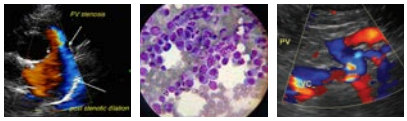
IMAGING PERFORMED BY

IntraPet.com

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**DATE**

11/1/22

**PATIENT**

Phil Kelley

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5/3/12

**WEIGHT**

14.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Stephanie Warga RDCS, RVT

**HOSPITAL NAME**

Edgewood VH

**REFERRING VET**

Dr. Wright

**INVOICE**

42421

## PRESENTING CLINICAL SIGNS

Losing weight.

Current Medications: Nothing currently.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined by ordering Dr. and Dr. on site.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.16 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 (3.91 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 0.39 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 0.45 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The liver parenchyma appears severely lobulated and heterogeneous, most consistent with numerous parenchymal mass effects measuring approximately 3-4 cm each. These appear expansile, deviating the liver margins. Small areas of more “normal” liver are visualized in contrast.

The gallbladder is not able to be clearly visualized in light of abnormal liver anatomy/pathology.

### *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. Jejunum wall measures 0.21 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 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 large amount of free fluid. No lymphadenopathy. The omentum is of normal echogenicity.

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

Imaging of an abdominocentesis procedure was performed.

## ULTRASONOGRAPHIC FINDINGS

- Large, severely heterogeneous, irregular liver with numerous intraparenchymal mass effects/lobulations – Findings are concerning for numerous liver masses. These could represent benign or neoplastic lesions, but they do appear to disrupt the normal hepatic architecture. Consider a fine needle aspirate.

