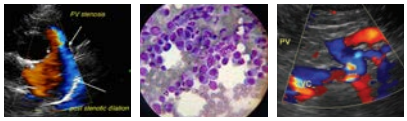
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3/29/23

PATIENT

Miss Puff Johnson

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

1/1/15

WEIGHT

7.2 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Pound

INVOICE

46221

PRESENTING CLINICAL SIGNS

2-3 month history of chronic-progressive vomiting, diarrhea, weight loss, lethargy. Comedone on R side of head, Moderate calculus, Chronic L sided head tilt. Unable to auscult heart – purring, Matted haircoat MCS 1/3, BCS 3/9

Current Medications: Probiotic Trial – unsuccessful, Amoxicillin (50 mg/mL) 1 mL Q12h (for skin), Strongid (50 mg/mL): 1.5 mL 3/21 - to be repeated in 14 days
Lab Results: Mild elevation Tbil (0.7), Mild nonregenerative anemia, Mild monocytosis (600), Mild elevation proBNP (166)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested by DVM.
Imaging Performed By: Andi Parkinson, 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 normal/borderline small in size at 2.85 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.45 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, 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 large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, solid, homogeneous slightly irregular mass effect arising from the spleen measuring 7.08 cm x 4.39 cm.

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 moderate shadowing 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 area 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

There is a moderate to large amount of echogenic free fluid. No lymphadenopathy. The omentum is generally hyperechoic.

Other

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.

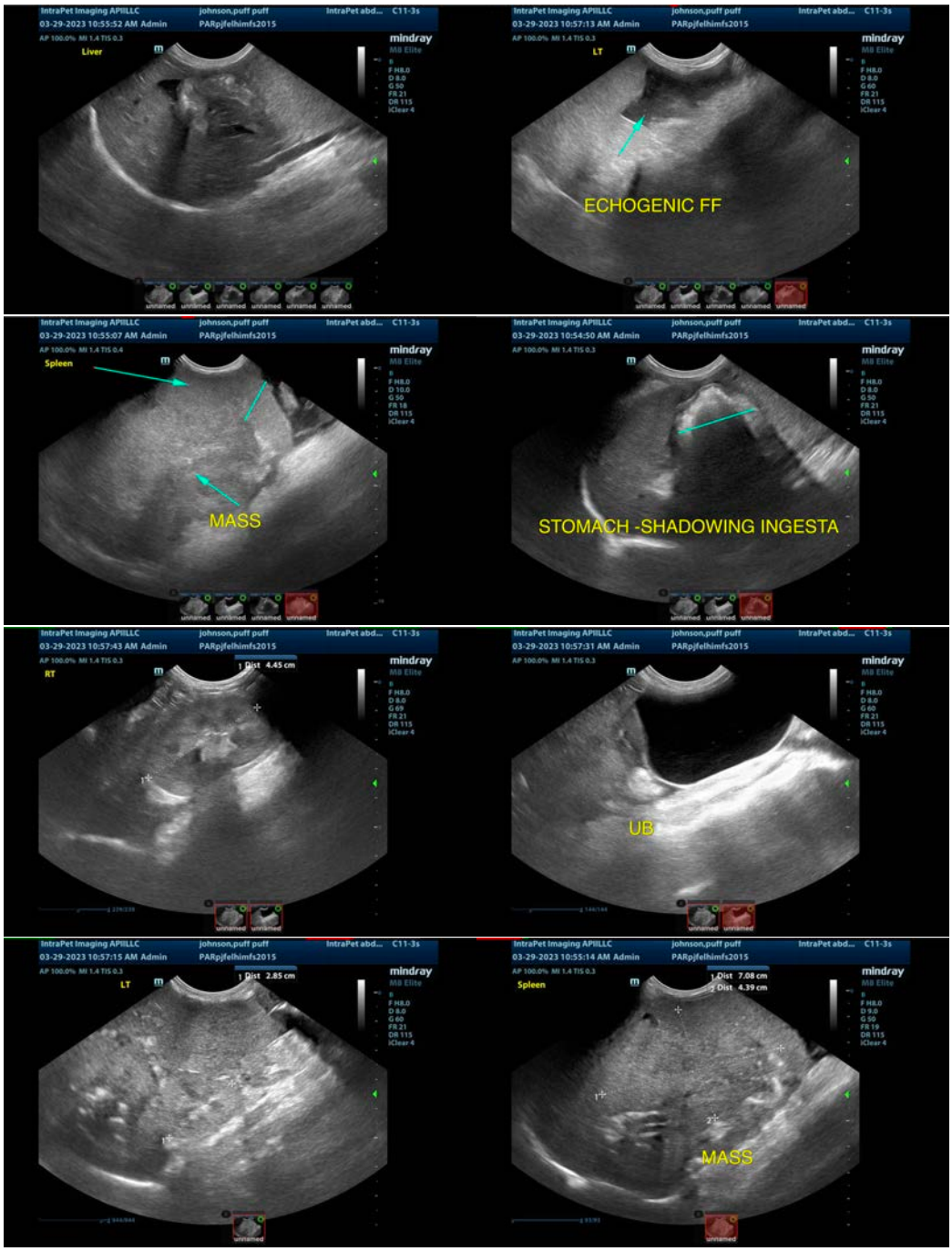
ULTRASONOGRAPHIC FINDINGS

- Large spleen with large homogeneous mass effect – Differentials would include round cell neoplasia, hemangiosarcoma, less likely hyperplasia, other.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Echogenic free abdominal fluid – Consider sampling for fluid analysis and cytology. This could represent hemorrhage.
- Shadowing material visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. This could represent ingesta, a hairball, or even ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large solid homogeneous isoechoic mass effect arising from the spleen. No cavitations are present, yet there is some echogenic free fluid in the abdomen. I would consider a fine needle aspirate of this lesion in case it is a mast cell tumor, as pre-medication prior to surgery would be helpful (or empirically pre-medicate just in case). Recommend a splenectomy for both diagnostic and therapeutic purposes. If this is round cell neoplasia, it is likely other locations as well, so sampling of any enlarged lymph nodes, the liver, etc. would be advised.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.


Liver
ECHOGENIC FF
Spleen
MASS
STOMACH -SHADOWING INGESTA
RT
UB
LT
Spleen
MASS

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)
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