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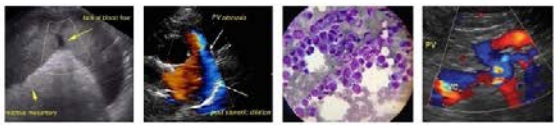

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Walter Gibberson-McKay

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Queensway AH

REFERRING VET

Dr. Bilinsky

INVOICE

33378

DATE

12/9/21

PRESENTING CLINICAL SIGNS

ADR, some fur missing off of belly prior to shaving, has been licking. Mild increased SDMA. No meds. Rest of blood unremarkable, overall scan to see why he is off.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.96 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.98 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.31 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 0.38 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large, irregular, hypoechoic mass effect that appears to be arising from the liver measuring 4.9 cm x 2.9 cm. This tissue appears to involve the area of the pancreas and also could be involving the pancreas, as there is similar tissue caudal to the spleen and medial to the left kidney (in the area of the pancreas).

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.

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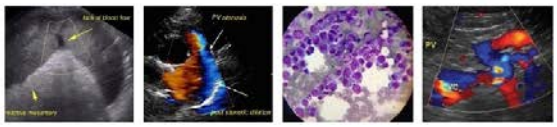

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Gastrointestinal

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 (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 pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is a hypoechoic, irregular mass effect in the region of the pancreas, visualized medial to the spleen. The mass in this area measures 3.2 cm x 3.34 cm. This mass effect has a similar appearance as the mass visualized which appears to be coming off of the liver, so this could be an extension of that original mass, or a second mass.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cranial abdominal mesenteric lymphadenopathy with mesenteric lymph nodes measuring 0.5, 0.7 cm. The omentum is of increased echogenicity in the cranial abdomen and around the cranial abdominal mass.

PRIMARY FINDINGS

- Hypoechoic, irregular cranial abdominal mass – suspect this is of hepatic origin. There is also a mass visualized more caudally, which could be a second mass or an extension of the primary suspected hepatic mass. The other differential would be pancreatic origin.
- Cranial abdominal lymphadenopathy – Differentials include inflammation, infection, or neoplasia.

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular hypoechoic mass effect in the cranial abdomen, which appears to be arising from the liver, but it is also involved in the area of the pancreas, and similar abnormal tissue is visualized more caudally in the area of the pancreas, so this could be an extension of the original mass or a second mass.

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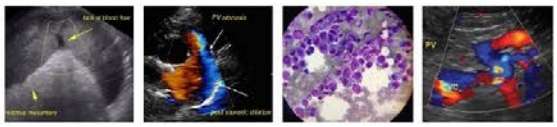

