



PATIENT

Mocha Reagan

PRESENTING CLINICAL SIGNS

High grade histiocytic mast cell tumor removed from back of neck 1/27/22. Completely excised. Abnormal PE/Chem/CBC/UA Results: Scar back of neck, missing most teeth, otherwise NSF on PE. Bloodwork done 1/27/22: CBC: UR Chem: ALT and AST elevated, but no change from previous bw.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

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.

SEX

Neutered male

The left kidney has a normal shape and size (4.08 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.

AGE

13 years

The right kidney has a normal shape and size (3.91 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 or hydroureter. Renal vasculature is normal. There is a hyperechoic region in the caudal pole along the cortex measuring 0.98 x 0.5 cm. This could be consistent with an old infarct. I recommend continued monitoring of this lesion.

WEIGHT

10.6 lbs

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

IMAGING PERFORMED BY

Jessica Bailes

The right adrenal gland is normal in size measuring 0.27 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.

HOSPITAL NAME

All Creatures Great
and Small Corvallis

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.

REFERRING VET

Dr. Marszewski

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. No focal nodules or cystic lesions are observed. There is an ill-defined, hyperechoic region towards the edge of the hepatic parenchyma. This does not deviate the hepatic margin and is best defined as an ill-defined nodule measuring 0.7 x 1.4 cm. The gallbladder

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lumen is moderately distended. 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.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

BREED

Domestic Shorthair

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. The duodenum measured 0.31 cm and the jejunum measured 0.24 cm. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered male

AGE

13 years

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.

WEIGHT

10.6 lbs

Pancreas

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

IMAGING PERFORMED BY

Jessica Bailes

ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Heterogenous liver with ill-defined, hyperechoic nodule. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- 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.

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SECONDARY FINDINGS:

- 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.

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- Hyperechoic focal lesion in the cortex of the right kidney. This could be consistent with an old infarct, but continued monitoring is recommended to ensure that the lesion does not progress.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of metastasis on today's scan. The liver largely appears normal although there is one ill-defined, hyperechoic region that has a somewhat benign appearance, but an underlying neoplastic process cannot be excluded as a possibility. In general these are the steps I recommend for an elevation in ALT with no definitive lesions.

BREED

Domestic Shorthair

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.

SEX

Neutered male

- Recommend thyroid evaluation (if not already done)
- If not already done consider pre and post prandial bile acids to evaluate liver function

AGE

13 years

- Consider fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- In this case there is a mild, focal lesion. A FNA of this area may be a good consideration.

WEIGHT

10.6 lbs

- If there are no GI signs I would suspect the prominent muscularis layer of the small intestine is an age related change and I would recommend continued monitoring of the lesion in the kidney to make sure it does not evolve into a mass lesion.

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

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Jessica Bailes

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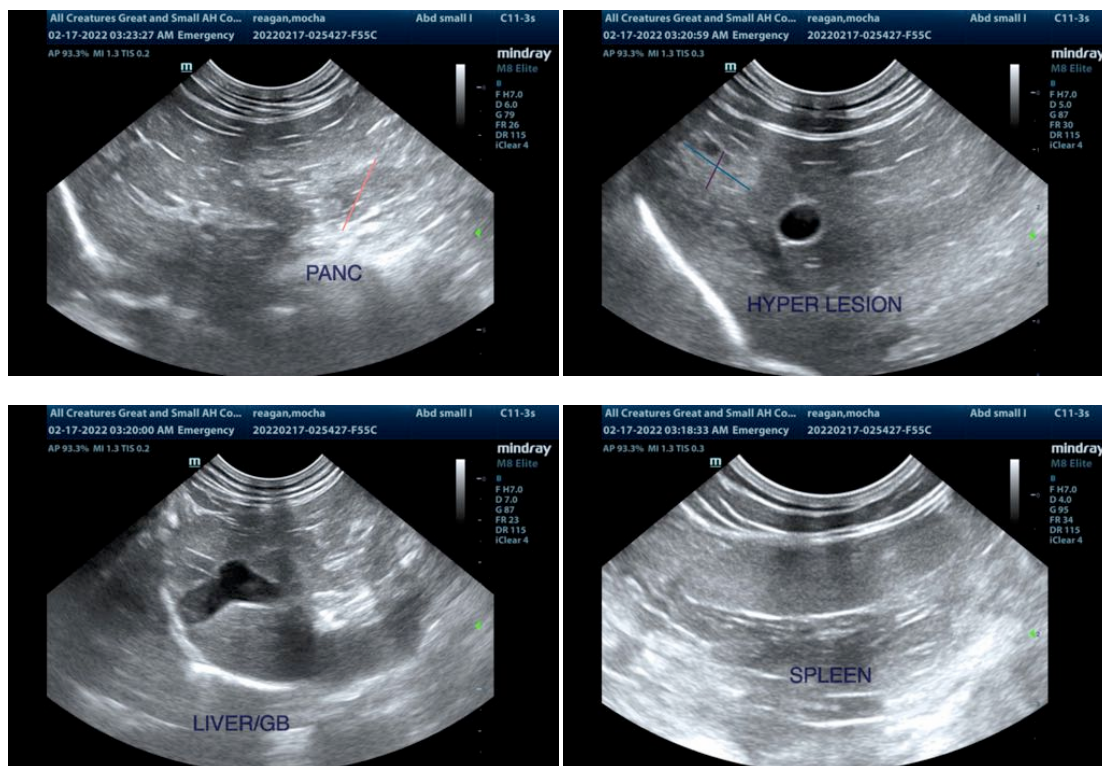
Dr. Marszewski

