

**DATE PRESENTING CLINICAL SIGNS**

5/10/22

ATO: Walking differently. Tail down. Not as vocal. Will not let me pick him up. Will not let people touch stomach. 4d history of hiding and being distant. Smaller, more frequent urinations, some outside the box E/D ok, free fed Smaller BMs No V. Indoor only Single cat household

PATIENT

Frankenstein Klein

Current Medications: None listed.

SPECIES

Feline

Lab Results: Mild, normocytic, normochromic, non-regenerative anemia (33/7.8), Blood chemistry is normal Radiographs: Irregular liver margins including a mass effect (dorsally on lateral). Small right kidney with irregular margins, pronounced retroperitoneal space.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

5/7/09

The left kidney has a normal shape and size (4.44 cm) with mild pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12.8 Pounds

The right kidney has a normal shape and size (2.88 cm) with mild pyelectasia at 0.18 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.40 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.

HOSPITAL NAME

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Trout

Liver

The liver is subjectively normal in size, but irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a large, focal, hyperechoic, solid mass lesion visualized on the left side of the liver, measuring 3.6 cm x 3.65 cm.

INVOICE

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The bile duct is visualized and is tortuous and mildly dilated at 0.33 cm. No obvious obstruction is noted.

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 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. Jejunum wall measured 0.27 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. 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 prominent and mottled compared to the surrounding isoechoic 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.

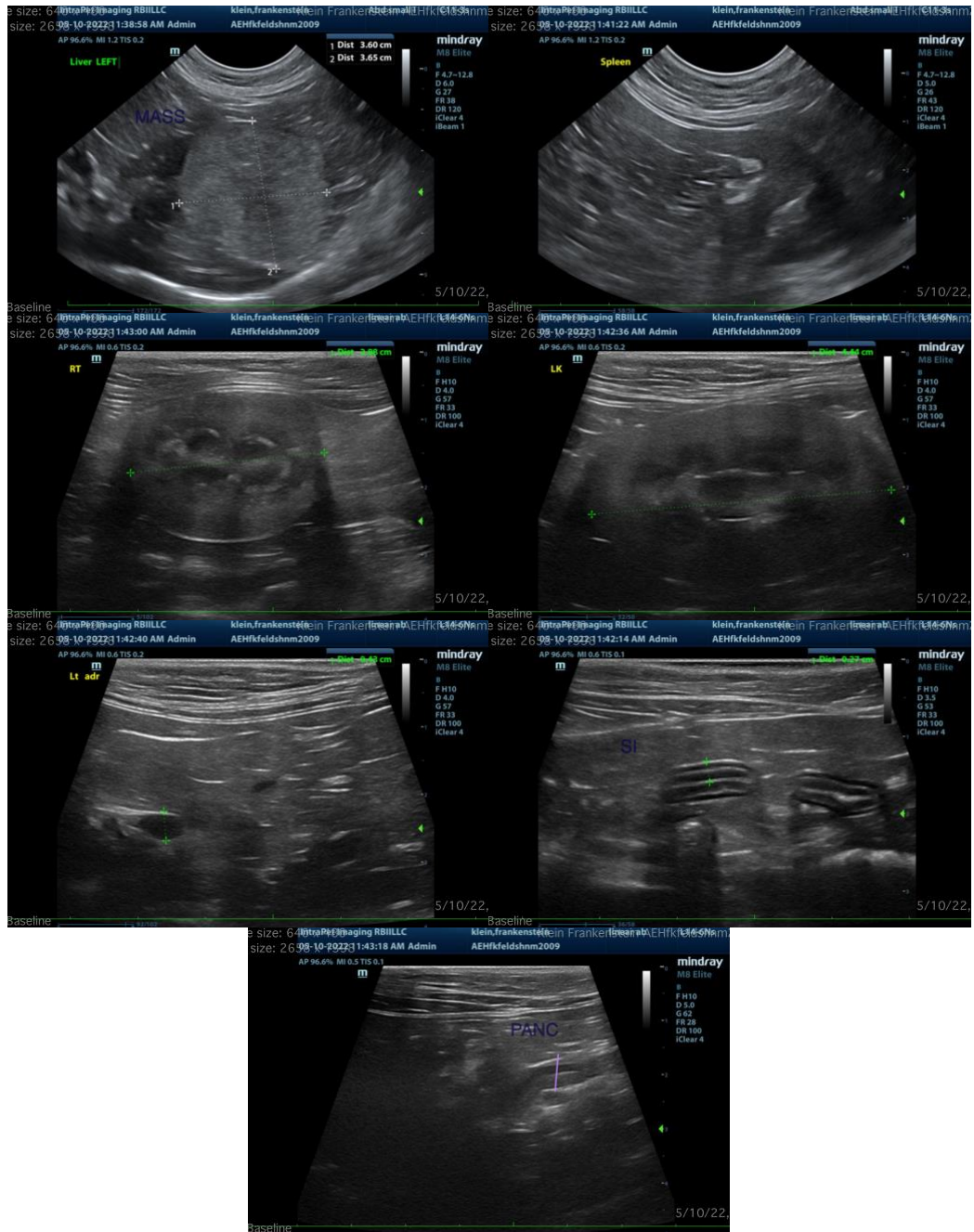
ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral mild pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Large, solid, hyperechoic liver mass – A solitary liver mass is visualized. This is most likely a primary hepatic mass, as no other nodules are visualized in the abdomen. Recommend a fine needle aspirate of this lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large, focal, hyperechoic liver mass is visualized. There is minimal inflammation surrounding this area. Additionally, there is a mildly dilated and tortuous bile duct, but no obvious obstruction is noted. The pancreas is visible, but not overtly inflamed. It is very possible that the liver mass is the source of the symptoms described, but I am concerned that it also could be an incidental finding, as there is not a lot of inflammation surrounding the liver at this time. Recommend a fine needle aspirate of the liver mass and 3-view thoracic radiographs to evaluate for possible surgical removal, but keep in mind the possibility of other concurrent problems that could be contributing to the symptoms such as back pain, etc.

There is mild pyelectasia in both kidneys. Recommend urinalysis and culture to look for evidence of pyelonephritis.



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