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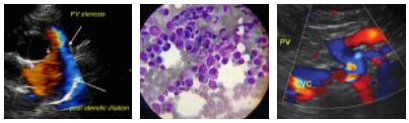

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DATE

12/17/21

PATIENT

Jesus McDowell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/21/2008

WEIGHT

8.9 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Sorum

INVOICE

13113

PRESENTING CLINICAL SIGNS

History: Weight loss over past 6 months. No v/d. No abnormalities on PE or lab work.

Lab Results: Bloodwork in June and on 12/8 all WNLs. T4 WNLs.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Propofol IV.
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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.56 cm). Overall echogenicity is normal with adequate 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 (3.42 cm). Overall echogenicity is normal with adequate 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 0.37 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 0.37 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 The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hyperechoic nodules visualized within the splenic parenchyma, measuring 0.4 cm, 0.18 cm, 0.24 cm.

Liver

The liver is subjectively normal in size, and echogenicity with an irregular shape. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous cystic lesions within the liver parenchyma. Caudally, there is a hyperechoic discreet cystic lesion consistent with a cystic mass effect, measuring 4.45 cm x 3.5 cm. The more normal isoechoic liver tissue is also cystic with a less distinct cystic region/mass effect, measuring 3.4 cm x 5.2 cm.

The gall bladder 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. It is difficult to differentiate the gallbladder and bile duct from the cystic regions of the liver.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.22 mm in diameter. 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 mottled compared to the surrounding isoechoic mesentery. There are numerous ill-defined hypoechoic nodules throughout the pancreatic tissue. Findings are most consistent with nodular hyperplasia.

Free Abdomen

No free fluid present. There are some (prominent but not enlarged) mesenteric lymph nodes in the region of the ileocecal junction, measuring 0.13 cm and 0.19 cm. The omentum is of increased echogenicity around these lymph nodes.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly mottled spleen with numerous hyperechoic small ill-defined nodules. Findings are likely consistent with benign nodules, but underlying neoplasia cannot be excluded as a possibility.
- Large irregular liver with cystic mass and diffuse cystic intraparenchymal lesions. Findings are most consistent with benign hepatic cysts +/- masses. These could be benign or cancerous mass lesions.
- Diffusely nodular mottled pancreas. Findings are most suggestive of pancreatic nodular hyperplasia. A fine needle aspirate would be necessary to differentiate from underlying neoplasia.
- Prominent muscularis layer to the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

Secondary Findings

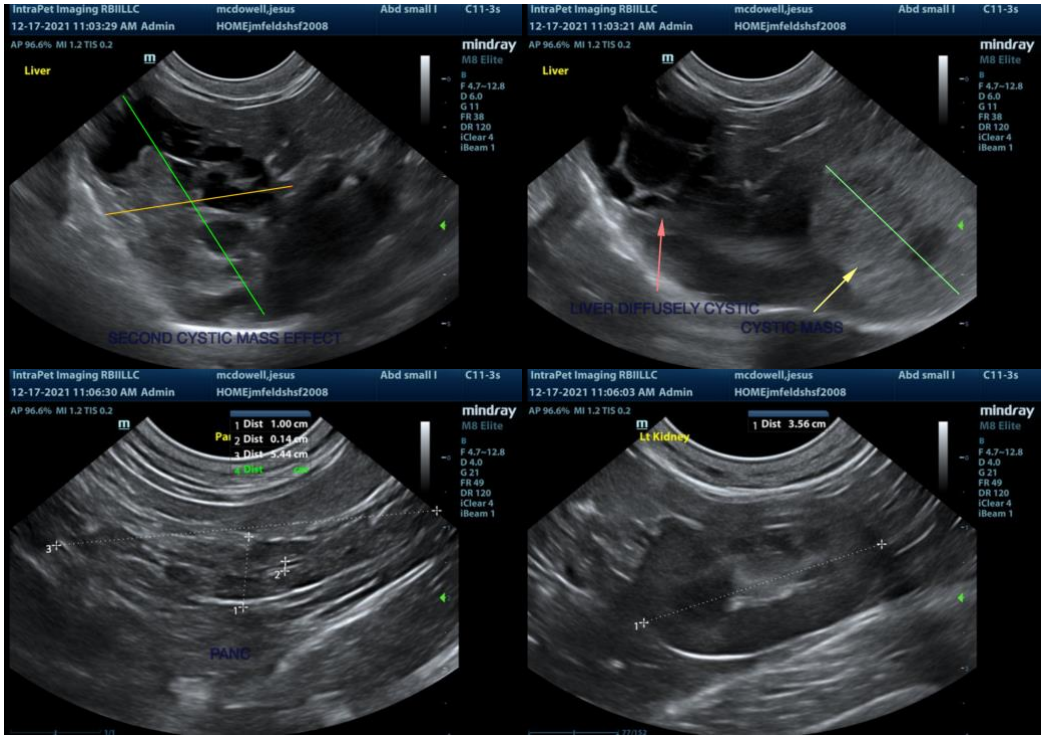
- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

