



PATIENT

Ajax Donovan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

7.0 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

26780

DATE

10/29/21

PRESENTING CLINICAL SIGNS

Concern for decreased energy, decreased appetite. No reported vomiting or diarrhea Concern for weight loss- 0.8lbs in 6 months, concern due to renal disease and protein breakdown, poor absorption due to pancreatic insufficiency or other underlying metabolic disease. C has been periodically using an appetite stimulant to encourage eating. Started on RXV Zyme, Renal Support (Royal Canin) Pancreatic cysts noted on US in Aug 2020 Hypertensive, monitoring every 6 months, 10/20/21 avg 164/116/126 Abnormal PE/Chem/CBC/UA Results: Sept 2021 Labwork CBC - Wnl; Chemistry profile - From 9/13/21 Superchem: BUN 26 (14-36) Creatinine 2.0 (0.6-2.4) precision PSL 150 (8-26) RENAL TECH= positive From 2/26/21 Superchem: BUN 38 (14-36) Creatinine 1.8 (0.6-2.4) Cholesterol 223 (75-220) precision PSL 40 (8-26); Thyroid hormones - TT4- 1.6 (0.8-4); Urinalysis - USG 1.018 pH 5.5 urine chems: wnl urine sedi: nsf MA: 0.3 (<2.5)

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 (2.99 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.07 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.29 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.

There is a large mass effect in the area of the right adrenal gland, measuring 3.45 cm x 3.61 cm. It is discreet and somewhat mixed in echogenicity. Additionally, there is a questionable ill-defined structure medial to the right kidney, which could be consistent with an adrenal gland, measuring approximately 0.27 cm.

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 subjectively normal in size, and somewhat irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a mass effect in the right cranial abdomen measuring 3.45 cm x 3.61 cm. This mass could be arising from the right distal portion of the liver, right adrenal gland, or even the pancreas/stomach in the right cranial quadrant.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

Portions of the stomach are visualized and appear normal with normal thickness and mild gastric fluid/ingesta distention. I suspect the stomach is normal, but there is a mass effect in the right cranial quadrant that cannot be excluded as being involved in the GI tract, though thought unlikely.

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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 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Free Abdomen

No free fluid noted. Mild mesenteric lymphadenopathy noted with a lymph node near the cranial abdominal mass, measuring 0.75 cm. 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.

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Other

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

IMAGING PERFORMED BY

Carly Pate

ULTRASONOGRAPHIC FINDINGS

- Discreet mass effect in the right cranial quadrant of the abdomen – The origin of this mass effect is unclear. This could be hepatic or right adrenal in nature. Less likely it could involve the pancreas or gastrointestinal tract.
- Heterogeneous, irregular liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Suspect localized lymphadenopathy around the abdominal mass – This could represent reactive lymph nodes or metastasis.

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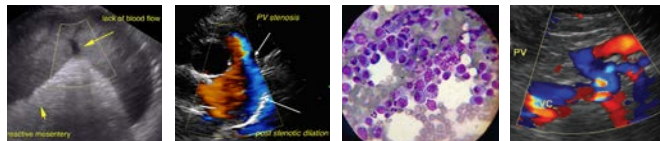
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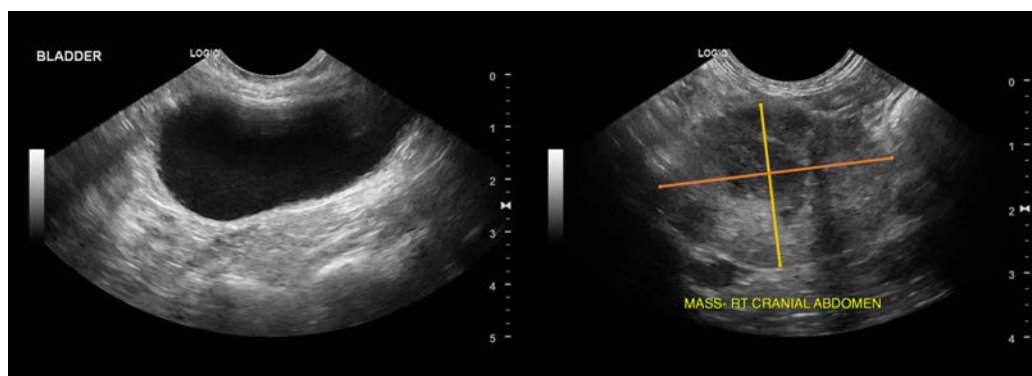
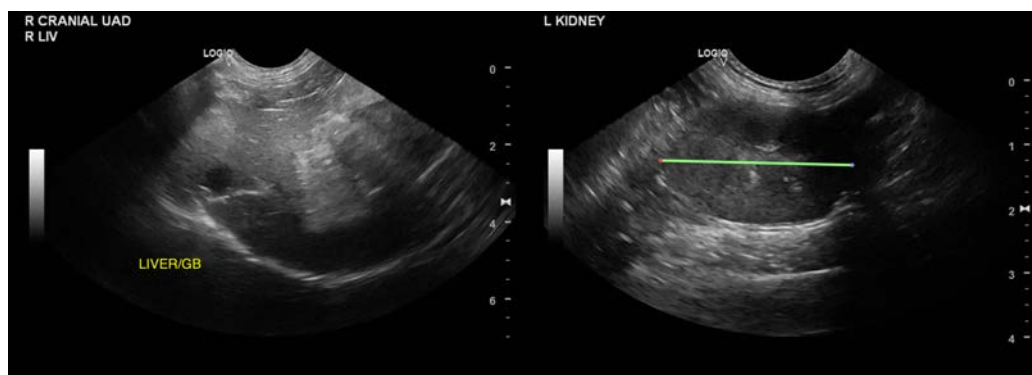
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect in the right cranial quadrant of the abdomen, which is solid and appears relatively discreet. The origin of this mass effect is unclear. It is in the area of the right caudal liver and right adrenal gland, but there is suspicion of a normal appearing adrenal gland, but I cannot completely exclude that as a possibility. Additionally, there is a history of pancreatic cysts. This would be a very atypical lesion for a pancreatic cyst, but could be a cranial pancreatic mass effect. I suspect this is unrelated, as the previous ultrasound was 14 months ago. Additionally, there appear to be localized enlarged lymph nodes. Options moving forward include:

