

**DATE PRESENTING CLINICAL SIGNS**

2/24/23

History: Intermittent straining, vocalizing to have BM- passes some liquid and then a piece of stool. Had clay consistency stool in carrier. weight loss- 12.4 lbs in 2016, 10 lbs in 2021, and 9.5 lbs 2/23/2023

PATIENT

George Snow

Current Medications: 2/23- will start adding "less than a pinch" of benefiber to stools to see if this makes it easier to go

SPECIES

Feline

Lab Results: last bloodwork was June 2021- unremarkable except little low potassium

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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 2.0 cm) 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.

AGE

12/27/06

The left kidney has a normal shape and size (3.37 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

9.5 Pounds

The right kidney has a normal shape and size (3.43 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands**HOSPITAL NAME**

Honeygo AH

The left adrenal gland is normal in size measuring 0.39 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.

REFERRING VET

Dr. Wright

The right adrenal gland is normal in size measuring 0.42 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.

INVOICE

21247

Spleen

The spleen is subjectively normal in size (0.64 cm in width 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 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 an ill-defined hyperechoic slightly cystic lesion visualized in the dorsal aspect of the liver, measuring approximately 2.22 cm x 2.22 cm.

The gall bladder 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 <0.36 cm 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. The jejunum measured 0.17 mm in diameter. 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 shadowing formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The region of 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.

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.

