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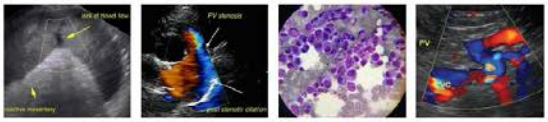

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Cricket Yepez

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

12.7 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

INVOICE

35670

DATE

2/15/22

PRESENTING CLINICAL SIGNS

Current Problem List: Elevated GLOB Elevated liver values Leukocytosis and neutrophilia recent onset of possible seizure activity Heart murmur Presenting Complaint: Presenting for abdominal ultrasound to investigate elevated GLOB and liver values and look for extra-cranial causes of recent seizure activity. Pertinent Diagnostic Results: 2/3/22 Senior Profile 1 GLOB 6, ALT 246, AST 108, ALP 156, GGT 12, TBILI 1.3, CREA 1.5. Serum Icteric WBC 18.9, NEU 14364 PLTs low, but slide review reported adequate. MEDS: Vetri-Liver supplement Amoxi Drops 1 mL BID

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 (3.94 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 (4.4 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 .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 0.32 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 in size (measuring 1.0 cm in height 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 large in size and irregular. 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 prominent hyperechoic, almost target-like lesion visualized in the left side of the liver measuring 2.15 cm x 2.7 cm.

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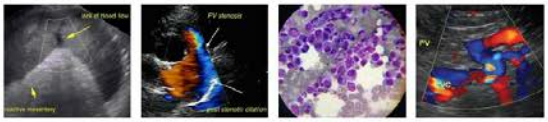

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 measured 0.21 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Occasional prominent mesenteric lymph nodes noted, measuring 0.54, 0.36 cm. The omentum is generally of increased echogenicity.

Other

There are some prominent vessels visualized caudal to the left kidney. These could represent normal anatomic variation or shunting vessels (acquired shunts?) if liver function is abnormal. The significance of these vessels is currently unclear.

PRIMARY FINDINGS

- Large, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild to moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Large, heterogeneous liver with large hyperechoic mass lesion in the left side – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. Differentials for the hyperechoic lesion include a benign or malignant tumor, granuloma or abscess.

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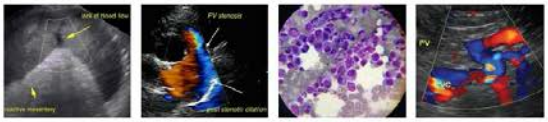

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- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent mesenteric lymph nodes – 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 – The significance of this is currently unclear, as there are no focal lesions visualized. A fine needle aspirate can be considered if round cell neoplasia is high on your list.
- Prominent vasculature caudal to left kidney – Significance is unclear. Consider acquired shunting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the liver are significant. The lesion is large and could be consistent with a tumor, granuloma, etc. Consider a fine needle aspirate of this lesion as well as a fine needle aspirate of "normal" appearing liver.

Additionally, the pancreas appears large and inflamed, most consistent with active pancreatitis. Correlate these findings with a quantitative fPLI, TLI, cobalamin and folate level (GI panel to Texas A&M), as the muscularis layer in the small intestine appears prominent. These findings could be consistent with Triaditis, underlying neoplasia, etc.

The significance of the prominent vasculature caudal to the left kidney is unclear. If liver function is significantly abnormal, this could be acquired shunts, but this is not the typical appearance. You could consider a CT scan of the abdomen to further evaluate the mass effect for surgical removal and the caudal abdominal vasculature.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement. If this patient is not eating well, a feeding tube may need to be considered to prevent the development of hepatic lipidosis.

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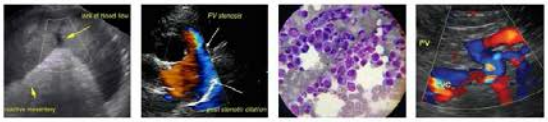

