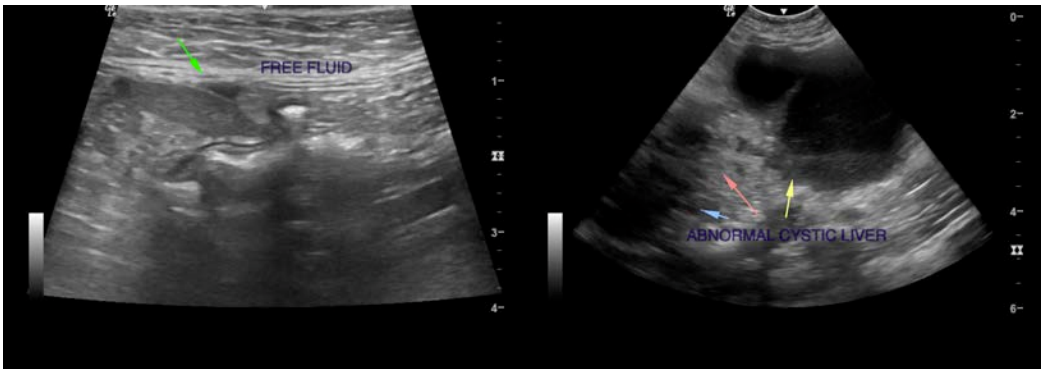
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small focal area of tissue on the ventral urinary bladder wall. Options moving forward for further evaluation would include continued monitoring with ultrasound and/or a traumatic catheterization, but definitive sampling of this specific lesion would be challenging. Recommend a urinalysis and culture, as adhered debris cannot be ruled out. Additionally, there is bilateral pyelectasia in both kidneys, increasing concerns for possible pyelonephritis, previous pyelonephritis, etc. No obstructive process is visualized.

The pancreas appears hypoechoic and mottled with minimal surrounding inflammation, so I suspect this is consistent with previous episodes of pancreatitis and chronic remodeling.

The liver has numerous large cystic mass lesions/areas. These are quite extensive. A contrast CT scan would be necessary to determine if surgical resection is possible. You could consider percutaneous drainage of some of the larger cysts, but they typically do refill with fluid. If drainage is considered, try to pass the needle through hepatic tissue, try and prevent back leakage of the fluid into the abdomen, and confirm that coagulation parameters are normal. Additionally, you could consider a fine needle aspirate of some of the more solid areas to try and determine if an underlying neoplastic process is occurring.

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



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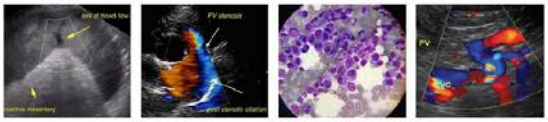

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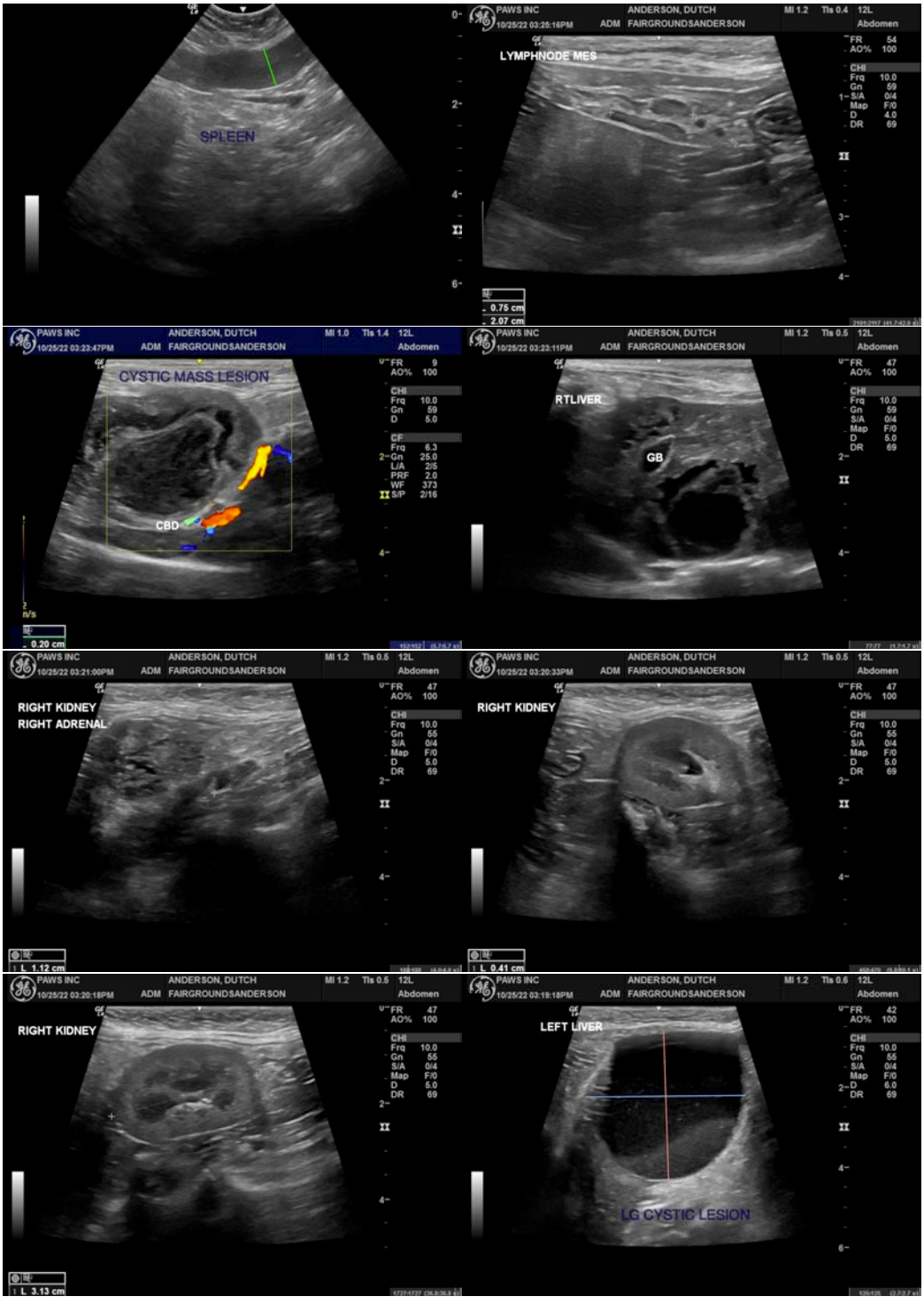

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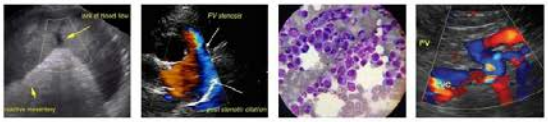

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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