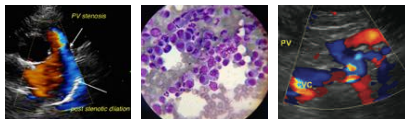
IMAGING PERFORMED BY

IntraPet.com



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DATE
2/22/22

PATIENT
Brad Gootee

SPECIES
Feline

BREED
Domestic Medium Hair

SEX
Spayed Female

AGE
4/2/98

WEIGHT
6.8 lbs

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

HOSPITAL NAME
Animal Medical Center

REFERRING VET
Dr. Chaudhry

INVOICE
96216

PRESENTING CLINICAL SIGNS

Losing weight, vomiting consistently.
Current Medications: Phenobarbital 16.2- ½ BID.
Radiographs: see attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 an irregular shape and is large in size (5.91cm). Overall echogenicity is increased with poor corticomedullary distinction. The renal architecture is greatly affected by the presence of numerous, large, hypoechoic cortical cysts that varied in size from 0.5-2.5 cm. The largest cyst visualized measured 2.67 cm. Non-obstructive nephroliths were visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. One of the cystic areas in the left kidney appears somewhat echogenic. This could be consistent with some tissue within the cyst or less likely with an abscess.

The left kidney has an irregular shape and is large in size (6.24 cm). Overall echogenicity is increased with poor corticomedullary distinction. The renal architecture is greatly affected by the presence of numerous, large, hypoechoic cortical cysts that varied in size from 0.5-2.5 cm. The largest cyst visualized measured 2.98 x 1.97 cm. Mild pyelectasia was noted and measured 0.14 cm. Non-obstructive nephroliths were visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal. This could be consistent with some tissue within the cyst or less likely with an abscess.

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. There is a well-demarcated, slightly hypoechoic solid mass effect that was arising from the portion of the left-side of the liver and measured 2.33 x 2.51 cm. The gallbladder 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.

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. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

A scant amount of anechoic free fluid was visualized. No lymphadenopathy was noted. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hypoechoic, left-sided liver mass. This could be consistent with a benign or neoplastic lesion. Primary liver mass is suspected.
- Severely polycystic kidneys. The findings are likely consistent with chronic polycstic renal disease.
- Hypoechoic prominent pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS:

- Scant anechoic free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

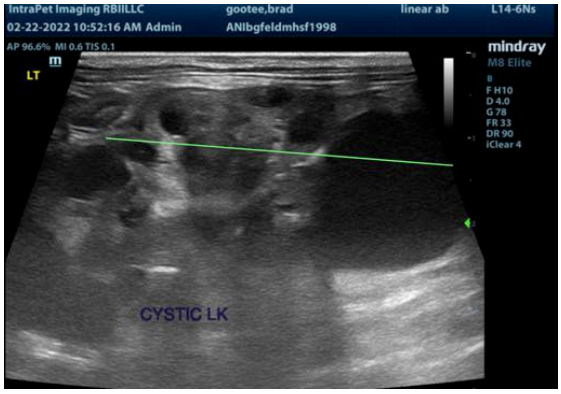
An obvious cause for the vomiting reported is not visualized. The pancreas appears somewhat prominent, consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. Additionally confirm normal thyroid levels and normal renal values.

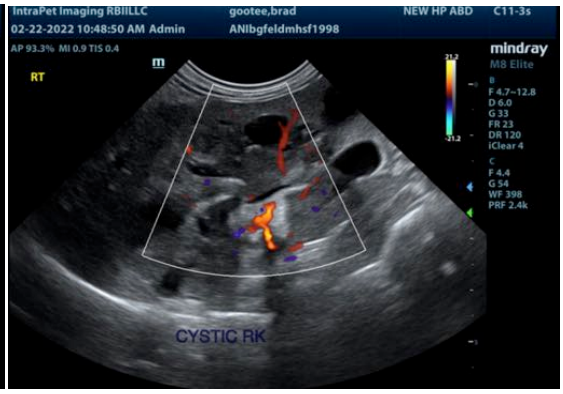
Both kidneys are severely polycystic. This is likely a chronic progressive issue.

