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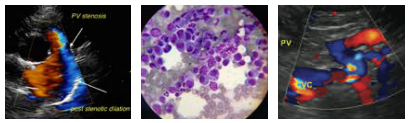

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DATE
2/17/22

PATIENT
Allie LaMartina

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
4/18/13

WEIGHT
7.66 lbs

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

HOSPITAL NAME
Everhart VH

REFERRING VET
Dr. Rubinstein

INVOICE
96140

PRESENTING CLINICAL SIGNS

History: Pet had URI 1 month ago and was started on azithromycin, URI did approve however, since then has not been eating well, losing weight
Current Medications: Mirtazapine-Transdermal-Every Other Day
Cerenia- Oral- Every 24 hours.
Lab Results: Creat: 2.0, USG: 1.014, Mild eosinophil elevation. Attached separately.
Radiographs: Hepatomegaly, Biliary tract mineralizations, Splenomegaly mediastinal widening possibly by consolidated lung lobe or mediastinal mass.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall is largely normal, but there are at least two focal irregularities toward the mid apical aspect of the urinary bladder. One measured 1.41 cm in diameter and the other measured 0.45 cm. These are most consistent with mass effects, but could also be benign polyps. The area of the trigone, proximal urethra and ureteral papillae appear normal and free of any mass effects or calculi.

The left kidney has a normal shape and size (2.81 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 (3.51 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 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, 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. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended with largely anechoic luminal contents. The dependent portions of the gallbladder contained mineralized sandy debris. The cystic and common bile ducts appear normal/not visible. The wall of the gallbladder 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 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 hypoechoic as compared to the surrounding isoechoic mesentery. The pancreatic duct was dilated. There is a large, hypoechoic mass effect in the right cranial aspect of the abdomen measuring 2.56 x 2.21 cm. This lesion appears to be coming off the right limb of the pancreas. In some views this mass lesion appears to have a hypoechoic center. Differentials include a neoplastic mass effect, an atypical area of pancreatitis or pancreatic abscess.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is severely hyperechoic in the cranial abdomen particularly in the area around the pancreatic mass lesion.

Thoracic Cavity

There is an irregular, hypoechoic, solid mass effect that measured 3.49 x 2.51 cm. The mass was visualized from the right side of the thorax cranial to the heart and the mediastinal area. This lesion could be a mass effect, lymph node or less likely primary lung mass. Consider FNA.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Focal irregularities to the urinary bladder. This is most consistent with mass lesions. Of primary concern would be a transitional cell carcinoma, but this is in an atypical location and an inflammatory lesion is possible. I recommend urinalysis and culture.

- Pancreatic mass lesion. Differentials include neoplasia, pancreatic abscess and less likely focal pancreatitis.

- Mediastinal mass visualized from the right cranial thorax. Possible differentials would be a benign or neoplastic tumor, lymph node or less likely atypical lung mass.

- Severe mesenteric inflammation in the cranial abdomen.

SECONDARY FINDINGS:

- Sandy shadowing debris in the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass lesion in the right limb of the pancreas.
This is concerning for a neoplastic lesion although in some images there is a somewhat hypoechoic center so an abscess lesion is possible. Consider a FNA of this lesion.
Consider percutaneous drainage and installation of Baytril if fluid consistent with an abscess is obtained.
Submit fluid analysis, cytology and culture if fluid samples are obtained.
Depending on the nature of this lesion ,you can consider medical therapy i(f stable) with intralesional antibiotics and treatment for pancreatitis (if this appears to be an abscess) with close monitoring via ultrasound.
If it is a neoplastic lesion,I recommend consultation with a veterinarian oncologist regarding treatment options and prognosis. If a diagnosis cannot be obtained based on cytology ,surgical evaluation could be considered.

Additionally there is a mass lesion in the mediastinal area. This could represent a benign or cancerous lesion but given the other leasions a neoplastic process is thought likely.
Consider an FNA of this lesion. If surgical evaluation is considered ,I would recommend a CT scan of the thorax. Three view thoracic radiographs are recommended to evaluate for possible metastasis and fluid (this has likely already been don).