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

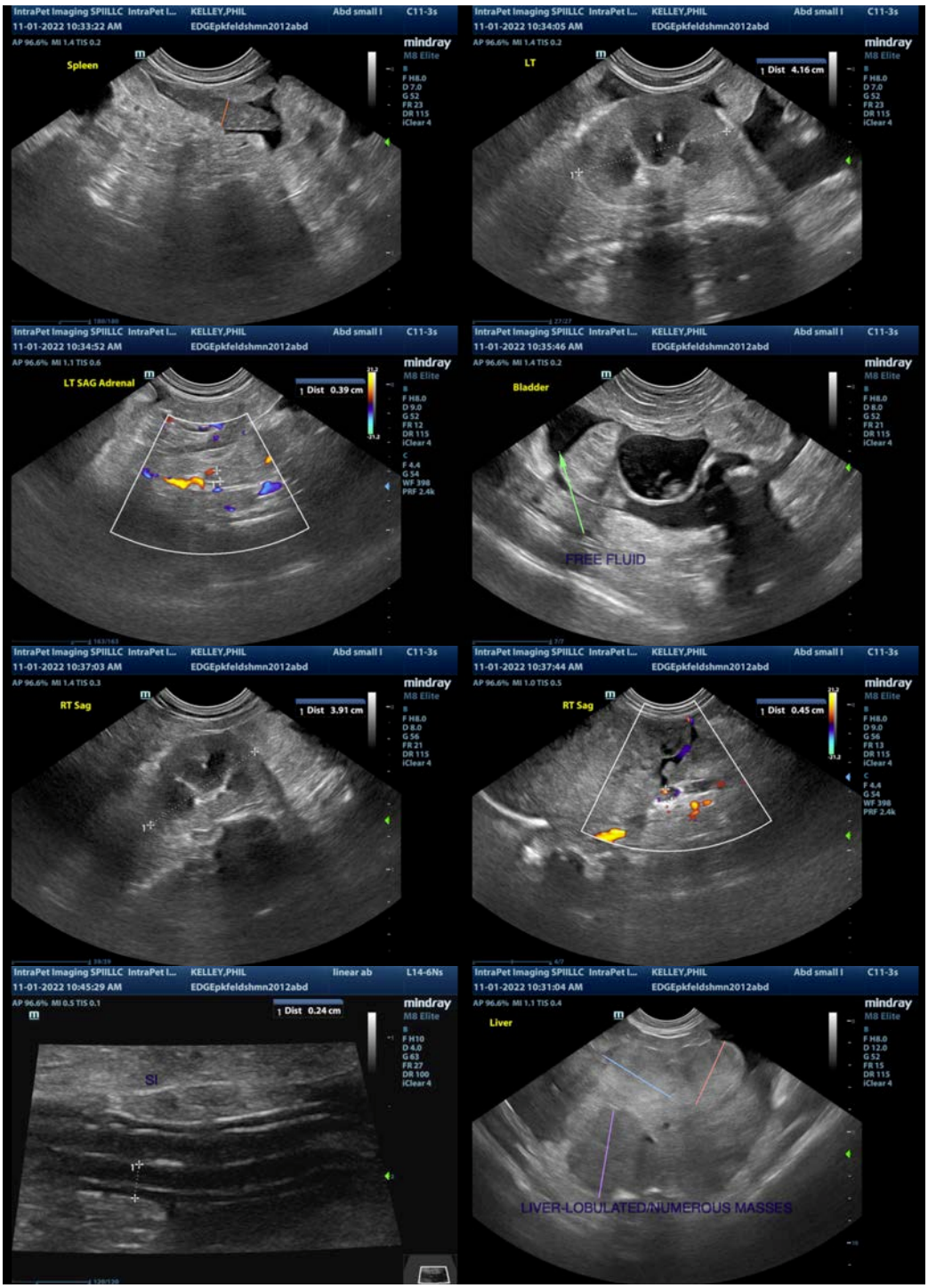
- Large amount of free abdominal fluid

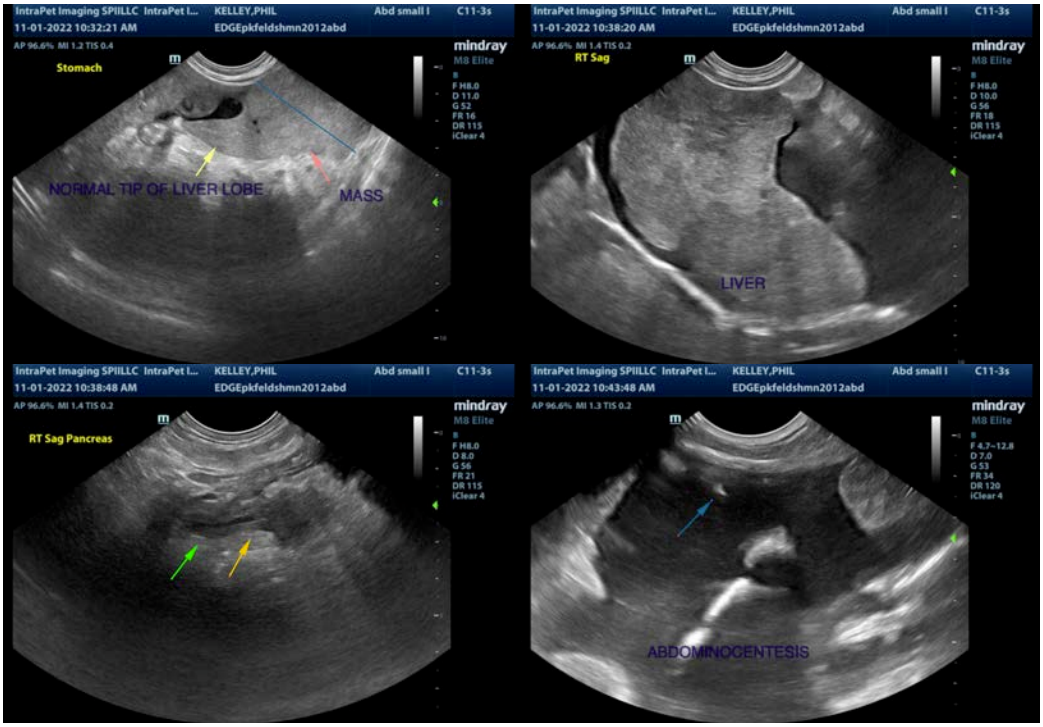
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of free abdominal fluid present, and the liver is very abnormal with a lobulated heterogeneous/mixed echogenic appearance, most consistent with numerous intraparenchymal mass lesions. Minimal “normal” liver is observed. Consider a fine needle aspirate and 3-view thoracic radiographs. I suspect the liver disease observed is the cause for the fluid in the abdomen. Recommend fluid analysis and cytology. If a cytologic diagnosis cannot be obtained, a liver biopsy may be necessary. Surgical resection seems unlikely based on the ultrasonographic appearance.

The pancreas appears hypoechoic and prominent. This could be consistent with mild current pancreatitis or previous episode of pancreatitis.

The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.






**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)
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