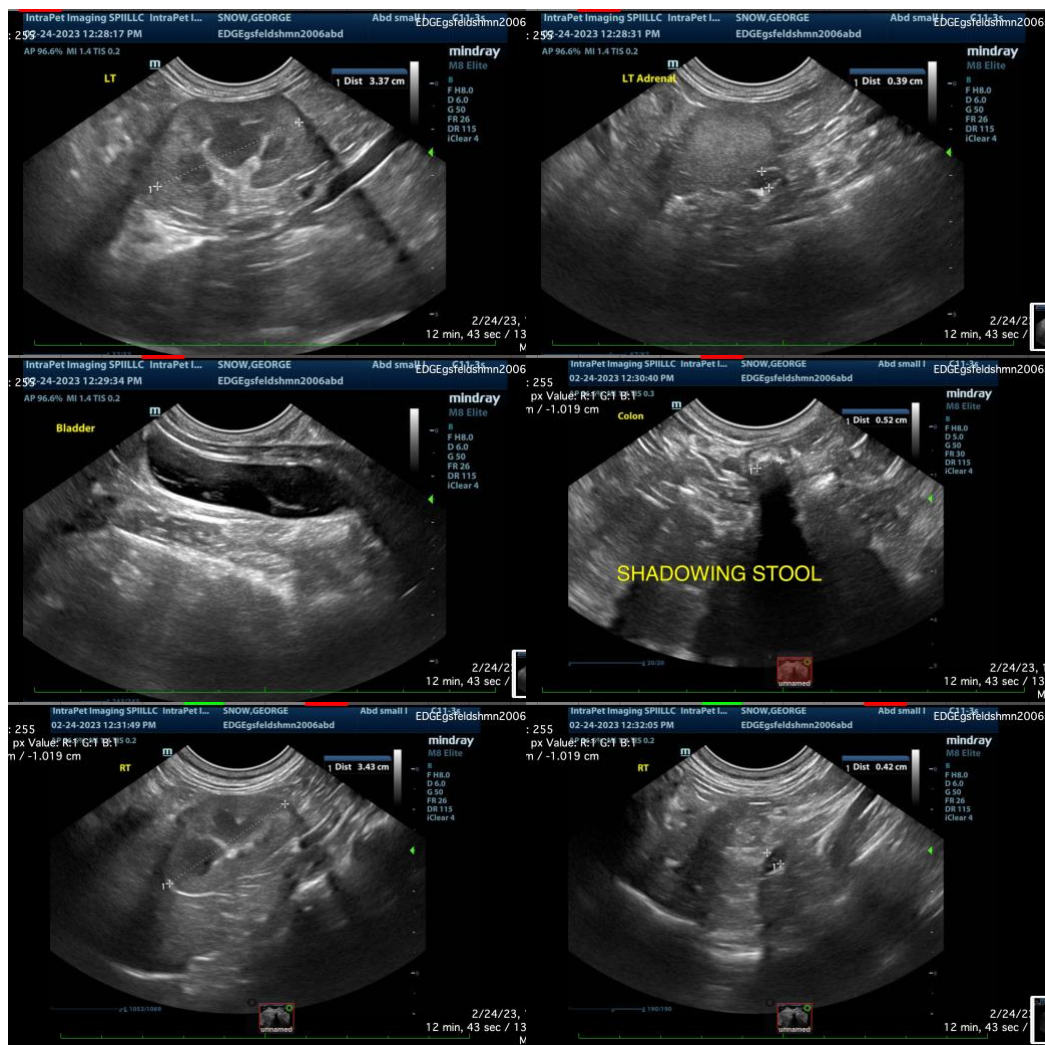
ULTRASONOGRAPHIC FINDINGS

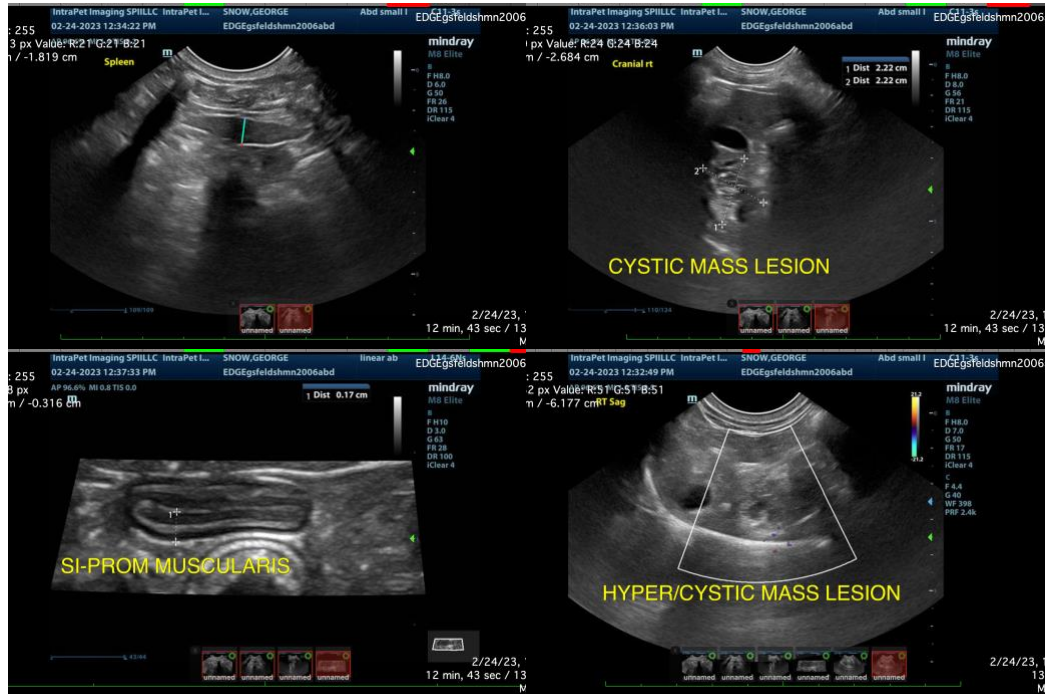
- Echogenic debris in the urinary bladder
- Poorly defined hyperechoic cystic lesion visualized within the liver
- The cystic nature of this lesion trends toward the more benign lesion, although underlying neoplasia cannot be ruled out.
- Prominent muscularis layer to the small intestine. The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs. This can be a normal finding in some older cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions or obstructions are observed associated with the gastrointestinal tract. There is formed stool visualized in the colon, but no severe distention, blockage, etc. There is a hyperechoic, somewhat cystic mass effect visualized. This could be consistent with a benign cystadenoma, although a more aggressive mass lesion cannot be ruled out. I suspect this is unrelated to the straining to defecate reported. Correlate with full lab work, including a thyroid panel and three view thoracic radiographs. A fine needle aspirate of the hepatic mass lesion could be considered. Additionally, continued monitoring with ultrasound is warranted.

The muscularis layer of the small intestine is somewhat prominent. This can be a normal finding in some older cats or could be consistent with underlying gastrointestinal disease. If gastrointestinal disease is suspected, you could consider a GI panel (to Texas A & M), for a qualitative fPLI, TLI, cobalamin and folate, to further evaluate. Additionally, consider a stool softener, such as MiraLAX and consider a canned diet to add hydration.





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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