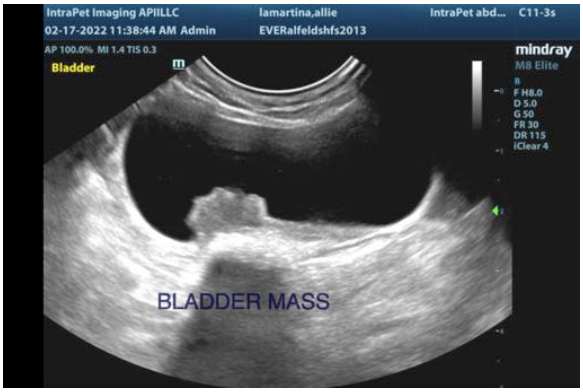
There are two mass lesion on the urinary bladder. Options for further evaluation of these lesions include:

- Urinalysis and culture to look for an inflammatory source for possible polypoid lesion. If there is no evidence of inflammation diagnostic options would include either traumatic catheterization (can be challenging in a female cat) or surgical biopsies.

- A FNA can be considered as long as the risk for seeding the abdomen with neoplastic cells is considered.

Unfortunately these are three serious separate lesions.
These could be separate processes or the pancreatic and thoracic lesion could be related.
Depending on the clinical status of this patient, initial efforts would be aimed towards trying to obtain a cytological diagnosis of the pancreatic and thoracic lesion while providing medical support for pancreatitis.