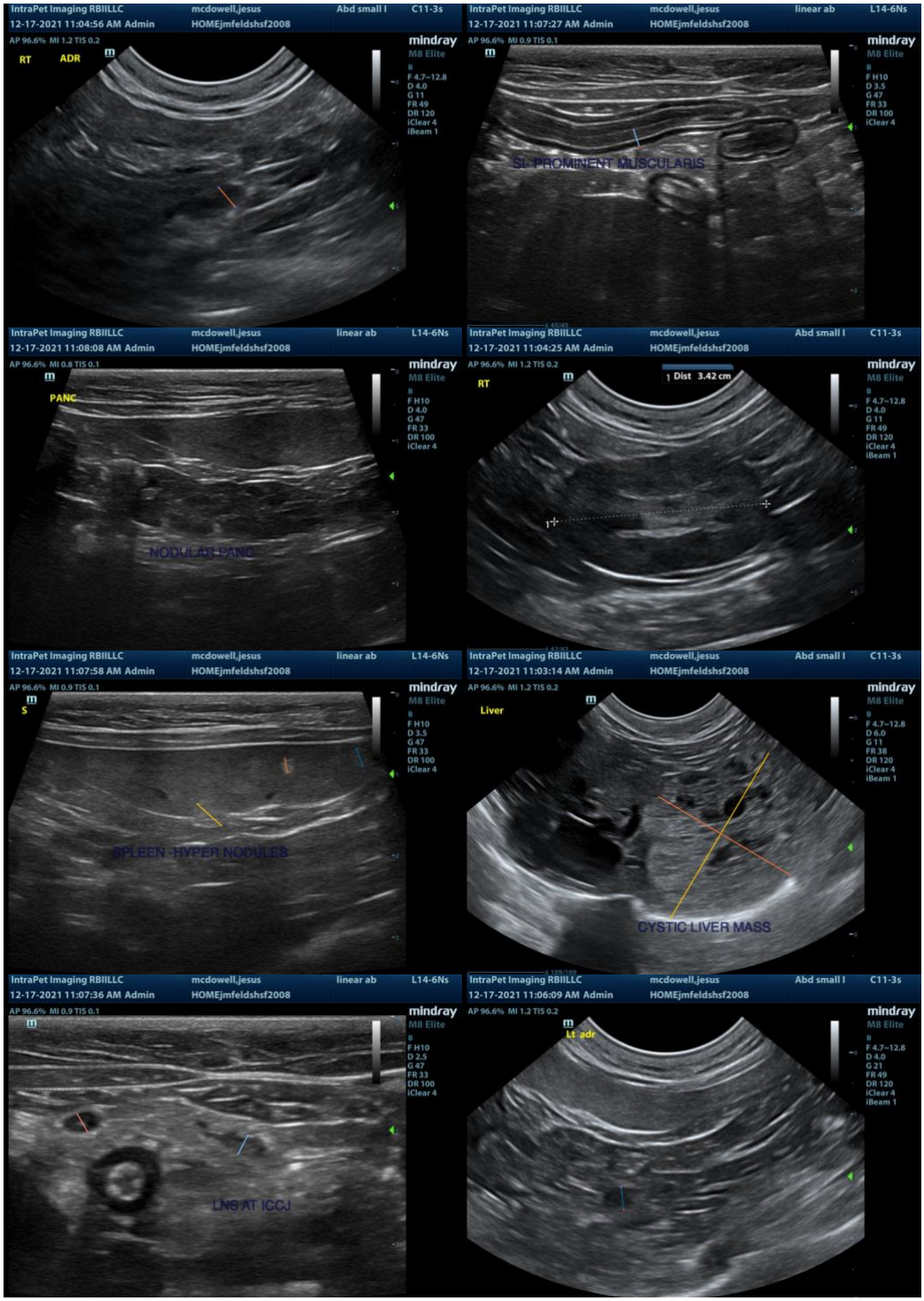
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most prominent lesion visualized are the changes to the liver. There are numerous cystic regions and a more discreet mass effect. These could very well represent benign cystic masses, but underlying neoplasia is a possibility, and the size of the mass effect can sometimes cause discomfort, weight loss, etc. If surgical removal would be an option, I recommend at CT scan with contrast to further evaluate the area for possible resection. There are nodules visualized within the pancreas and spleen. These likely represent benign processes but underlying neoplasia cannot be excluded as a possibility. Consider a fine needle aspirate of the spleen +/- pancreas if desired.

Additionally, the muscularis layer to the small intestine is slightly thickened and there are some prominent but not enlarged mesenteric lymph nodes. This could be consistent with an underlying small intestinal issue contributing to weight loss. You could consider a GI panel (to Texas A & M) for a qualitative FPLI, TLI, cobalamin and folate both to evaluate the pancreas and small intestine for abnormalities. A small intestinal disease is suspected. You could consider a therapy with a novel protein/hydrolyzed protein prescription diet and GI biopsies, if no response is seen.

Recommend three-view thoracic radiographs.





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.

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