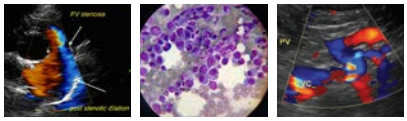
IMAGING PERFORMED BY

IntraPet.com



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DATE

10/27/22

PATIENT

Queef Singleton

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

6/15/06

WEIGHT

12 lb 7 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

42419

PRESENTING CLINICAL SIGNS

4lb weight loss with palpable mid abdominal mass and history of diabetes mellitus.

Current Medications: Vetsulin 3.5U SQ BID.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (3.78 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 (4.04 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 0.47 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 0.46 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 is a large, hyperechoic, somewhat moth eaten appearing, cystic mass lesion on the left side of the liver, measuring approximately 9.75 cm x 4.85 cm. This lesion appears to have good vascularity.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 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 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. There is a prominent cystic lymph node near the ileocecal junction measuring 1.65 cm x 1.01 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, cystic mass effect on the left side of the liver – Differentials to consider would be a benign cystadenoma, a carcinoma, etc.
- Prominent muscularis layer of the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Large cystic lymph node at the ileocecal junction – The significance of this is questionable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

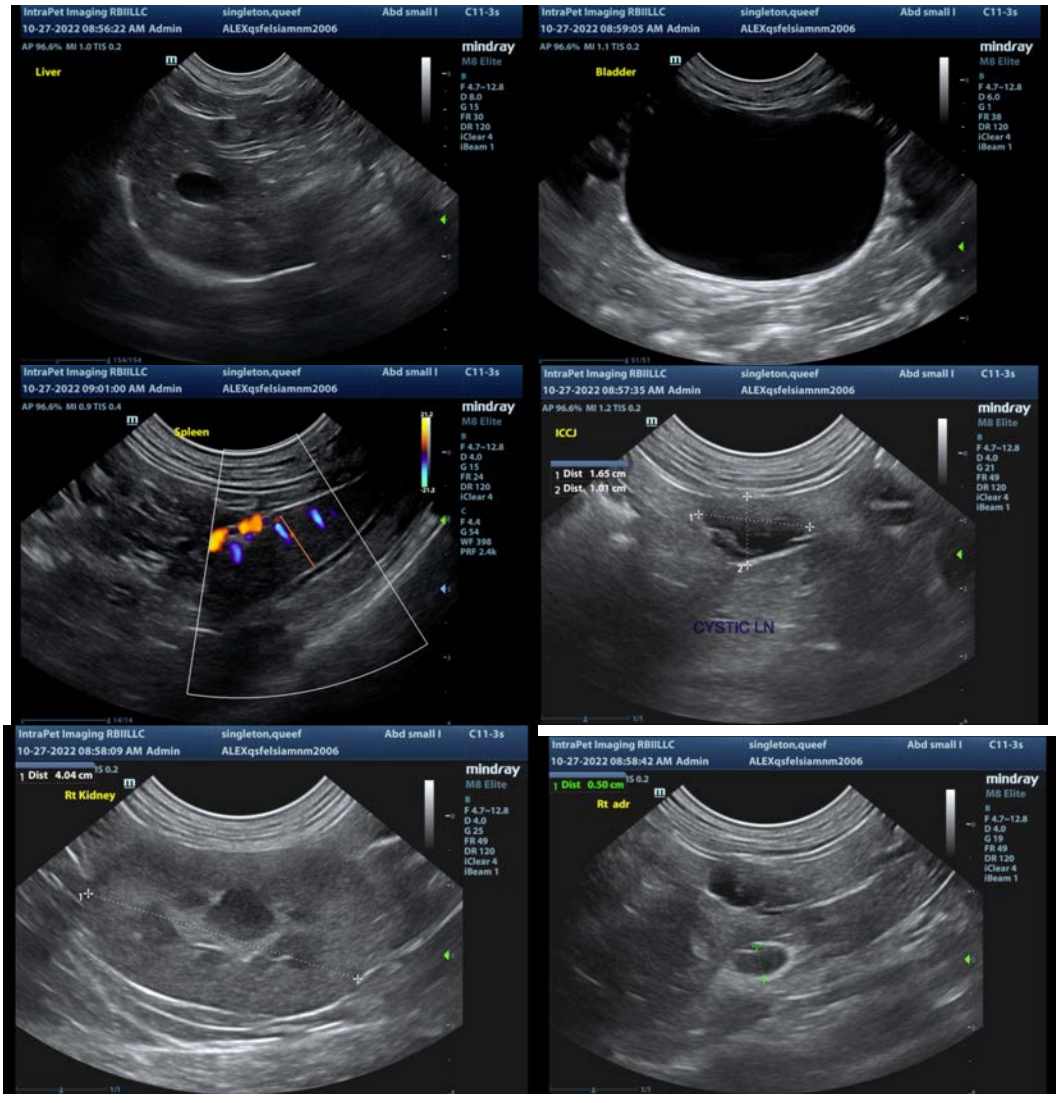
There is a large focal hyperechoic, slightly cystic mass effect on the left side of the liver. This could be a benign cystadenoma or something more concerning such as a carcinoma, etc. Unfortunately, even a benign mass can cause discomfort and can be a risk for torsion, necrosis, etc. as they get larger. Options moving forward would include ideally a contrast CT scan and referral to a veterinary surgeon for removal of the mass lesion +/- a fine needle aspirate of the mass. Alternately, if conservative therapy is warranted, this could be a slow-growing mass lesion and benign. It is somewhat important to know the impact this is having on the patient.

