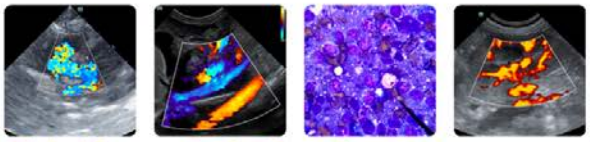

PATIENT

Dayle Hand

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

5

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

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REFERRING VET

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PRESENTING CLINICAL SIGNS

Presented for 2nd opinion , had a dental elsewhere now L eye and face is swollen and distended abd

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 large and irregular in shape, measuring 4.57 cm, with pyelectasia at 0.28 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic rim of perirenal fluid. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large and irregular in shape, measuring 5.3 cm, with pyelectasia at 0.20 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic rim of perirenal fluid. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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 is visualized.

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 is visualized.

Spleen

The spleen is borderline large in size, hypoechoic, and mottled, measuring 1.02 cm. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

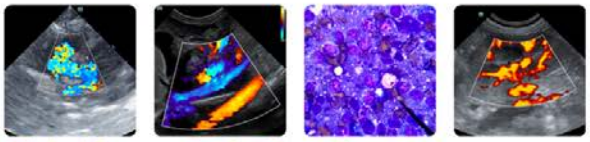
The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is hyperechoic and somewhat thickened, measuring at 0.25 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. 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



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 hypoechoic and mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a large amount of free fluid. There is a large hepatic lymph node in the cranial abdomen measuring 0.86 cm x 1.4 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular kidneys with decreased corticomedullary distinction and perirenal/subcapsular fluid – Findings are concerning for renal neoplasia (round cell neoplasia, carcinoma, other). Other possibilities could include FIP, acute renal injury, etc.
- Hypoechoic, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, mottled left limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate gallbladder debris with a thickened, hyperechoic gallbladder wall – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats. The wall thickening could be consistent with edema or mild cholecystitis.
- Large hepatic lymph nodes – Findings are most consistent with a highly reactive or early neoplastic lymph node.
- Large volume free abdominal fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are large and irregular with perirenal/subcapsular fluid. These findings are concerning for round cell neoplasia, although other differentials are possible. Additionally, the spleen is hypoechoic and mottled, and the liver appears large and mildly heterogeneous. Consider fine needle aspirates of the liver and spleen. If this is not definitively diagnostic, then consider aspirates of the kidneys (sampling of the subcapsular fluid and/or fine needle aspirate of the cortex). Recommend coagulation parameters

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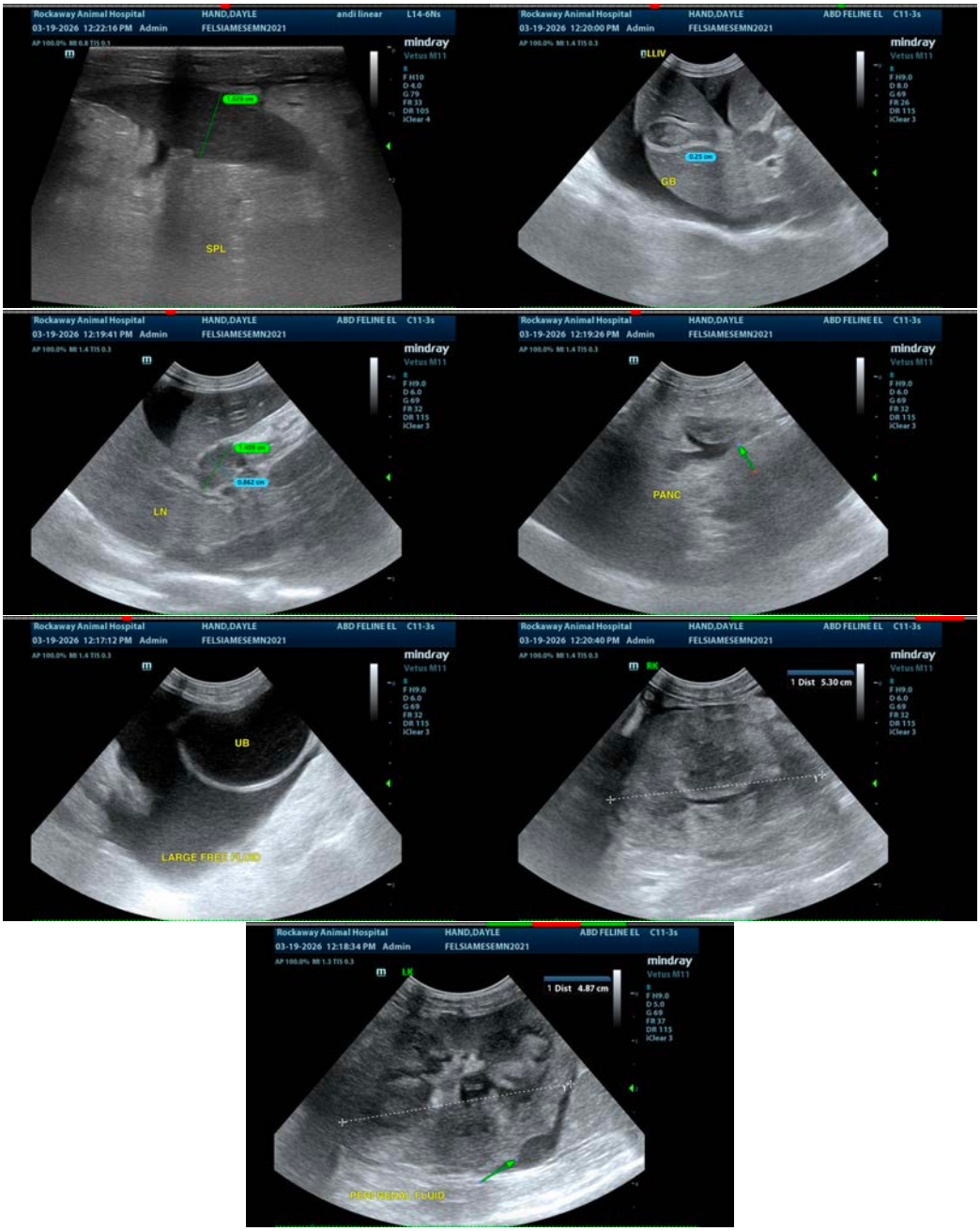
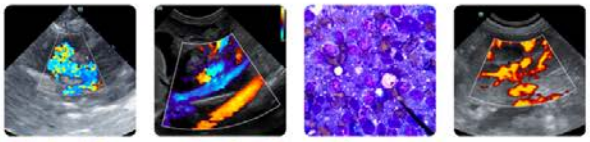
prior to sampling.

If not recently done, recommend full lab work and 3-view thoracic radiographs.





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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.

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)

info@sonopath.com