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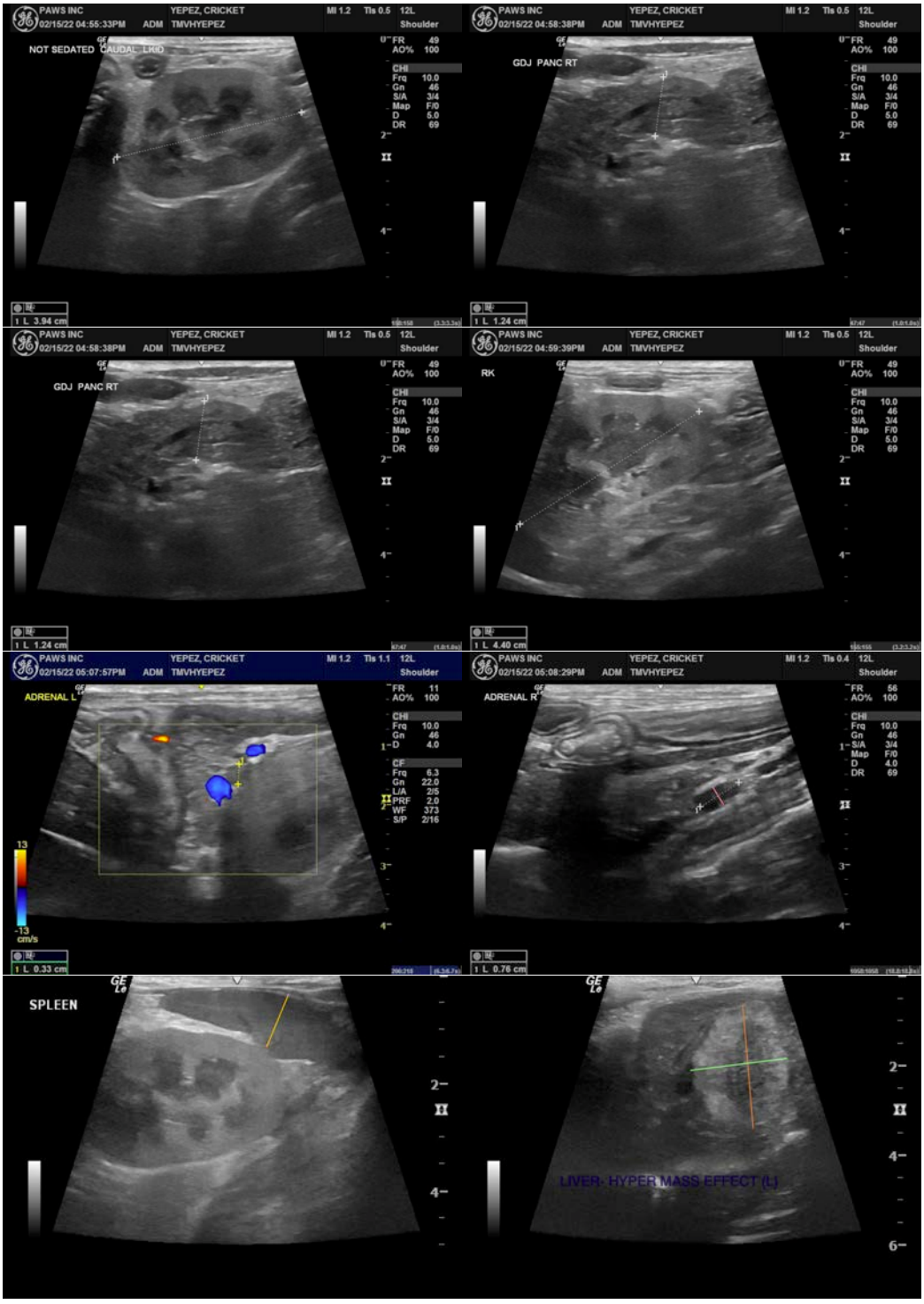

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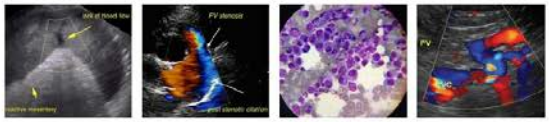

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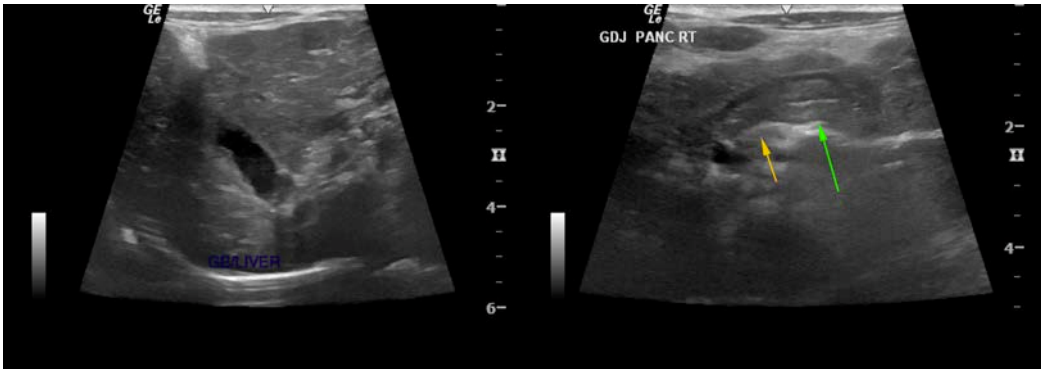

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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