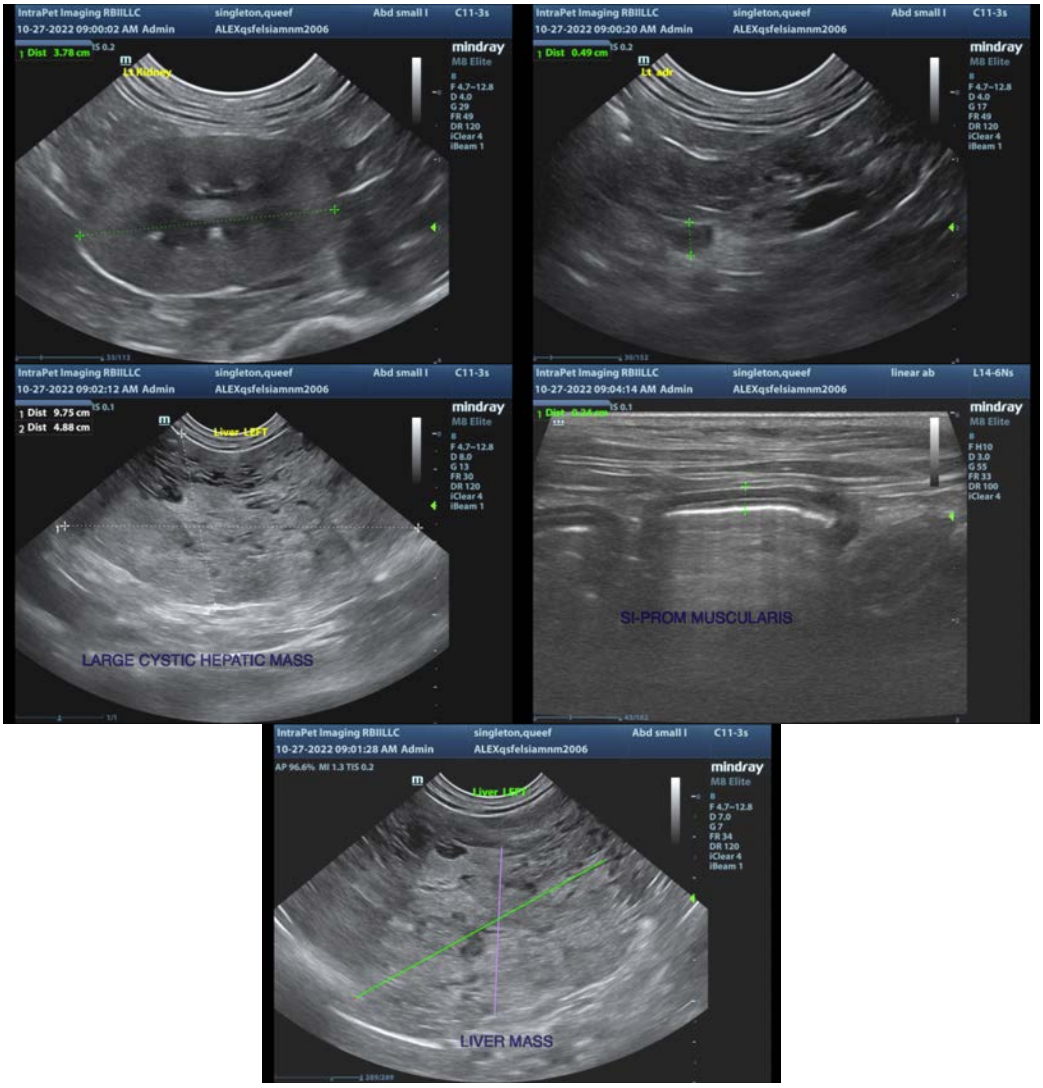
Additionally, there is a prominent muscularis layer to the small intestine, and a prominent lymph node at the ileocecal junction, which is of questionable significance, as it is large and cystic. This could be an indicator of underlying small intestinal disease, although some normal older cats have a prominent muscularis layer. If there are underlying GI signs, consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

- If surgery is pursued for the liver mass, consider obtaining GI biopsies.

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





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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