The bladder lesions are less to become a significant problem in the near future and unfortunately either traumatic catheterization or surgical biopsies may be necessary to obtain a diagnosis.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Bladder
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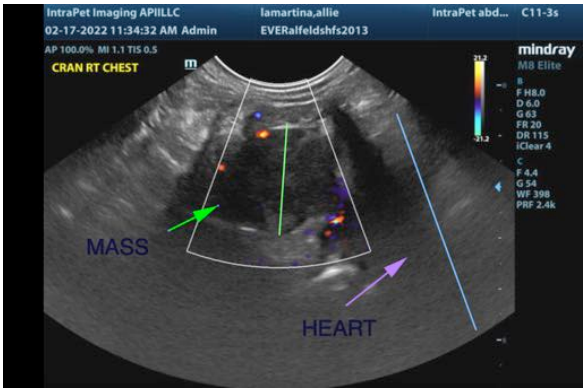
BLADDER MASS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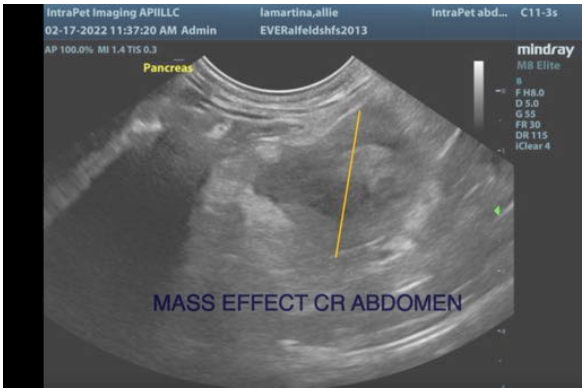
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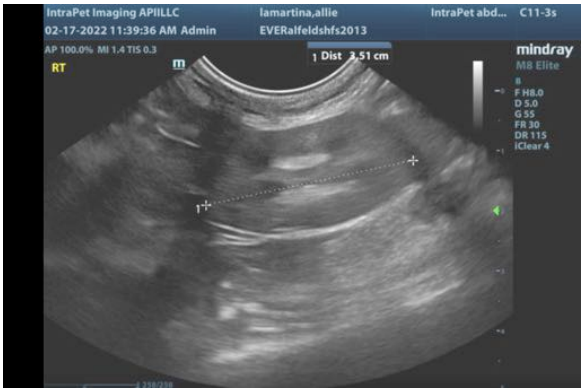
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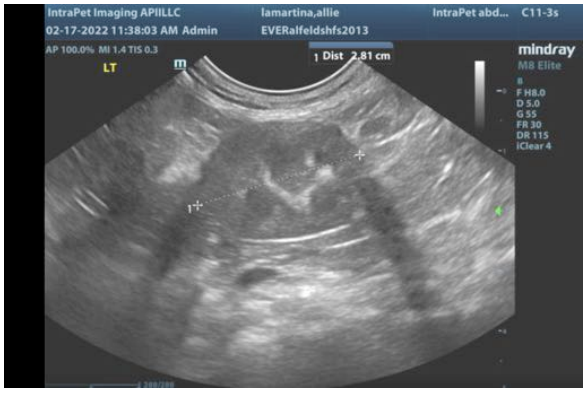
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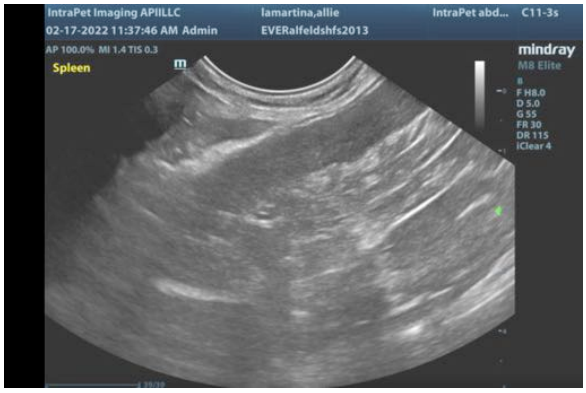
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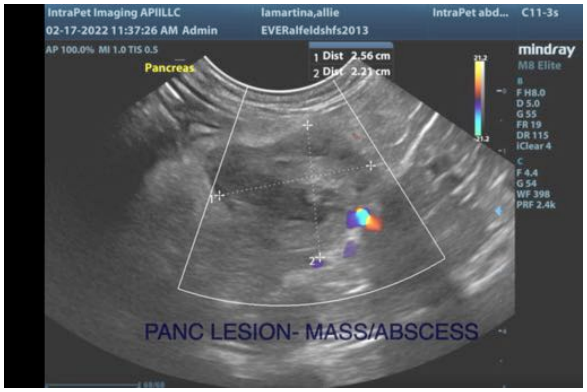

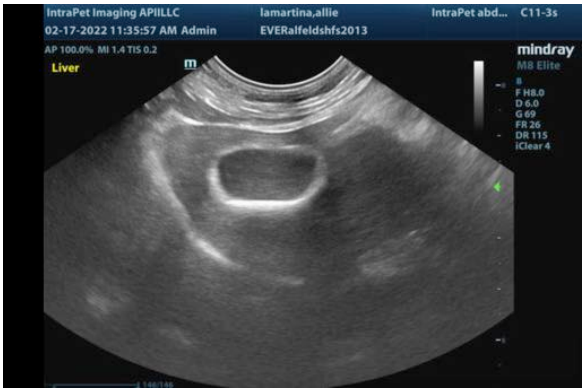

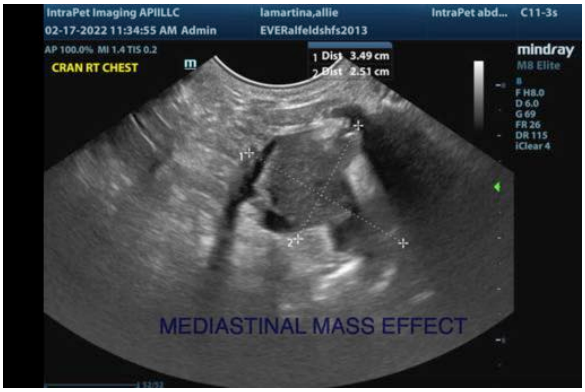

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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