- Recommend 3-view thoracic radiographs and blood pressure evaluation.
- Recommend urinalysis and culture.
- Consider a fine needle aspirate of the mass lesion. There is some risk if this is an adrenal mass, but the true incidence of complications is relatively low. You will need to make a clinical judgment here.
- Consider abdominal or whole body CT scan to further evaluate this mass effect and its feasibility for surgical resection.





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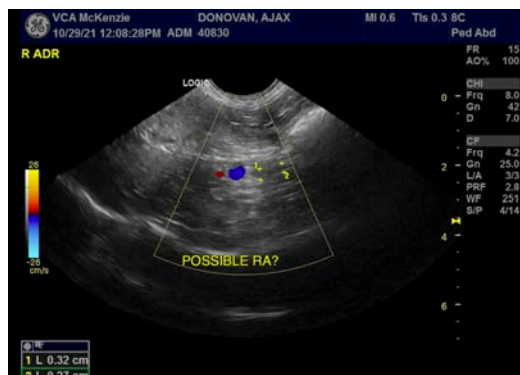
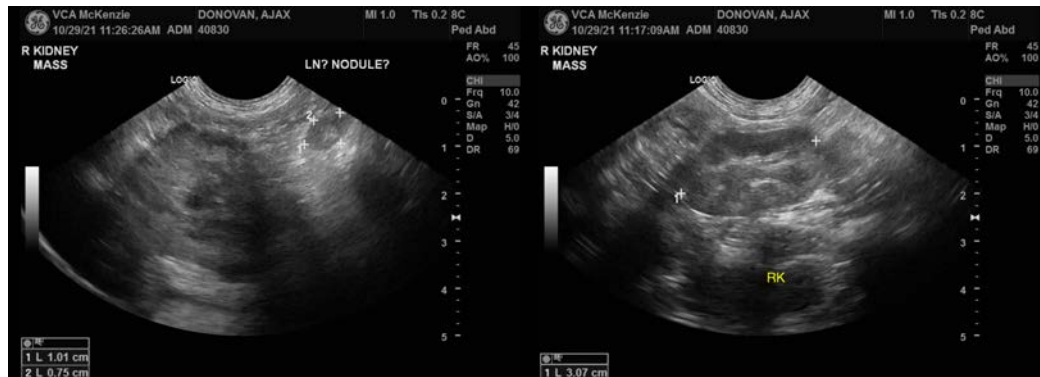
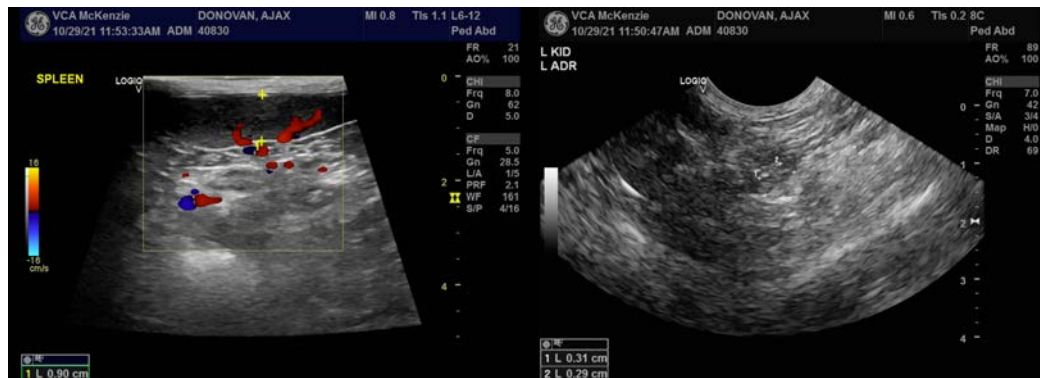
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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