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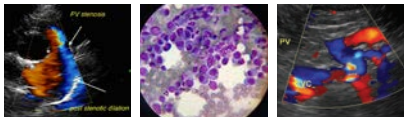

SonoPath
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DATE

12/20/22

PATIENT

Bagheera Wayman

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

5/31/07

WEIGHT

10 lb 12 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

43570

PRESENTING CLINICAL SIGNS

Has been losing weight the past 2-3 months. She has not had any vomiting, diarrhea or change in appetite. Her bloodwork appears normal. Concerned that she may have intestinal disease as the cause of the weight loss.

Current Medications: On eye meds- Tacrolimus and Megesterol Acetate Ophthalmic drops.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 (3.62 cm) with mild pyelectasia at 0.15 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.49 cm) with mild pyelectasia at 0.28 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.93 cm in width at the level of the hilus), 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 focal peripheral irregular nodule visualized measuring 0.6cm.

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 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. Jejunum wall measures 0.31 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 a large mass effect in the cranial abdomen that appears associated with the pancreas. This mass effect is hypoechoic, irregular, and partially cystic, measuring approximately 4.06 cm x 3.95 cm. 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 no significant lymphadenopathy . The omentum is hyperechoic and prominent around the cranial abdominal mass.

PRIMARY FINDINGS

- Large, irregular, partially cystic mass effect in the region of the pancreas. The pancreas itself is hypoechoic and irregular with hypoechoic nodules – Findings are concerning for pancreatic neoplasia (round cell neoplasia, adenocarcinoma, etc.). Recommend a fine needle aspirate.

- Prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.

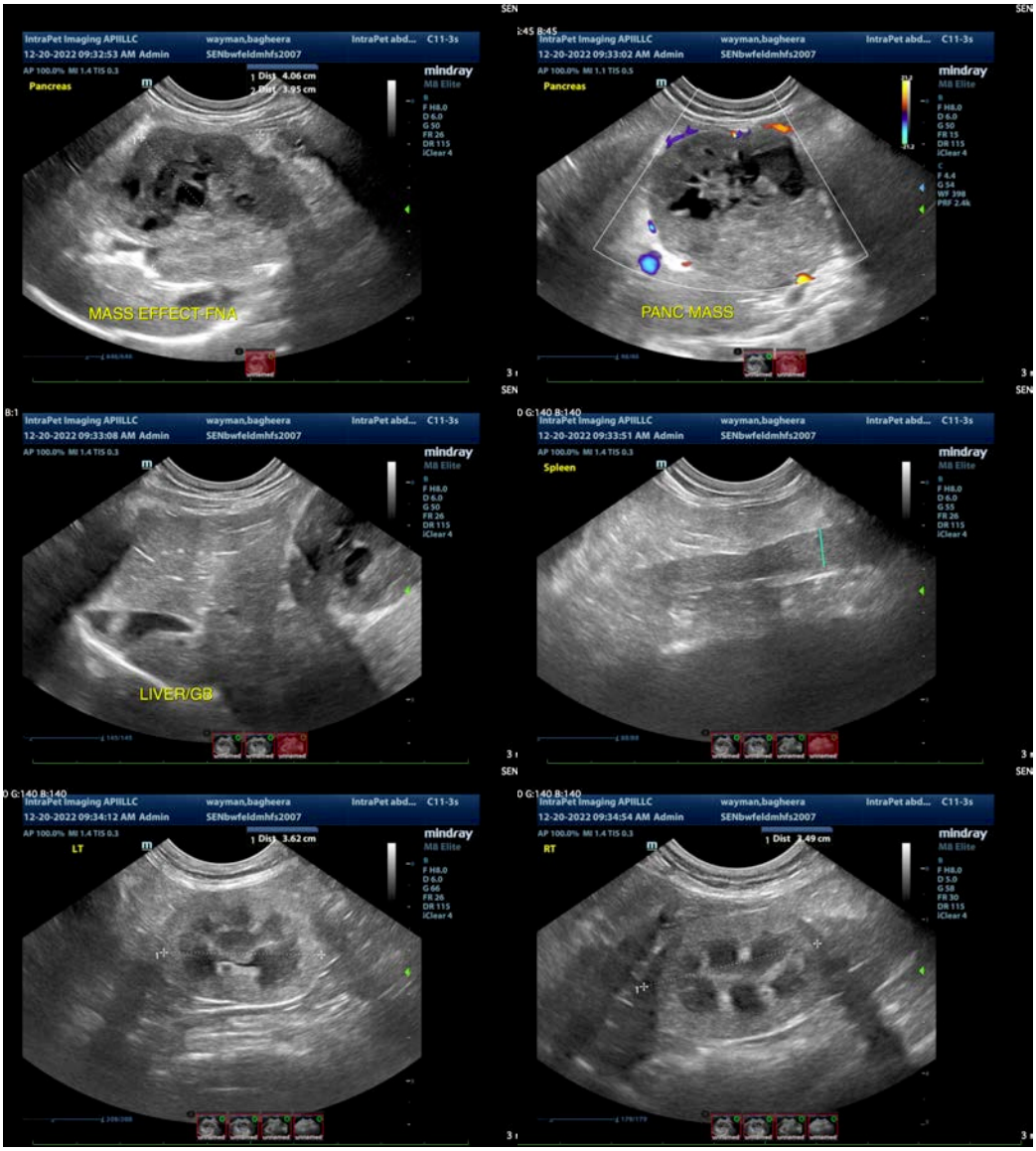
- Irregular peripheral liver nodule-This could be consistent with a benign or neoplastic nodule. This disrupts the hepatic margins increasing concern for a metastatic lesion

