



DATE PRESENTING CLINICAL SIGNS

04/02/26 Patient History: Not eating and owner has not seen anything in the litter box for the past 3 days. Seems lethargic. Vomited a couple times. The other cat in the house was constipated recently but resolved.

PATIENT Meds: none. Vax: UTD. Diet: commercial wet food. Env: indoor + lives with another indoor cat

Watson Kharinov Current Medications: Lasix CRI 0.6mg/kg/hr

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

04/01/19

WEIGHT

3.9 kg

INTERPRETED BY

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

HOSPITAL NAME

Veg ER for Pets
Pikesville

REFERRING VET

Dr. Roper

INVOICE

14784

Labwork Results: Diagnostics not attached, reported as: Neutrophilia 12k, Monocytosis 1.41k, Platelets 84k, Gluc: 208, Glob: 6.2, ALP>10. Radiology Report: Mild cardiomegaly may be due to the reported pericardial effusion, cardiomyopathy, hyperthyroidism, etc. Distended pulmonary vessels suggest congestion, over-circulation, etc. Pulmonary infiltrates may be cardiogenic edema, neoplastic or inflammatory, etc. Mild pleural effusion can be seen with heart failure, neoplastic exudate, hemorrhage, etc. Gas-filled stomach suggests aerophagia and/or ileus. Mineral densities in the stool may be due to desiccation of the feces and/or ingestion of sand, bone, etc. Transitional LS vertebra.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic.

Stat Report: Approved.

Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild suspended echogenic debris. 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 cystic calculi.

The left kidney has a normal shape and size (3.7 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 (3.66 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 0.39 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.

The right adrenal gland is normal in size measuring 0.38 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, 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. The spleen measured 0.61 cm width.

Liver

The liver is subjectively normal in size, and echogenicity with slightly rounded margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. In the mid cranial aspect of the liver, there is a poorly defined hyperechoic rounded area measuring approximately 1.56 cm x 1.44 cm most consistent with a rounded liver lobe or a hyperechoic mass effect.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. 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 gas. It measures at a normal thickness of <0.7 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. Gas artifact interferes with full evaluation of the stomach.

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 duodenum measured 0.26 cm in diameter and the jejunum measured 0.23 cm 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 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 scant free fluid and no evidence of lymphadenopathy. The omentum is generally of normal echogenicity.

Other

Scant pleural effusion is visualized cranial to the diaphragm and ring down artifact is visualized.

ULTRASONOGRAPHIC FINDINGS

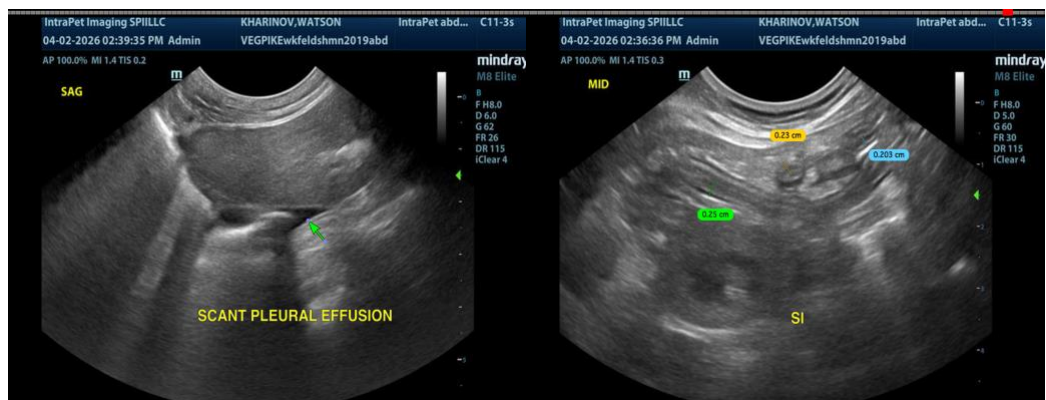
- Mild suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

