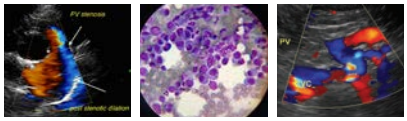
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

2/3/23

PATIENT

Little Miss Sunshine Nichols

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/23/13

WEIGHT

13.6 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Cat Hospital at Towson

REFERRING VET

Dr. Slaughter

INVOICE

44775

PRESENTING CLINICAL SIGNS

Mass in chest, making patient uncomfortable and having issues breathing.

Current Medications: None listed.
Lab Results: See attached.
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: Andi Parkinson, BS, 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 is slightly small at 2.93 cm and irregular in shape (likely due to previous infarcts). There are numerous small nephroliths, the largest of which measures at 0.35 cm.

The right kidney is normal in size at 3.45 cm and slightly irregular in shape (likely due to previous infarcts). There are occasional small nephroliths noted.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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 right adrenal gland is normal in size measuring 0.56 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.

Spleen

The spleen is subjectively normal in size (0.86 cm), 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. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild shadowing ingesta. 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 to mild 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. Jejunum wall measures 0.20 cm. 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 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.

Thorax

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is no evidence of pleural effusion visualized.

Cranial to the heart, there are multiple hypo- to anechoic structures, most consistent with cystic structures, as they have minimal color uptake on power doppler. There appear to be between 2-4 cysts, but more are possible. Examples of sizes include a larger cyst measuring 2.15 cm x 1.29 cm, and two cysts with diameters of 1.0 cm and 0.91 cm.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with small non-obstructive nephroliths and a small left kidney – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The renal lesions identified are ill defined and hyperechoic, these could be consistent with previous renal infarcts and can be an indicator of current or previous renal disease.

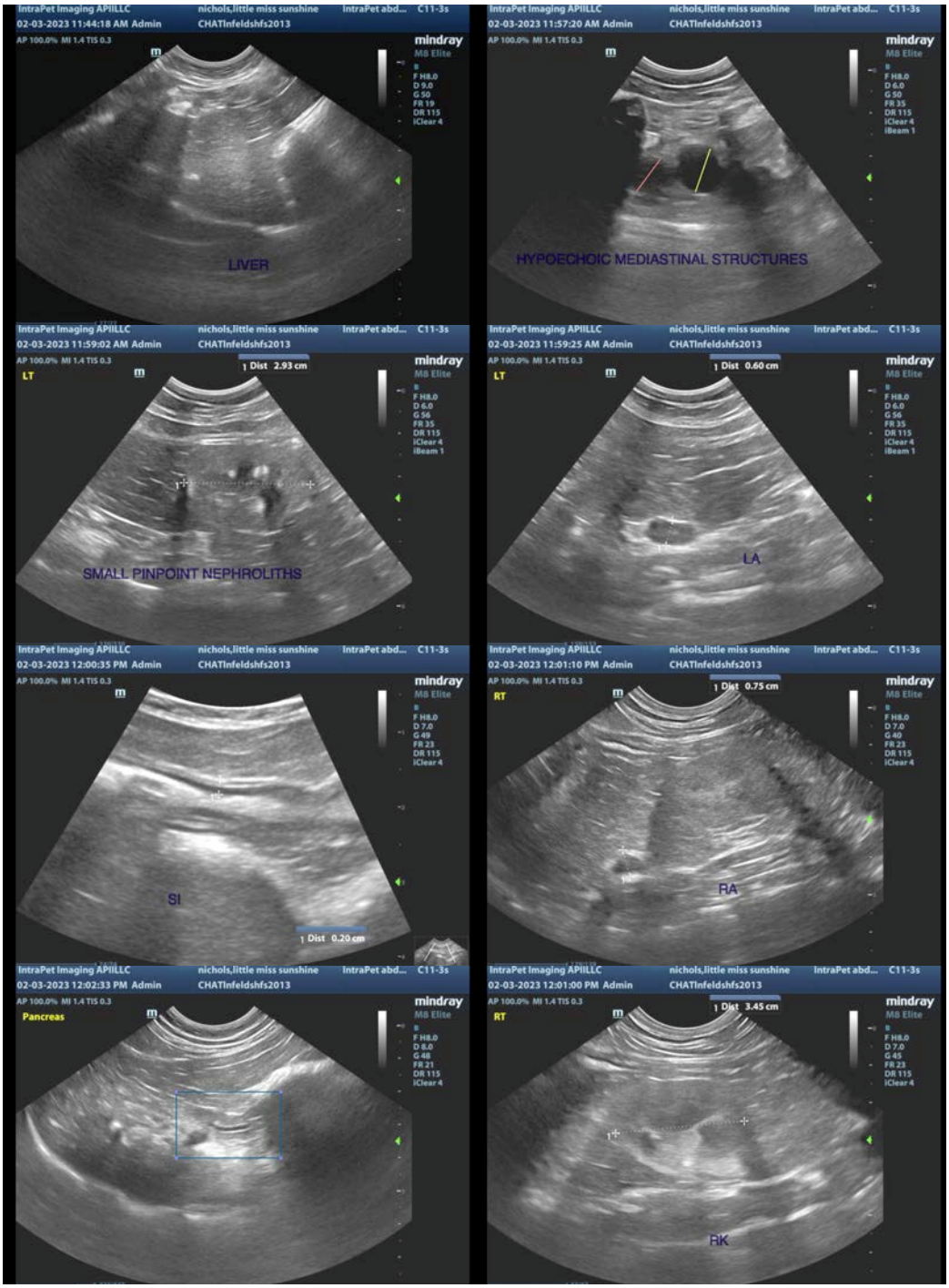
- Cystic mediastinal lesion(s) – Differentials to consider include branchial cyst, mediastinal cyst, thymoma, or much less likely lymphoma.