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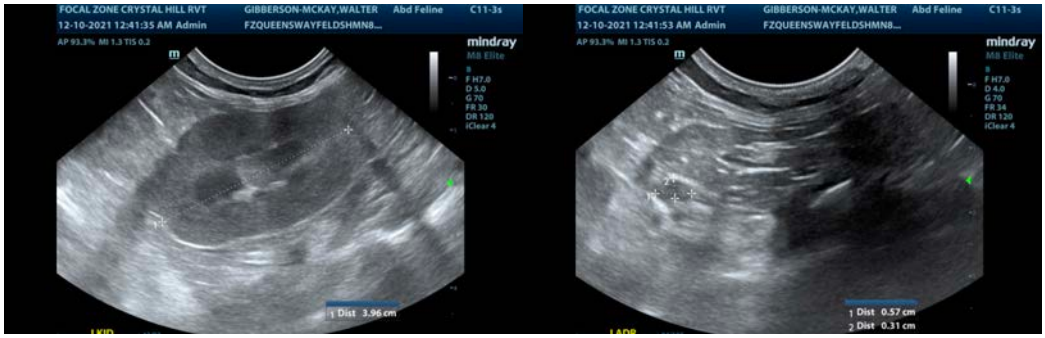
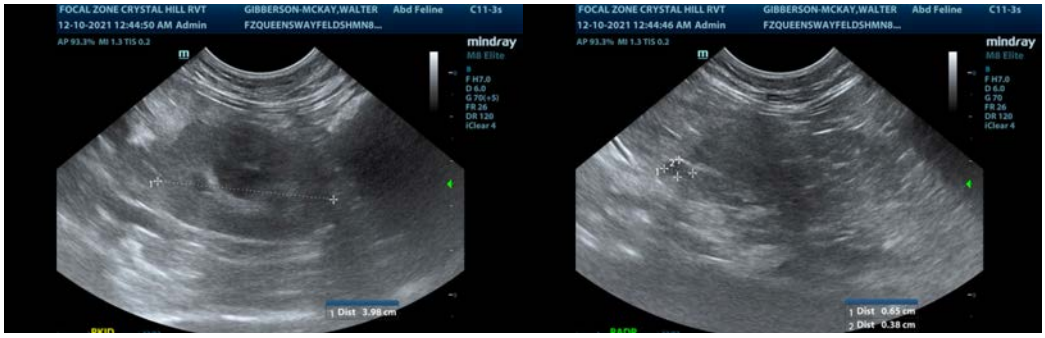
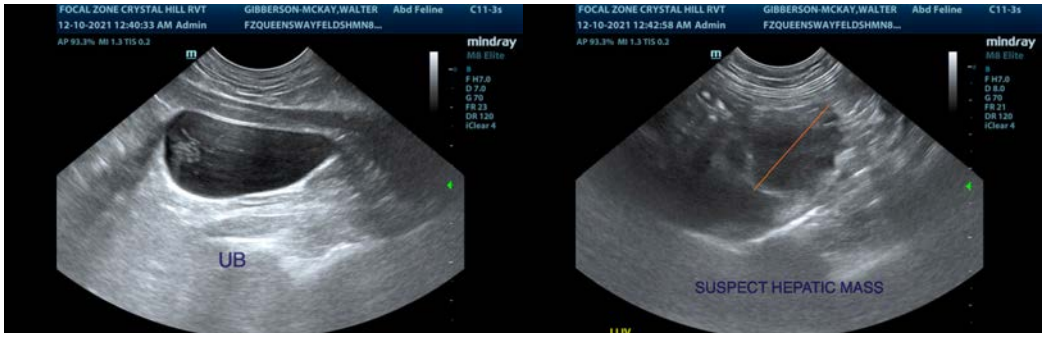
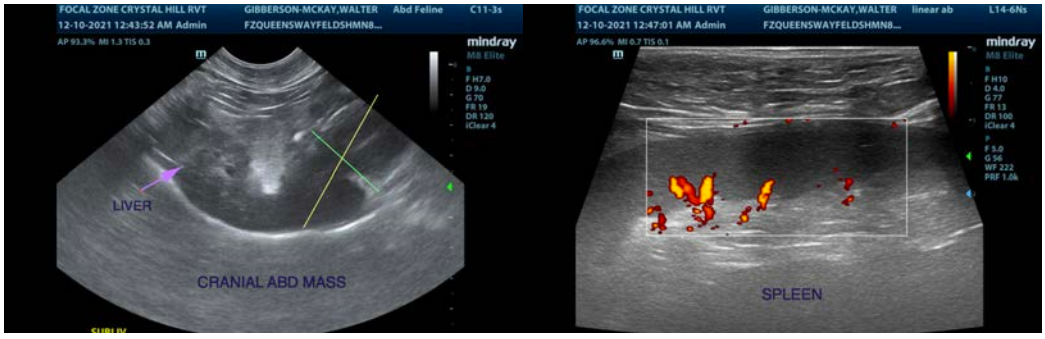
- Recommend 3-view thoracic radiographs.
- Recommend fine needle aspirate of the mass effect.
- If surgical resection is considered, a contrast CT scan would be ideal to better determine organ of origin and the extent of disease to determine if this is surgically resectable.









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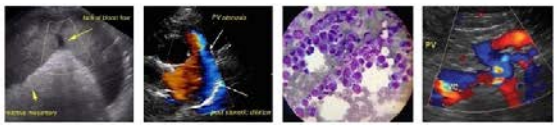

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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