IMAGING PERFORMED BY

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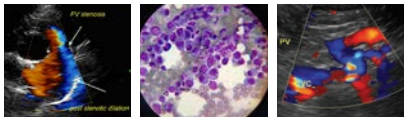

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DATE

12/14/21

PATIENT

Jimmy Cochrane

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

1/1/06

WEIGHT

8.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chrest

HOSPITAL NAME

AMC of Dulaney Valley

REFERRING VET

Dr. Chrest

INVOICE

33410

PRESENTING CLINICAL SIGNS

History: Unexplained weight loss.
Current Medications: prescription kidney diet & Epakatin 1 scoop BID started 10/2/21; Mirataz ear gel 11/12/21.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Dexdomitor prior to sonographer arrival.
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 (4.1 cm) with mild pyelectasia of 0.25 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal/borderline small, measuring 3.63 cm with decreased corticomedullary distinction and pyelectasia of 0.33 cm. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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 0.42 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a somewhat irregular hyperechoic mass effect visualized on the left side of the liver, measuring 2.5 cm x 2.9 cm. This mass effect is at the peripheral caudal margin of the liver.

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.

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 measured 0.26 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 are numerous patchy, hypoechoic nodules visualized throughout the pancreatic tissue, varying in size from 0.25-1.0 cm. There is no evidence of significant regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. 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.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic pancreatic nodules – differentials include pancreatic nodular hyperplasia or less likely pancreatic neoplasia. Consider fine needle aspirate.

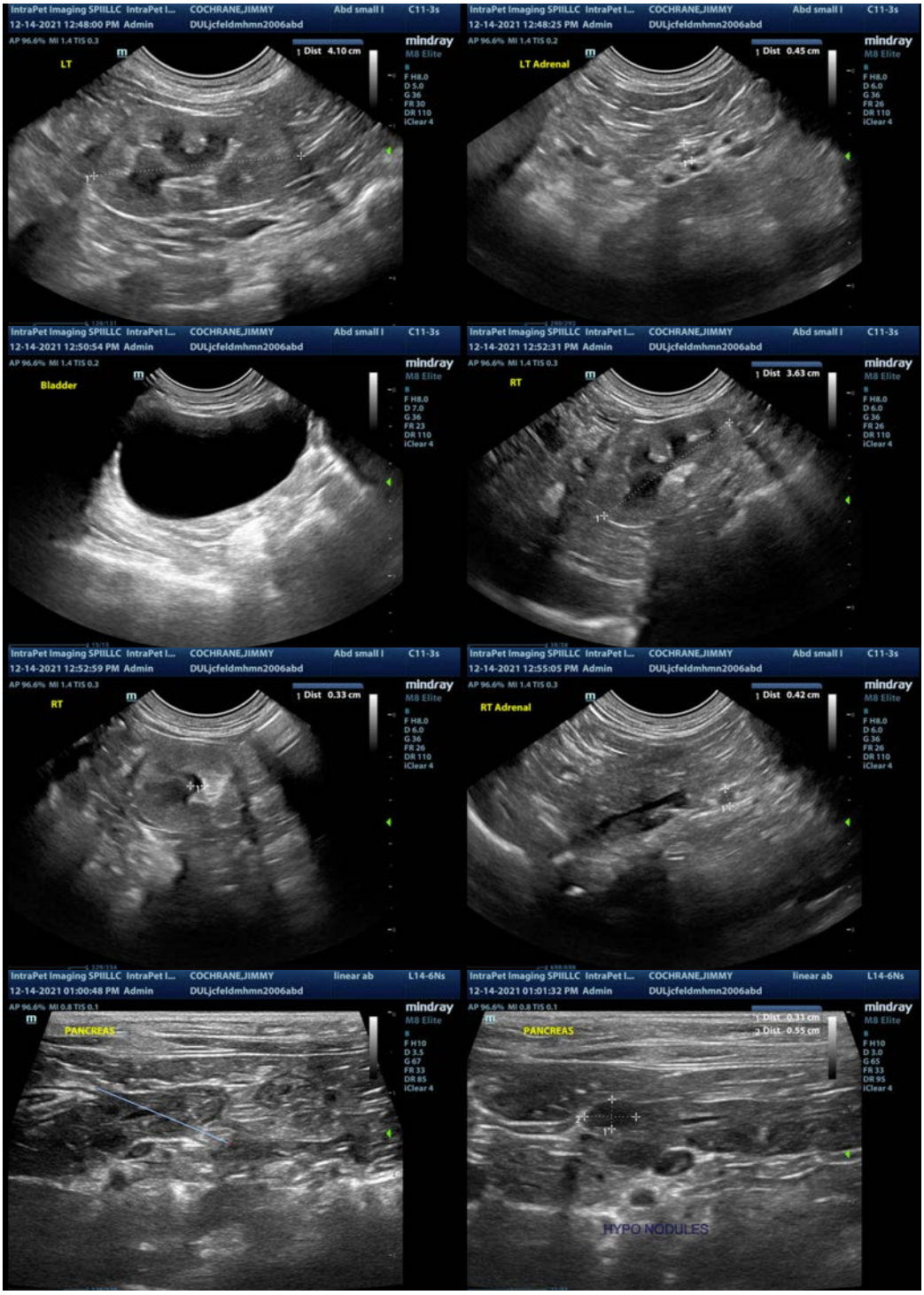
- Focal, hyperechoic liver mass – could be consistent with a benign or cancerous lesion. Recommend fine needle aspirate.