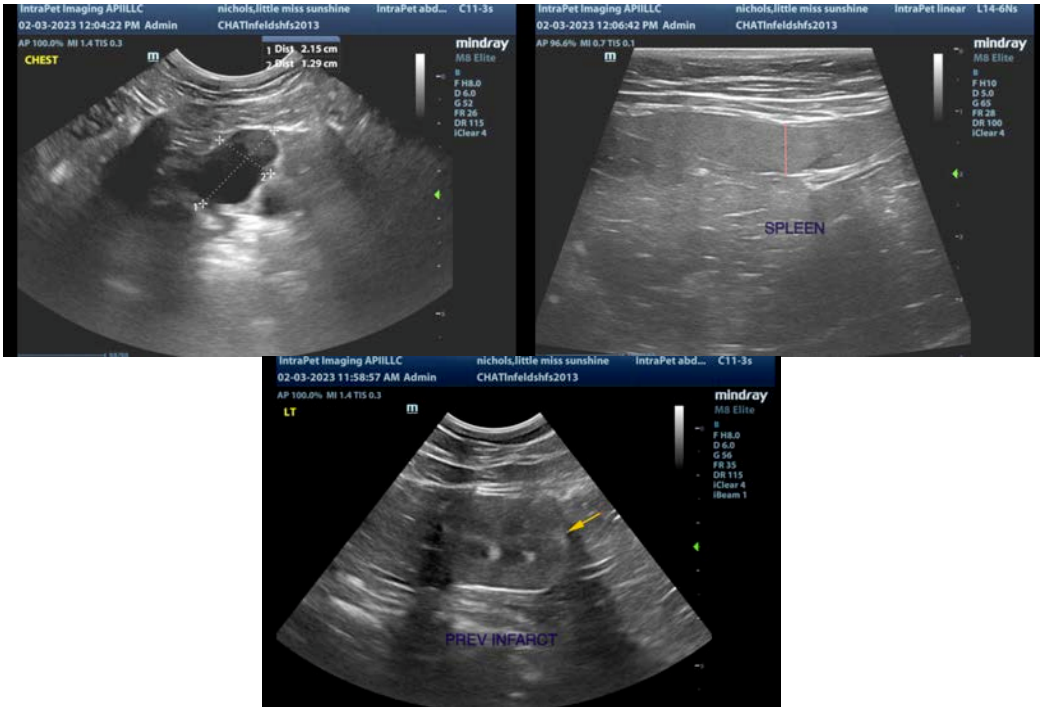
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes associated with the kidneys are consistent with chronic progressive renal disease. Recommend a blood pressure, urinalysis, and culture as a baseline, and continued monitoring of renal function.

There are multiple anechoic structures cranial to the heart, most consistent with mediastinal cystic lesions. These types of lesions tend to be benign. In an ideal situation, a contrast CT scan and a fine needle aspirate/drainage of these cysts with fluid analysis/cytology would be ideal.
If the patient is clinical, it is very reasonable to drain the cysts and continue to monitor without CT. Continued monitoring for recurrence is warranted. Many of these types of lesions are incidental and do not cause clinical signs.
If there is recurrence or concerning cytology- consider consultation with a veterinary oncologist, as options

would likely include surgical removal or in some cases radiation therapy. These lesions can have a good long-term outcome in most cats





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com