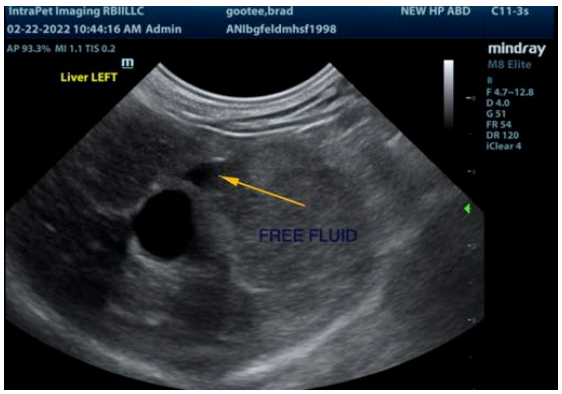
- Consider blood pressure evaluation.
- Recommend urinalysis and culture.

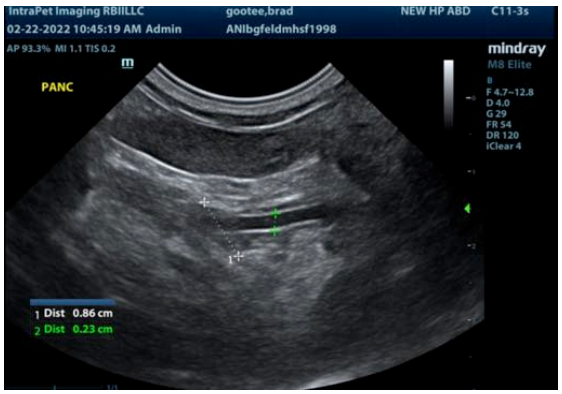
- If the patient is significantly azotemic this could be a differential for the GI upset and consider symptomatic treatment for uremia.

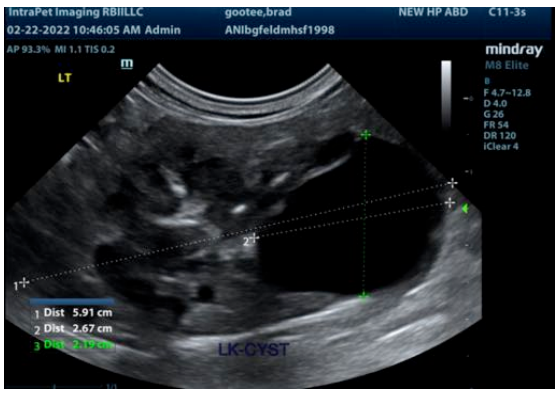
There is an isolated liver mass visualized in the liver. A FNA of this lesion can be considered and a CT scan with contrast is recommended to evaluate it further for removal if this would be considered. If not likely options include continued monitoring with ultrasound. It is very possible that this could be an asymptomatic lesion. If the liver values are elevated then liver disease could be a source of the vomiting.

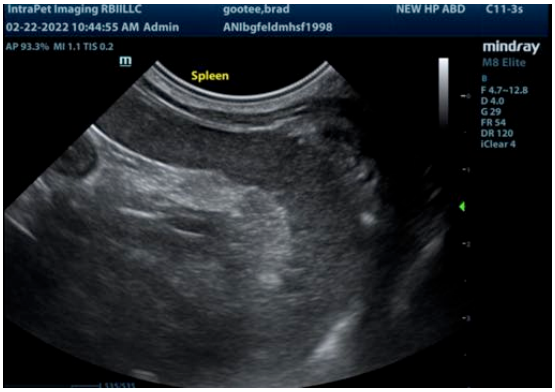


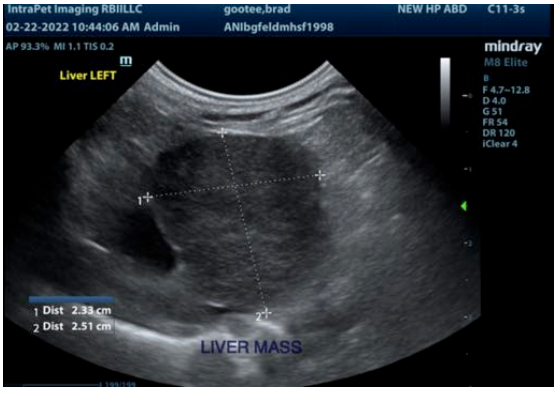












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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