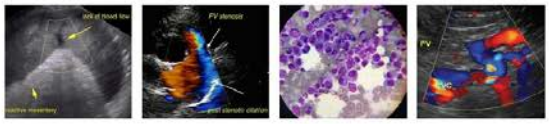


PATIENT

Tiffany Glass

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

4/18/07

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

46400

DATE

4/4/23

PRESENTING CLINICAL SIGNS

P was seen at AESC on 4/1/23 for increased litter box use, diarrhea, and vomiting x 3 days, developing 48 hours earlier. Generalized inappetence and hiding behavior which is very unusual for her. History of hyperthyroidism (on methimazole) and had a UTI 6 months ago. AFAST scan was performed at AESC and there was concern for colonic wall mass. P is also experiencing tenesmus. Suspect UTI as well, pending UA and urine culture. MEDS: convenia 0.38 mL 4/1/23, onsior 6mg po sid since 4/1/23, methimazole 2.5mg po bid

Abnormal PE/Chem/CBC/UA Results: UA - usg 1.019 with pyuria and rods seen, pending final urine culture

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 (3.32 cm). Overall echogenicity is normal with adequate 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 (3.34 cm). Overall echogenicity is normal with adequate 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 left adrenal gland is normal in size measuring 0.41 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.

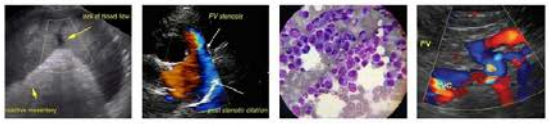
The right adrenal gland is normal in size measuring 0.36 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.83 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. There is a moth eaten/cystic hyperechoic region in the liver measuring approximately 1.92 cm x 1.98 cm.



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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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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.

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. Jejunum wall measures 0.26 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 with nonformed fecal material and gas shadowing distally. There is an area of transverse colon where there is asymmetrical thickening and loss of layering of the colon wall. The normal colon wall thickness measures at 0.19 cm. In this region, the bowel wall measures at 0.72 cm. This creates a mass effect measuring approximately 1.28 cm x 2.18 cm.

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

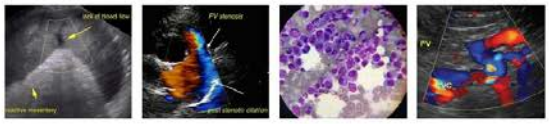
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic cystic region within the liver – Findings are likely consistent with a cystadenoma or benign hepatic cyst. Recommend continued monitoring of this region.
- Mild gallbladder debris – 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.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Asymmetrical wall thickening with loss of layering at the colon – Findings are concerning for possible infiltrative disease such as round cell neoplasia, carcinoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears to have a prominent muscularis layer diffusely. This can be a normal finding in some older cats but can also be associated with chronic inflammatory type disease. Additionally,