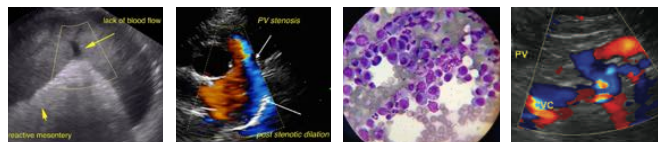
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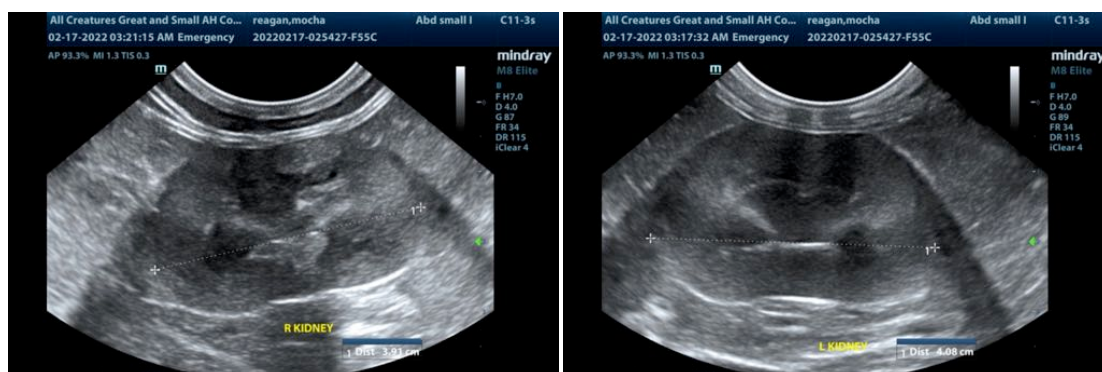
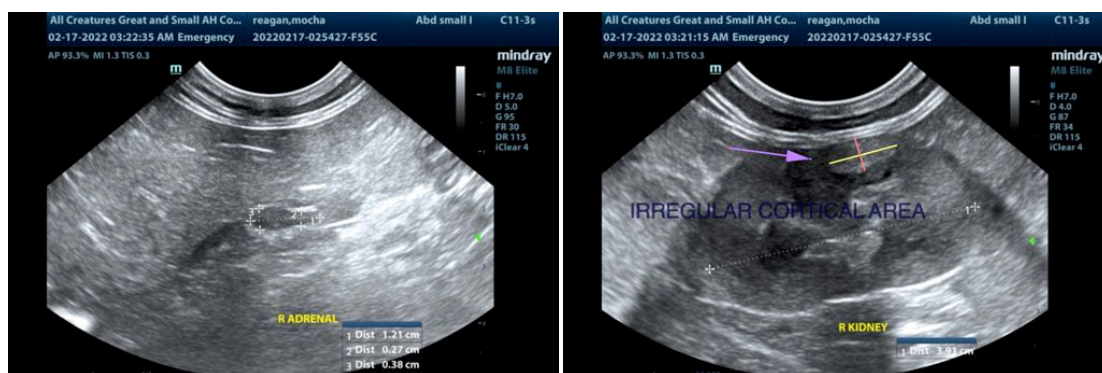
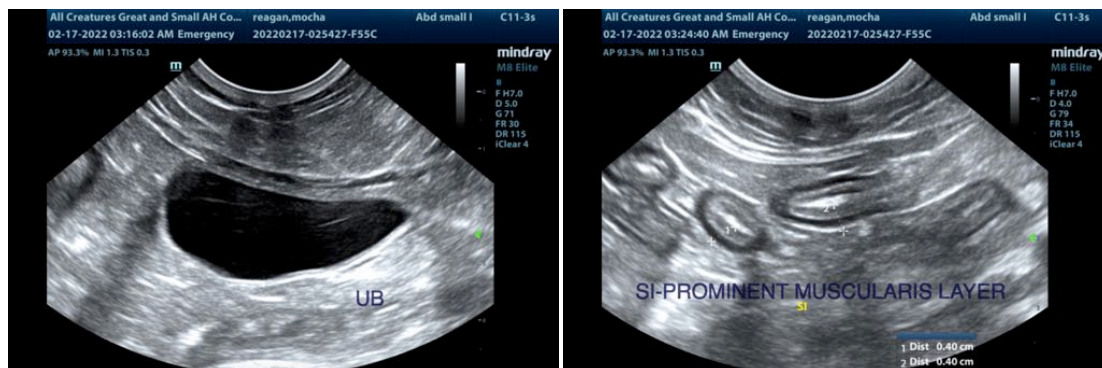
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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kathleen.sennello@sonopath.com

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