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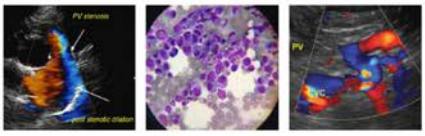

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Albert Bartlett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Briarwood Vet Hospital

INVOICE

43745

DATE

12/27/22

PRESENTING CLINICAL SIGNS

Wt loss over past 3-4 months - was 13#, now 10.4. Not as active, episode of vomiting and diarrhea. Seems quieter than normal. Is FIV + History of cystitis and feline herpes.

Abnormal PE/Chem/CBC/UA Results: FIV + Elevated SDMA, Liver shaped irregularly noted xray

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 (4.64 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 (4.59 cm) with several nephroliths visualized. Some of these appear to be within the renal pelvis. The renal pelvis is moderately distended at 0.38 cm. There is evidence of right ureteral dilation with the ureter measured at 0.38 cm in the mid abdomen.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 0.36 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 borderline large (0.95 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 large, hyperechoic cystic mass effect visualized from the left side of the liver measuring approximately 3.84 cm x 4.42 cm.

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 moderate fluid/ingesta. It measures at a normal thickness of 0.29 cm 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.

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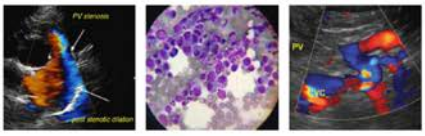

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.27 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 mottled compared to the surrounding isoechoic 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 are prominent mesenteric lymph nodes at the ileocecal junction, one of which measures at 0.42 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Large, hyperechoic cystic mass lesion on the left side of the liver – Findings are most consistent with a cystadenoma, although other differentials are possible.
- Right renal pelvic and ureteral dilation with small stones visualized in the renal pelvis – There is no evidence of an obstruction visualized, but the renal pelvic stones are concerning for a previous or more distal obstruction.
- Prominent lymph nodes near the ileocecal junction – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Borderline large spleen – This could be within normal limits for a larger cat. Alternately, consider congestion or infiltrative disease.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right renal pelvis is dilated and there are stones evident in the kidney and in the renal pelvis, but no evidence of current obvious obstruction, although a more distal obstruction is possible and could be causing pain, etc.

Recommend urinalysis, culture, and a blood pressure evaluation. Additionally, abdominal radiographs looking for any mineralizations in the region of the path of the right ureter are recommended. If there is significant hematuria present or a stone suspected, then a contrast study (contrast CT scan or excretory urogram) may need to be considered, looking for a stone, stricture, etc.

There is a large hyperechoic cystic lesion visualized in the liver. The appearance of this lesion is most consistent with a benign cystadenoma, but other differentials are possible. I would suspect the symptoms reported are likely associated with the renal changes observed, although correlate these

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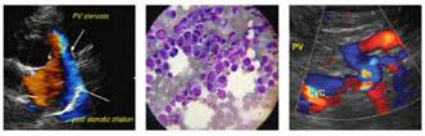

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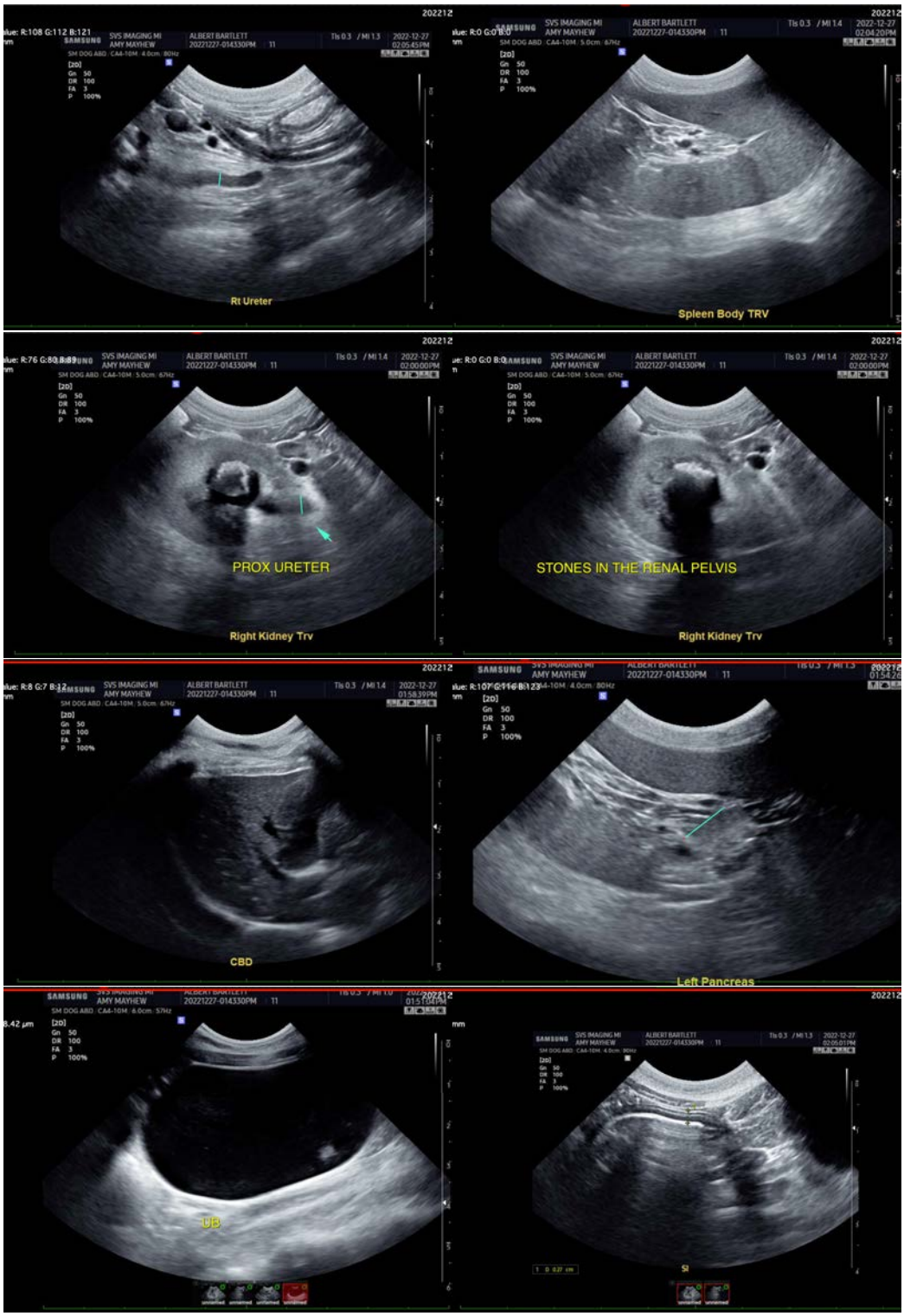
findings looking for liver enzyme elevations, etc. with an indication that this could be causing clinical signs. A contrast CT scan could be considered of the liver, and surgical removal could be considered.

