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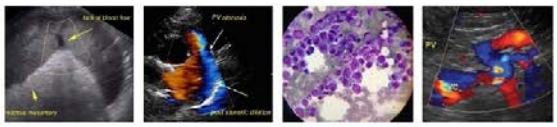


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Chelsea Divinski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

42459

DATE

10/28/22

PRESENTING CLINICAL SIGNS

diabetic, jaundiced, vomiting off and on for a while, has not has insulin lately as has not been eating

Abnormal PE/Chem/CBC/UA Results: please see attached BW

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 (3.88 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 (4.18 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 0.28 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 0.32 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 borderline large (1.0 cm) and hypoechoic. 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.

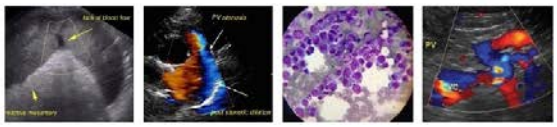
Liver

The liver is large in size, and normal in 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 is somewhat difficult to visualize. There is the possible impression of two lumens and a duplicate gallbladder. The gallbladder wall appears normal and there is no significant bile duct dilation observed.

Gastrointestinal

The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no



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impression of reduced peristaltic activity. No masses or focal lesions were observed. Shadowing ingesta obscures visualization of the area of the bile duct and right adrenal gland somewhat.

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. Smal intestinal wall measures 0.23 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 large, hypoechoic structure visualized cranial to the right kidney, which is most consistent with a large portal lymph node measuring 0.96 cm x 2.2 cm. An alternate differential would be a right adrenal mass.

ULTRASONOGRAPHIC FINDINGS

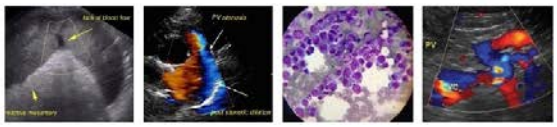
- Borderline large, hypoechoic spleen – Possible differentials include infiltrative disease, congestion, etc. Consider a fine needle aspirate.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Duplicate gallbladder – This is likely an incidental finding.
- Large, shadowing ingesta within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed).
- Suspect large portal lymph node – Differentials include inflammation, infection, and neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the liver, and the biliary tract appears relatively normal. Unfortunately, the sonographic changes do not always reflect the severity or cause of the hepatopathy.

Consider systemic causes for cats with elevated liver enzymes such as hyperthyroidism, DM, sepsis, toxicity (meds etc...),FIP, etc..) If these conditions are unlikely (based on diagnostics already performed) then a primary hepatopathy (infectious, inflammatory, lipidosis, neoplasia) is suspected.

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.
- Recommend thyroid evaluation (if not already done)



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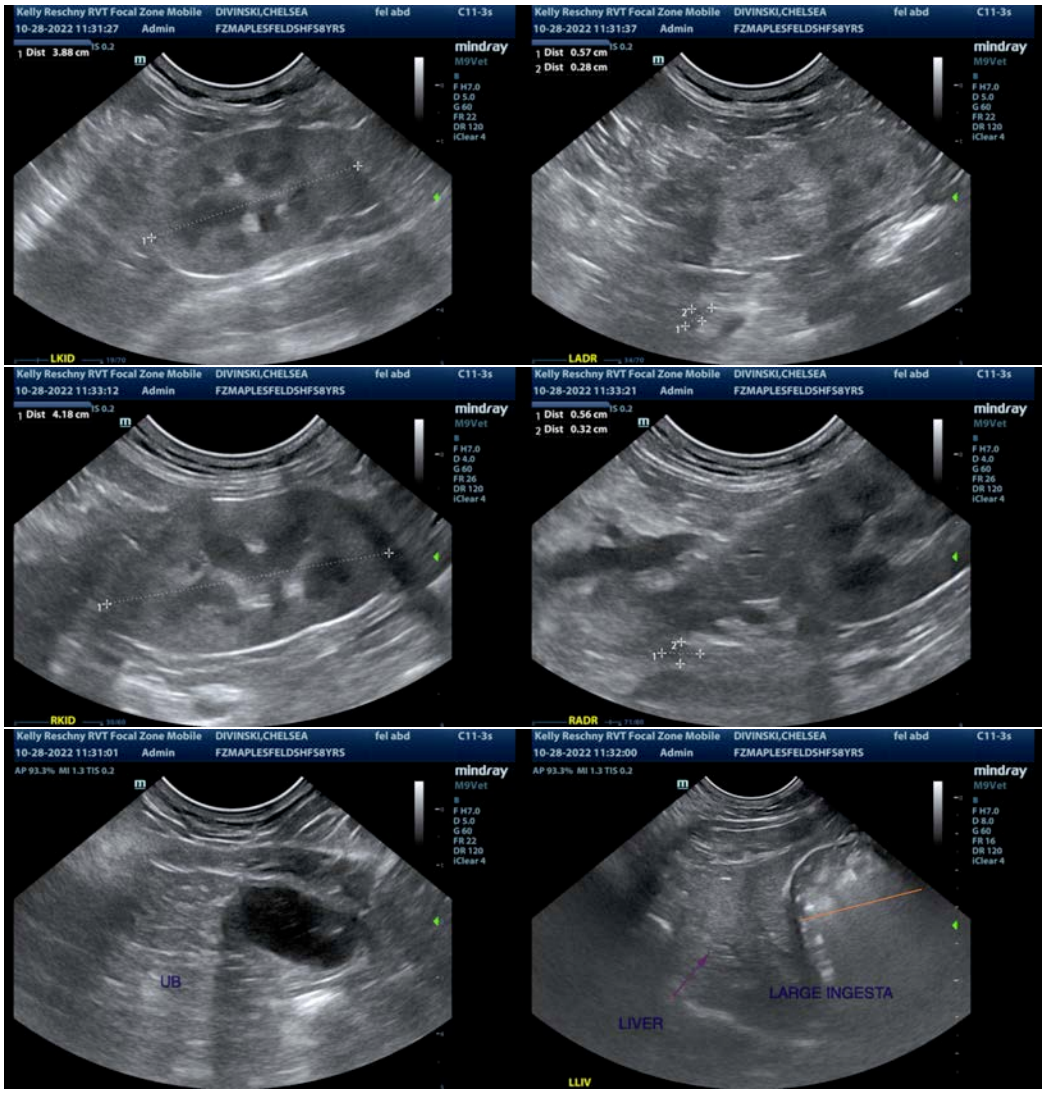
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- Consider liver biopsy with samples obtained for histopathology and culture
- If triaditis is suspected consider therapy for cholangiohepatitis, testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)
- Consider a feeding tube if patient is not eating for a prolonged period of time