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a relatively large, hyperechoic liver nodule visualized. This could represent a benign or cancerous process. Recommend fine needle aspirate of the mass effect. Based on location, I suspect this could be surgically resected. Recommend 3-view thoracic radiographs and a fine needle aspirate of a pancreatic nodule as well to try to make sure this does not represent metastatic neoplasia.

The changes visualized in the kidneys are consistent with chronic progressive disease. Additionally, the pyelectasia could be associated with a current or previous infection. Recommend urinalysis and culture, blood pressure evaluation, and urine protein/creatinine ratio.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PANCREAS
mindray
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PANCREAS
1 Dist 0.31 cm
2 Dist 0.55 cm
HYPO NODULES
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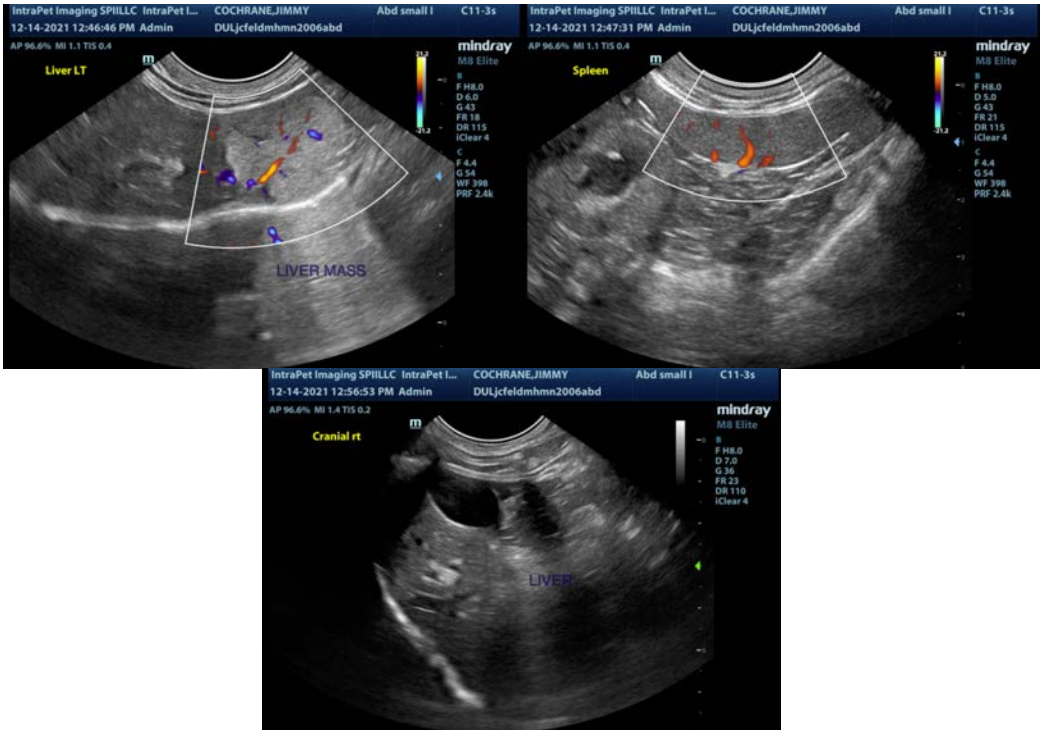

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com