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



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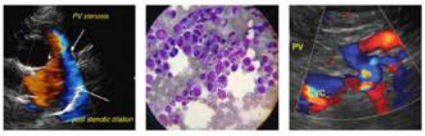

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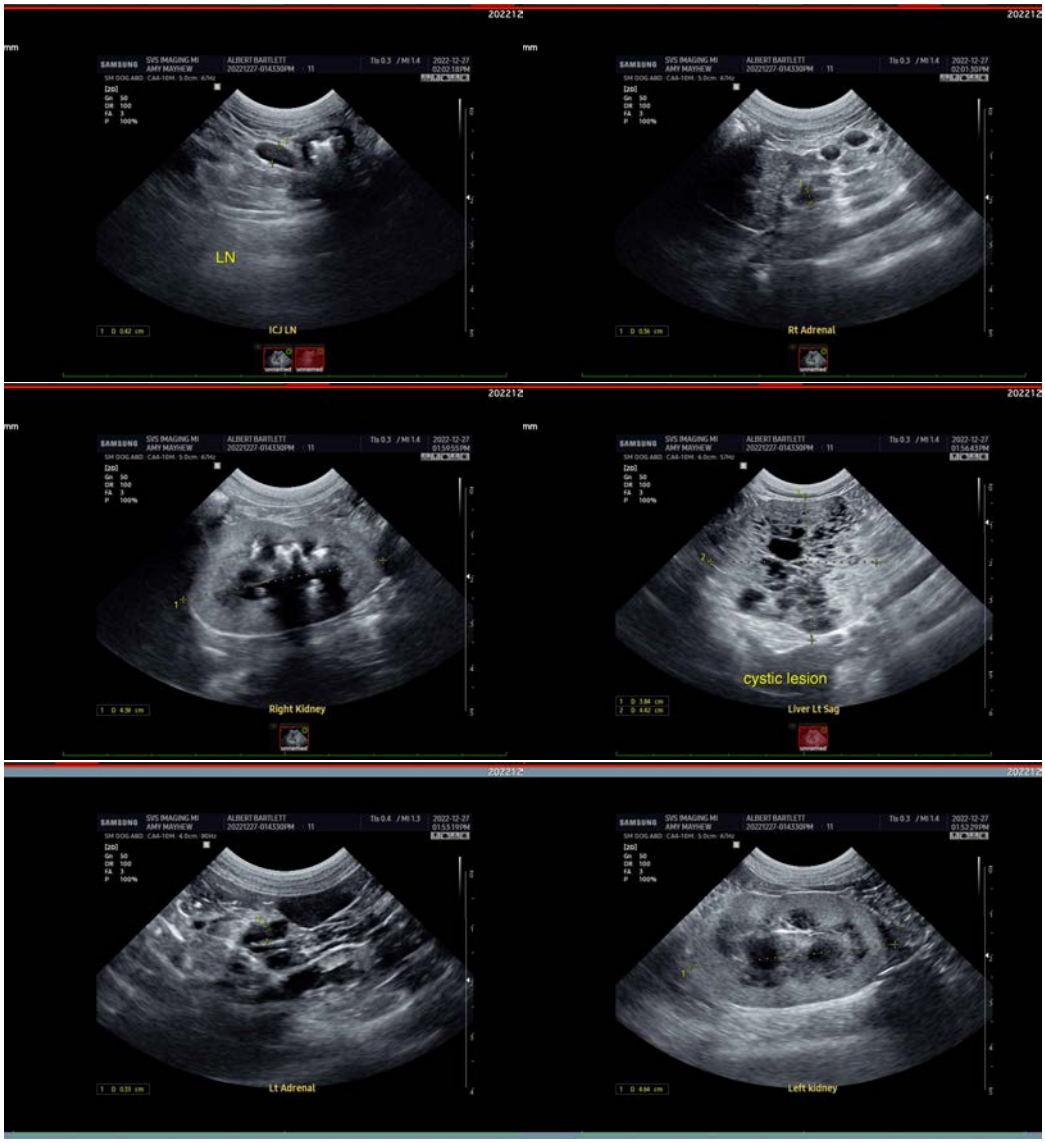

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com