There is a hypoechoic, rounded mass lesion visualized cranial to the right kidney. This is most consistent with an enlarged portal lymph nodes. Aspiration would likely be challenging due to the surrounding large vessels.

Despite fasting this pet will become ketotic if not getting insulin. This is another reason for a possible feeding tube and likely hospitalization to give injectable insulin based on BG levels.

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



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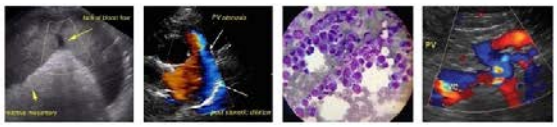

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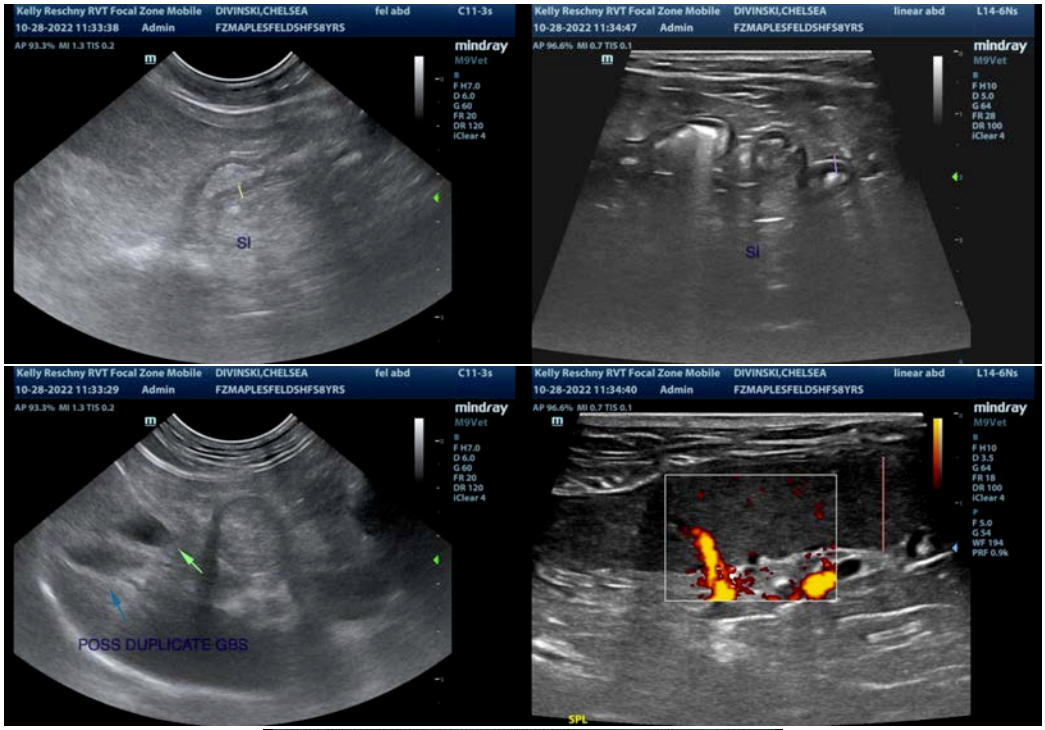

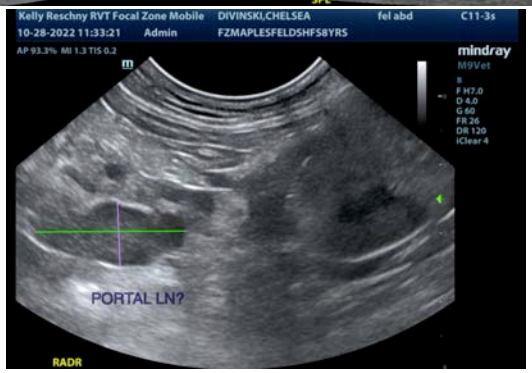

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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