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Clinical Sonography & Telecytology
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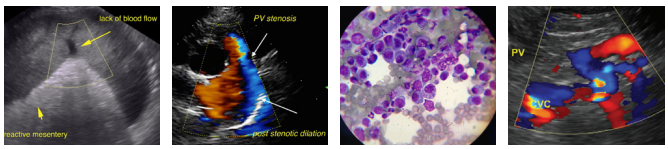


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rosie Pruitt

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
9 Years

WEIGHT
6.3 Pounds

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

IMAGING PERFORMED BY
Dr. Sheldon

HOSPITAL NAME
Advanced PetCare of Oakland

REFERRING VET
Dr. Sheldon

INVOICE
36953

DATE
4/15/22

PRESENTING CLINICAL SIGNS

urinating outside of LB, soft stool with mucus and blood since November. Very lethargic. Vomiting after eating and sometimes after defecating. Weight loss, 5 weeks ago had a quick scan of the abdomen done with another practice and per owner they found free fluid, no obvious mass and they start lasix. No obvious mass found per owner.
Abnormal PE/Chem/CBC/UA Results: Bloodwork done yesterday had no significant findings. On physical exam she is thin, depressed, has a large distended non painful abdomen. Chest radiographs: Hiatal hernia, otherwise normal thorax

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 has a normal shape and size (3.1 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.1 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.28 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 irregular in shape and mildly heterogeneous. It measures at 1.1 cm at the level of the hilus, which is borderline large. The blood flow through the hilus and splenic parenchyma appears normal.

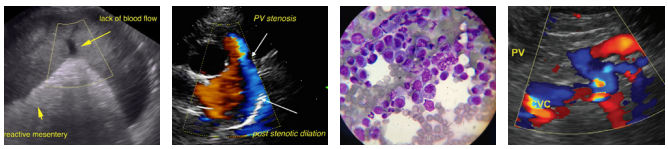
Liver

The liver is borderline small, irregular, and severely heterogeneous. The visible portions of the vasculature and biliary tract appear normal. While there are no focal lesions observed, the parenchyma is of mixed echogenicity, and the hepatic margins are very irregular and somewhat rounded.

The gallbladder appears empty, but there is a tortuous, mildly dilated bile duct visualized at 0.29 cm.

Gastrointestinal

The stomach contains minimal 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.



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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 large volume of echogenic free fluid. No lymphadenopathy is noted, but the omentum is severely irregular and hyperechoic, most consistent with severe inflammatory changes or nodular change such as carcinomatosis.

ULTRASONOGRAPHIC FINDINGS

- Irregular, borderline large spleen – Findings could be consistent with congestion, infiltrative disease, or could be normal in a larger cat. No focal lesions are observed.
- Irregular, severely heterogeneous liver with rounded margins – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Prominent, tortuous common bile duct – No obstruction is observed. The significance of this is currently unclear.
- Large volume echogenic free abdominal fluid – Recommend fluid analysis and cytology +/- culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large amount of echogenic free abdominal fluid. The presence of this fluid affects the appearance of all of the abdominal structures. Recommend fluid analysis and cytology +/- culture of the abdominal fluid. The liver appears severely heterogeneous and irregular. It is possible that this is a cause of the fluid due to cirrhosis or underlying neoplastic change. Additionally, the fluid itself can cause rounding of the margins and capsule. Consider a liver function test and a fine needle aspirate of the liver. No focal abdominal mass lesions are observed. The omentum is hyperechoic and irregular. This can be seen secondary to inflammatory fluid or can be seen with carcinomatosis. Evaluation of abdominal effusion should be helpful.

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

If evaluation of the abdominal fluid and a liver aspirate is not diagnostic, then consider either exploratory surgery to biopsy liver, mesentery, spleen, etc., or a contrast CT scan to obtain better resolution on the abdominal and thoracic structures.

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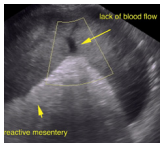

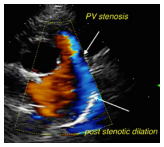

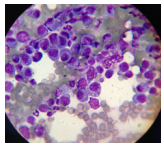
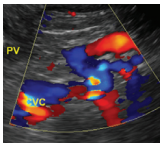

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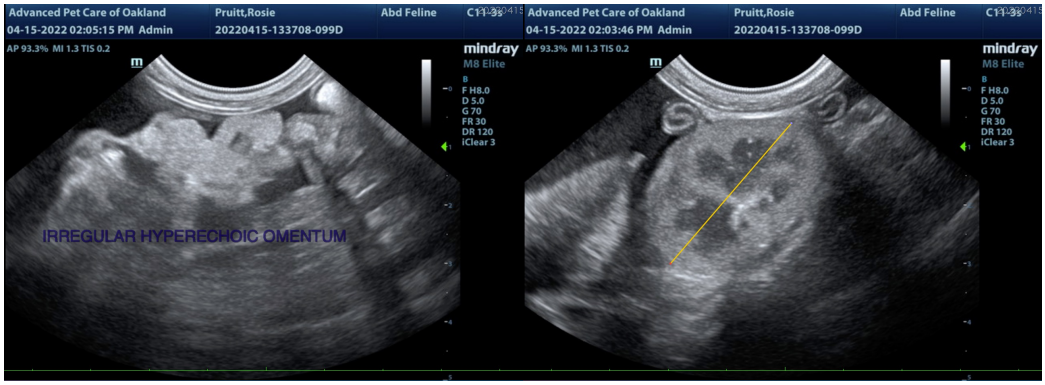

