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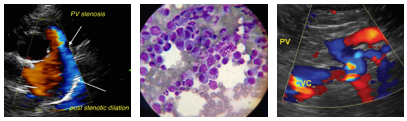

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DATE

2/22/22

PATIENT

Kingston Lindsey

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

10/6/06

WEIGHT

15.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

35803

PRESENTING CLINICAL SIGNS

Patient has a 6 month history of inappetence and weight loss. No pain on abdominal palpation. Lateral whole boxy x-ray: no significant findings. Bloodwork uneventful.

Current Medications: Prednisolone 10mg/mL- 2.5mg every other day. Famciclovir 250mg every other day. Metronidazole 50mg/mL- 50mg SID for 7 days.
Lab Results: Increased amylase and PSL.
Date of Previous IntraPet Ultrasound: No Previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 size (4.32 cm), but is irregular in shape. There is mild pyelectasia at 0.12 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a small amount of fluid and inflammation surrounding the kidney. There is a 0.79 cm area of mineralization in the cortex. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.4 cm) with irregular shape. Mild pyelectasia noted at 0.10 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is mild fluid and inflammation surrounding the kidney. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.78 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 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. There is a hypoechoic mass effect visualized towards the tail of the spleen measuring 1.7 cm x 1.37 cm.

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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. 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 largely measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. However, there is a focal area with apparent increased wall thickness and loss of layering. This focal hypoechoic region measures 1.58 cm x 1.66 cm. There is no evidence of an obstruction. The findings are concerning for a mass lesion.

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 left limb of the pancreas is prominent and mottled 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

There is a scant amount of free fluid visualized in the region of the liver and around the kidneys. There is no lymphadenomegaly noted, and the omentum appears to be of increased echogenicity, particularly around the kidneys.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular kidneys with decreased corticomedullary distinction and pyelectasia. Both kidneys have surrounding inflammation and a small amount of free fluid – Findings could be consistent with infiltrative disease to the kidneys, or acute renal changes. Consider a fine needle aspirate.

- Hypoechoic splenic mass – This mass distorts the splenic capsule – Differentials include benign lesions (lymphoid hyperplasia, hemangioma, etc.) or neoplasia (hemangiosarcoma, lymphoma, mast cell tumor, etc.).

- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

- Focal hypoechoic area of stomach wall – Findings are concerning for an infiltrative lesion to the gastric wall. Differentials would include neoplasia, benign tumor, an ulcer, focal edema, etc.

SECONDARY FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

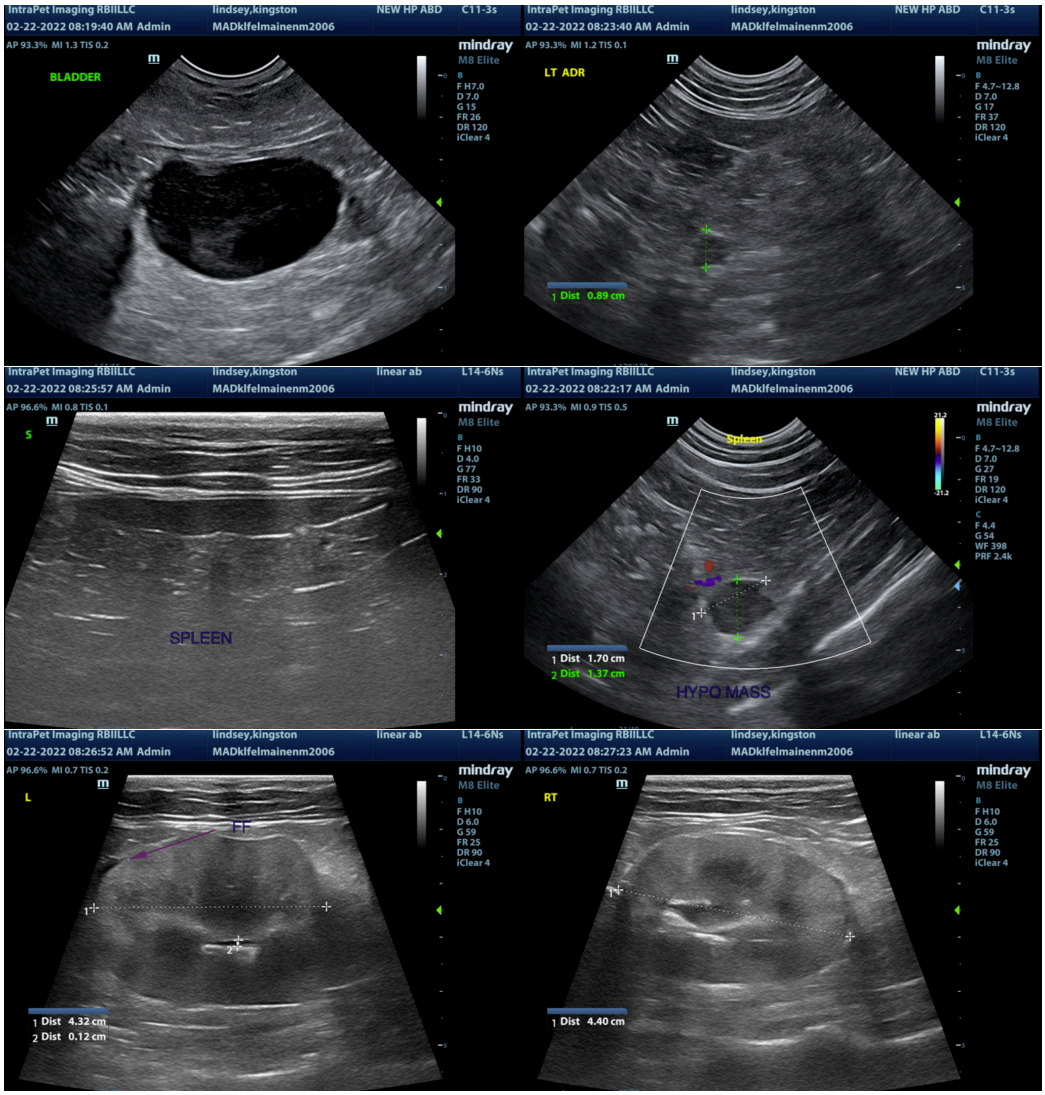
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

