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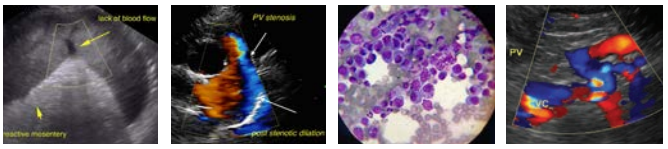


PATIENT
Sandy Covell

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
10 Years

WEIGHT
12.4 Pounds

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

IMAGING PERFORMED BY
Dr. Dana Nause

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Danan Nause

INVOICE
33626

DATE
12/21/21

PRESENTING CLINICAL SIGNS

anorexic, lethargic, weight loss, mm pale/icteric
Abnormal PE/Chem/CBC/UA Results: BUN42, Creat 2.9, CA 12.0, ALT 148, ALKP 115, TBIL 2.4, RBC 4.64, HCT 23.9, HGB 7.3, RDW 29.4, Neut 0.33, Mono 1.17, Baso 0, PLT 25, PCT 0.04

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***Note that images submitted under Sandy Covell are labeled Daniela Covell.**

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 (3.8 cm) with pyelectasia at 0.27 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 has a normal shape and size (4.3 cm) with increased echogenicity and decreased 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 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 not clearly visualized. The area of the spleen is normal.

Liver

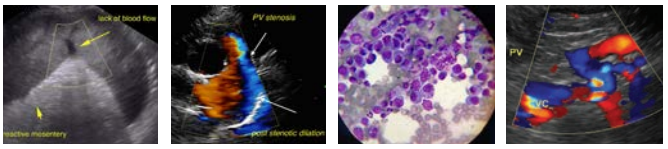
The liver is large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 bile duct appears tortuous and dilated, measuring 0.43 cm in diameter. No obstruction is visualized within the bile duct or gallbladder.

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. The duodenum measured as normal



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(between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 area of 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 hypoechoic, well demarcated mass effect/lymph node caudal to the liver measuring 1.5 cm x 1.0 cm. This lesion is most consistent with a lymph node or less likely a pancreatic mass. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Dilated common bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other). No discreet intraluminal obstruction is observed (stones/mucus plugs, etc.). The observed mass does pass in the area of the bile duct, but bile duct dilation is not visualized in the area of the mass effect.
- Mass effect/lymph node caudal to the liver – Differentials would include an enlarged lymph node, pancreatic mass, other.
- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left 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

The liver is very large and hyperechoic. These findings would be most consistent with either lipidosis or lymphoma, although other differentials exist. Recommend a fine needle aspirate of the liver provided coagulation parameters allow this safely. Additionally, the bile duct (but not the gallbladder) is somewhat dilated, but no distinct obstruction is visualized. Consider adding Ursodiol and monitoring closely.

There is a mass effect caudal to the liver, which is most consistent with either an abnormal lymph node or possibly a pancreatic mass, etc. Recommend a fine needle aspirate of this lesion.

Both kidneys appear irregular with left-sided pyelectasia. This could be consistent with early renal disease, or even neoplastic infiltration. Recommend urinalysis and culture and blood pressure evaluation.

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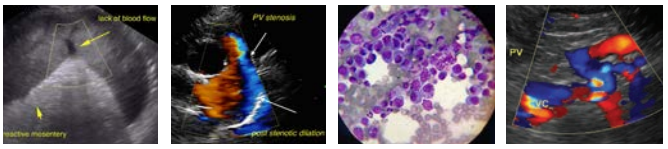

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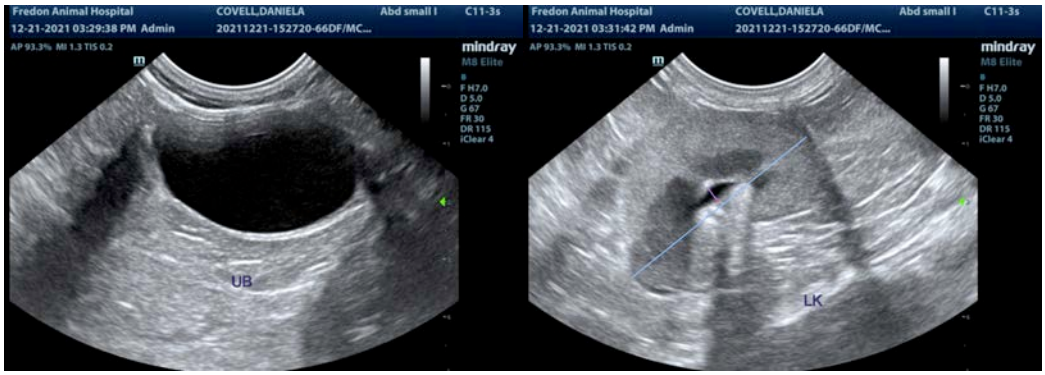
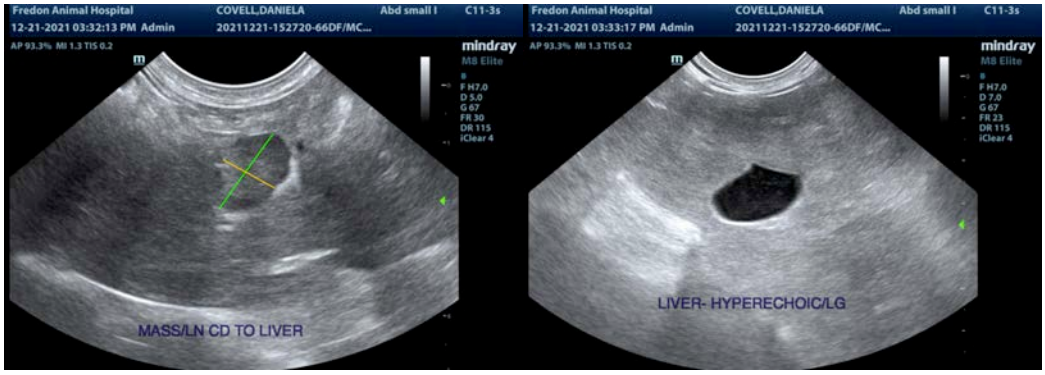
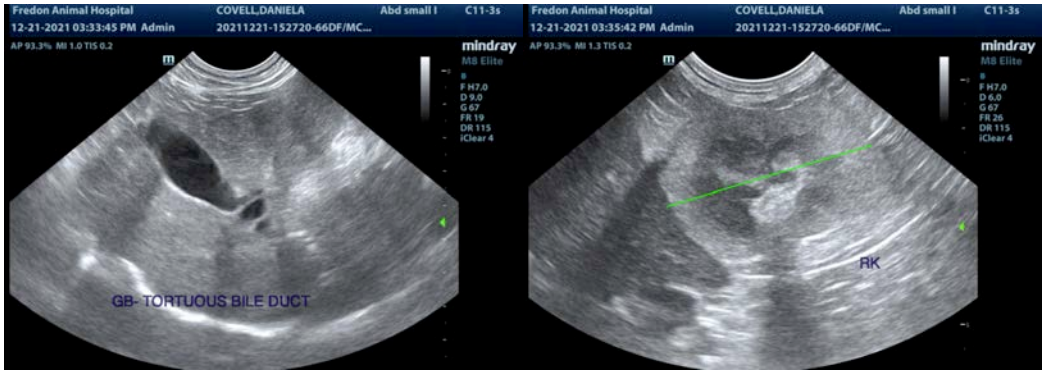
Recommend 3-view thoracic radiographs to look for evidence of concurrent intrathoracic disease, and if this patient continues not to eat, a feeding tube may need to be considered.







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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