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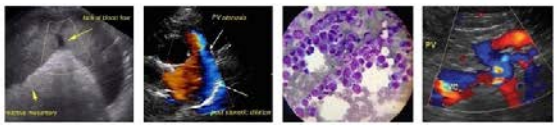


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Howard Brooks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

3.86 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Acton Vet Clinic

REFERRING VET

Dr. Gahadjar

INVOICE

43120

DATE

12/1/22

PRESENTING CLINICAL SIGNS

Howard has been having diarrhea and weight loss over the past few months. He was treated initially with tylosin and a gastro-intestinal support diet. This treatment went on for approximately 1 month with no improvements. He was then treated for IBD with hydrolyzed protein diets, tylosin and budesonide. This did not improve the clinical signs either. He was on this treatment for another month without improvement. He was recently placed on a high fibre diet plus oral chlorambucil 2-3 times per week and his stool quality improved slightly but the main problem was never resolved. Howard is still losing weight and having diarrhea despite eating well. meds: chlorambucil 2 mg q 48-72 hrs, maropitant 4 mg q 48 hrs

Abnormal PE/Chem/CBC/UA Results: CBC and chem 17 were unremarkable. snap fPL has consistently been abnormal

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 (3.79 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 (3.61 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 0.21 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.

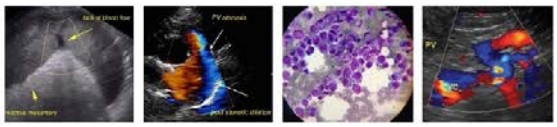
The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic, somewhat cystic, irregular mass effect visualized in the right side of the liver, measuring 2.0 cm x 1.35 cm.



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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 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. Jejunum wall measures 0.19 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. In some views, there is a section of bowel visualized with a thickened wall and narrowed lumen. In these areas, the bowel wall measures at 0.67 cm and it is hypoechoic with reduced detail of wall layering. The diameter bowel in this area is 1.56 cm. Findings are concerning for possible infiltrative disease, as there is an enlarged local lymph node.

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 irregular lymph node near the abnormal section of bowel measuring 0.75 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic, irregular, mildly cystic hepatic mass – Findings could be consistent with a benign cystadenoma, carcinoma, other.
- Hypoechoic, thickened area of bowel – I suspect this is proximal colon, although this cannot be definitively determined. There is concern for infiltrative disease such as round cell neoplasia, carcinoma, etc., although other benign differentials are possible. Recommend fine needle aspirate.
- Large, irregular lymph node adjacent to the abnormal section of bowel – The appearance is concerning for a metastatic lymph node, but a reactive lymph node is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an abnormal section of bowel with a thickened wall and decreased detail of wall layering. I suspect this is colon, but this cannot be definitively determined based on the images provided. There is inflammation and an enlarged, irregular, abnormal lymph node adjacent to this section of bowel. Recommend a fine needle aspirate of the bowel wall and possibly the lymph node if it is able to be reached.

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

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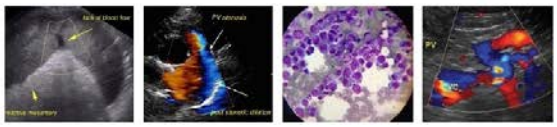