SECONDARY FINDINGS

- Mild pyelectasia in both kidneys – Pyelectasia of the kidney(s)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 large, somewhat cystic, irregular cranial abdominal mass that appears associated with an irregular, hypoechoic, slightly nodular pancreas. Recommend a fine needle aspirate of this lesion and 3-view thoracic radiographs.
Additionally there is an irregular peripheral hepatic nodule observed which could be concerning for a metastatic lesion. If possible consider a fine needle aspirate of this as well.
If a cytologic diagnosis cannot be obtained, recommend referral to a veterinary surgeon for surgical evaluation and likely biopsies.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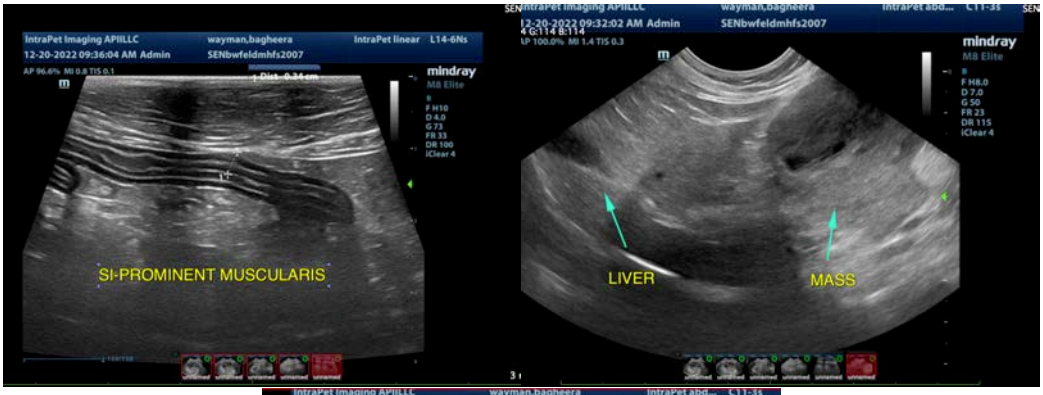

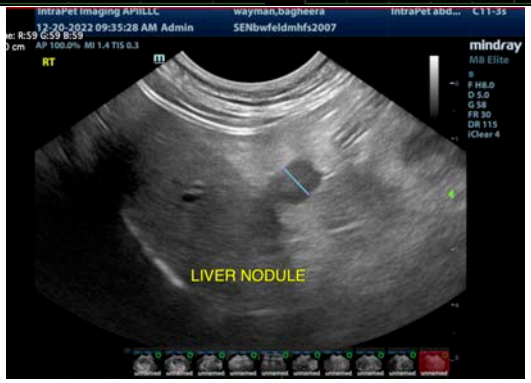

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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