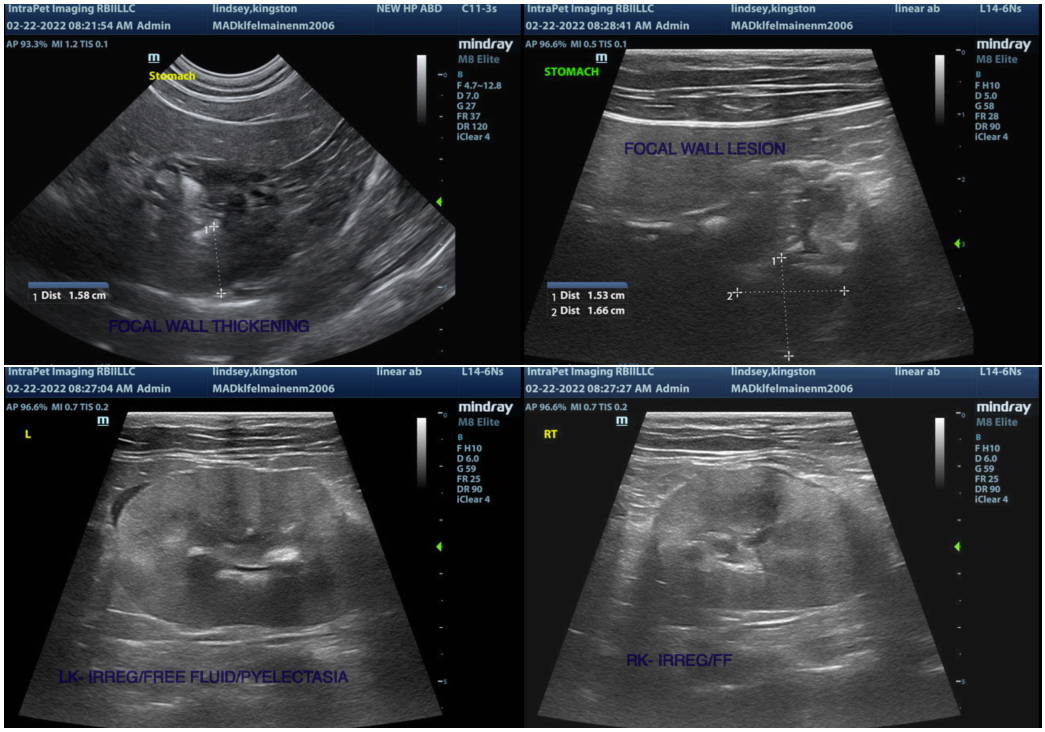
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most prominent lesions visualized on today's scan were the abnormal irregular kidneys surrounded by a small amount of fluid and inflammation, the splenic mass, and the thickened focal abnormal area of stomach wall. If possible, a fine needle aspirate of the splenic nodule, gastric lesion +/- kidneys could be considered. Based on the images provided, I'm concerned the splenic and gastric mass may be difficult to reach. If that is the case, then consider fine needle aspirate of the kidneys and liver, provided blood pressure is normal and coagulation parameters are normal. If cytology is non-diagnostic, then consider surgical biopsies.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

If surgery is not a possibility, then you could consider urinalysis and culture and treatment for pyelonephritis as well as anti-ulcer therapy with close monitoring of the lesions with ultrasound.





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.

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