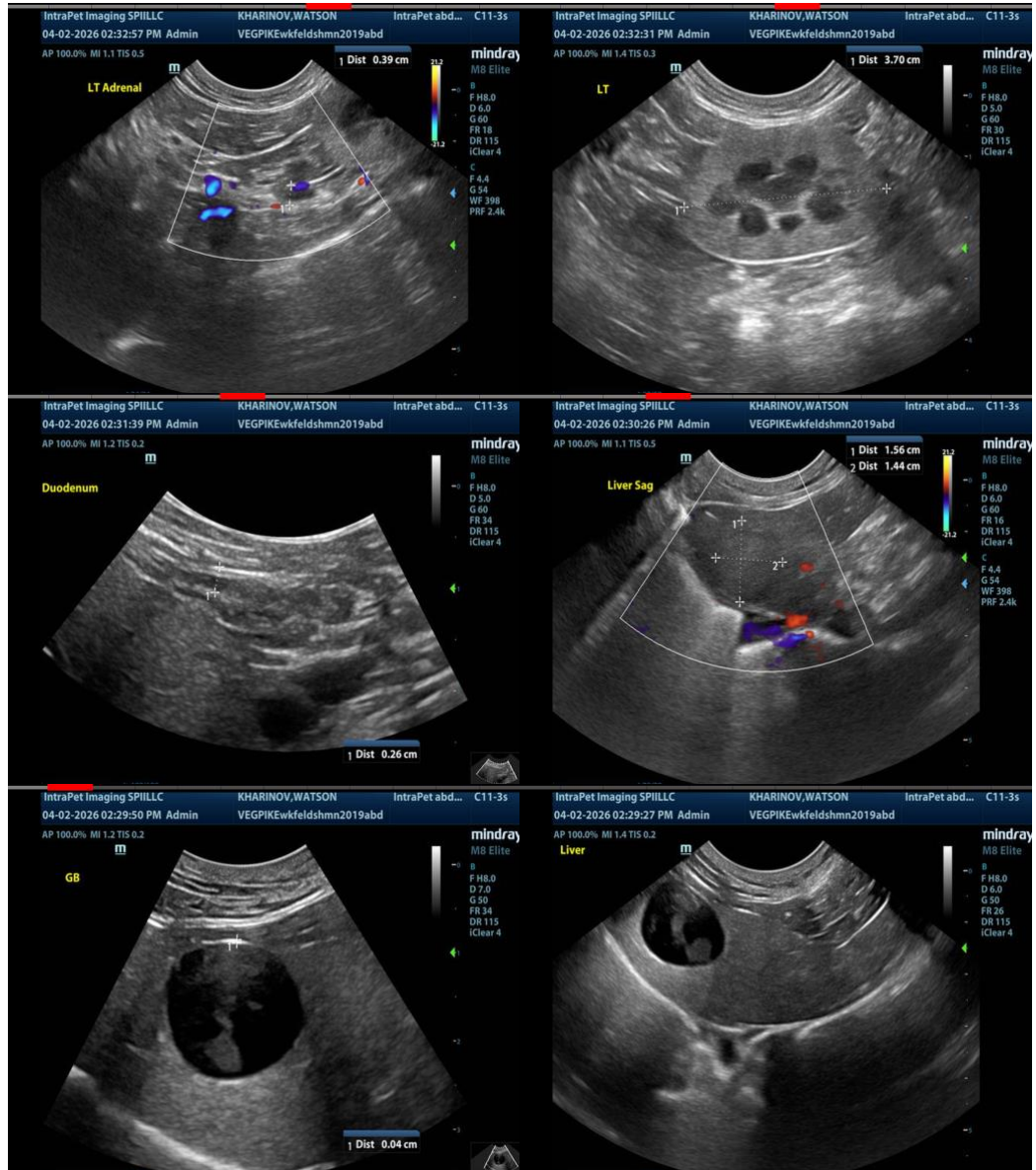
- Rounded hyperechoic region of the liver- Findings are concerning for a poorly defined hyperechoic mass effect, although a rounded liver lobe cannot be ruled out.
- Moderate gallbladder debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Some areas of small intestine exhibit mildly 'ropey' appearance with prominent muscularis layer- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Scant abdominal and pleural effusion with ring down artifact at the diaphragm- Ring down artifact can be seen with pulmonary parenchymal disease, correlate with thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a poorly defined hyperechoic region/mass effect visualized associated with the liver. This could represent a poorly defined true mass lesion (benign or neoplastic) or an atypical, rounded area of liver lobe. If a safe window for sampling is available, consider a fine needle aspirate. Additionally, you could consider continued monitoring with ultrasound and consider follow up in a few months to see if the area appears to have progressed.

Some areas of small intestine appear mildly 'ropey' with prominent muscularis layer. These changes are most consistent with inflammatory type change, although early neoplastic change can be difficult to differentiate.





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.

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