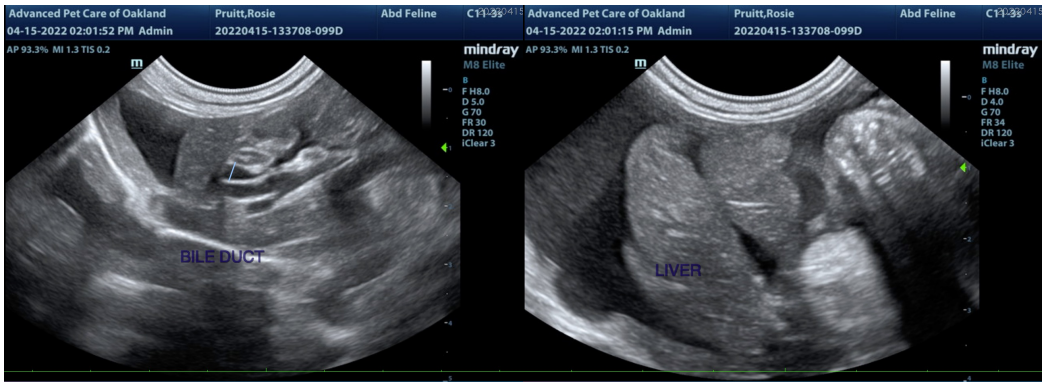

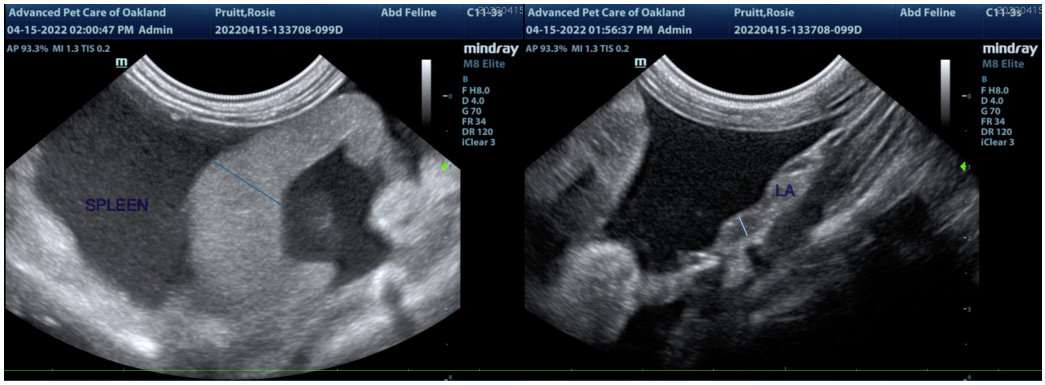

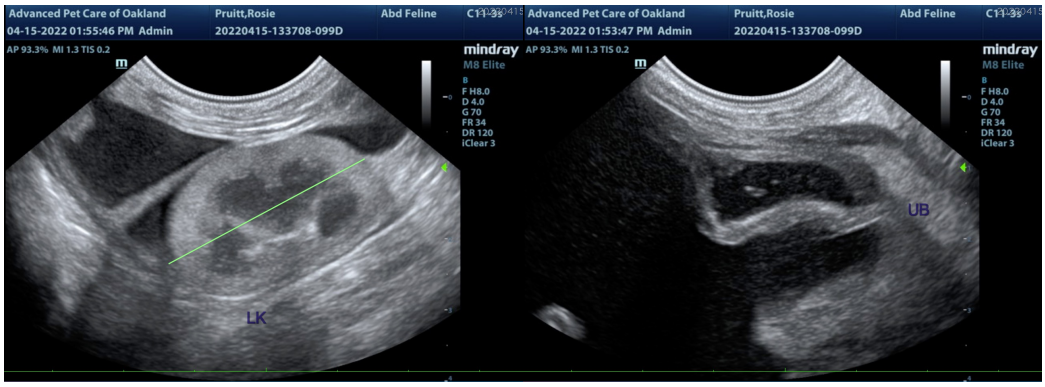

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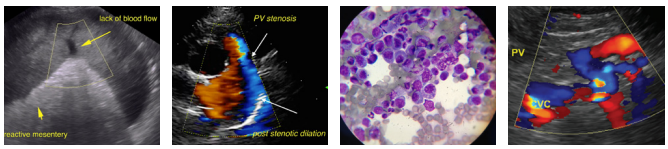

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com