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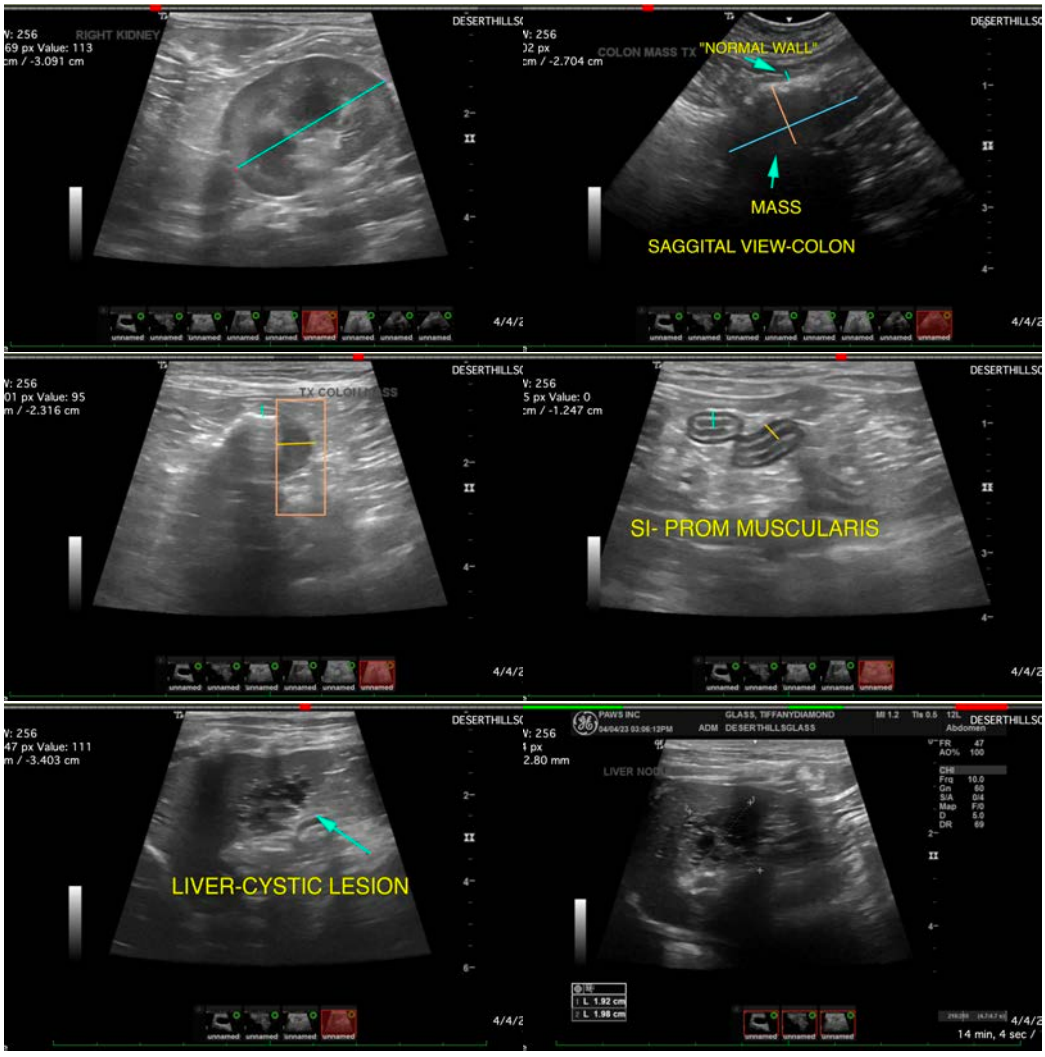
there is a focal area of colon wall with loss of layering and thickening creating a mass effect. Consider a fine needle aspirate of this region of the colon. If a cytologic evaluation cannot be obtained, you could consider a surgical evaluation for biopsies +/- resection. Possible differentials would include a focal inflammatory lesion or a benign neoplastic mass. If this lesion is surgically biopsied, recommend obtaining biopsies of the small intestine as well. Endoscopic biopsies could be considered, but if this mass lesion does not extend into the mucosa, it may not be evident with a scope. A contrast CT scan of the abdomen could better evaluate for any other possible irregularity in the colon wall prior to considering surgery.

There is a hyperechoic cystic region visualized within the liver. This is most consistent with a cystadenoma or small benign hepatic cyst. Recommend continued monitoring. If surgical resection is considered, a contrast CT scan would have to be performed to further evaluate.

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



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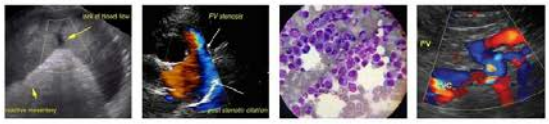

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pawsonography@gmail.com 530-786-8340

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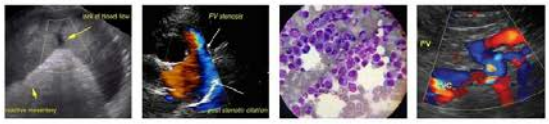

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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