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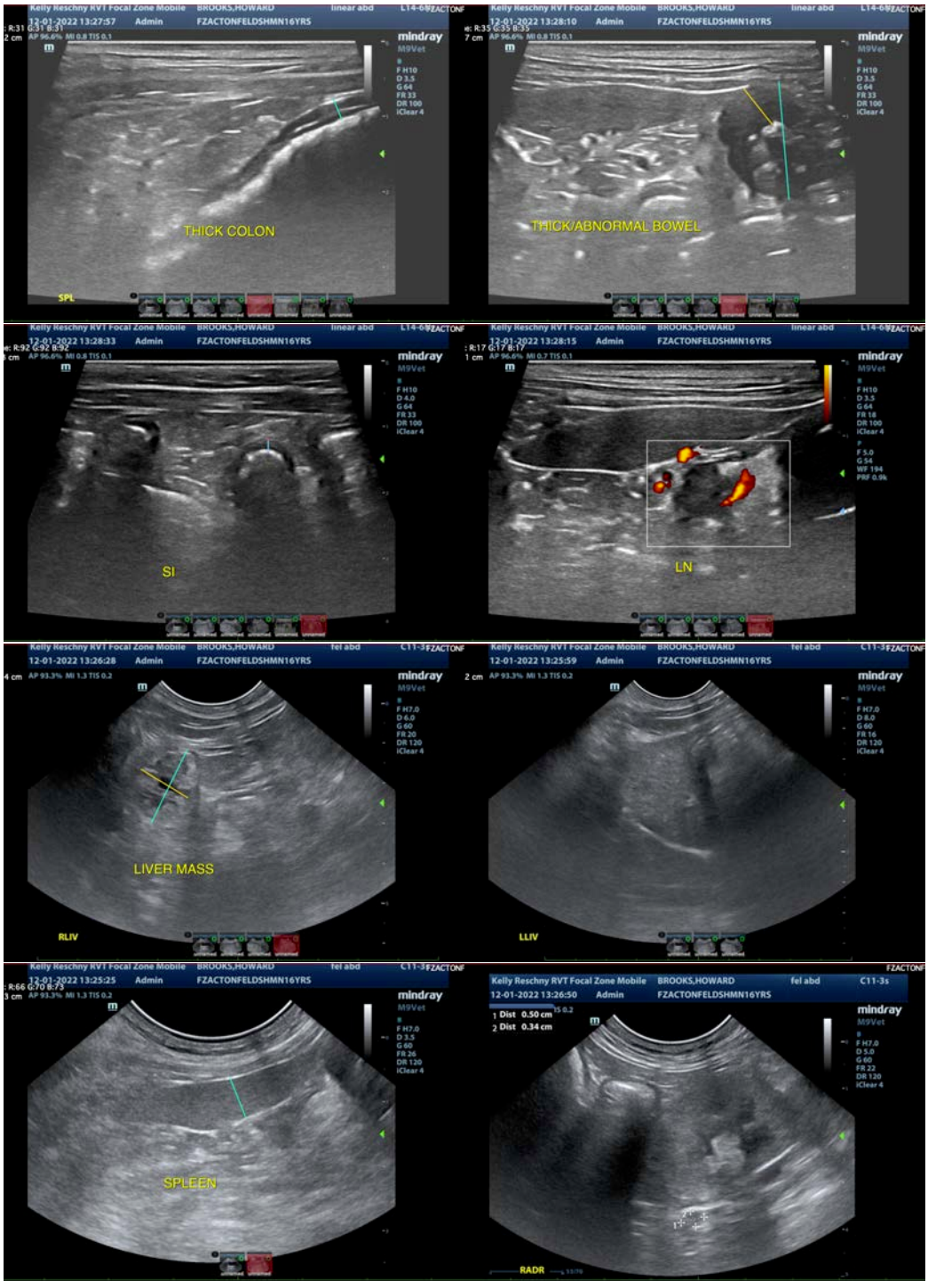
Additionally, there is a mass effect in the liver. This could be unrelated and be a benign or neoplastic lesion. Alternately, but less likely, this could represent a metastatic lesion. Consider a fine needle aspirate.



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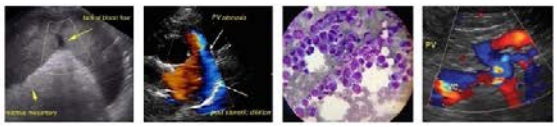

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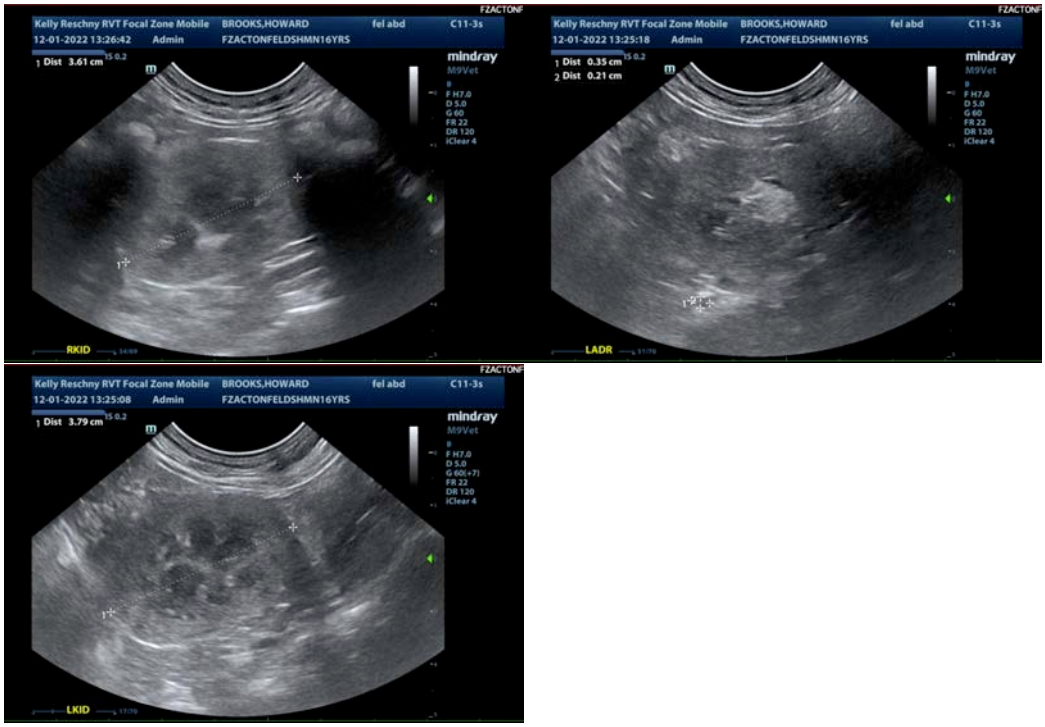

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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