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Clinical Sonography & Telecytology
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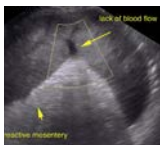
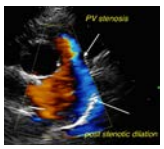
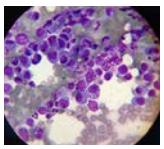
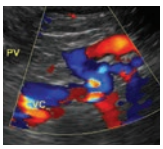

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1-800-838-4268 info@sonopath.com

PATIENT
Jordan Heritage

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
16

WEIGHT
8

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

IMAGING PERFORMED BY
Dr. Susan Lincoski

HOSPITAL NAME
University Drive VH

REFERRING VET
Dr. Susan Lincoski

INVOICE
47301

DATE
5/10/23

PRESENTING CLINICAL SIGNS

Presented 4/14 with history of diarrhea past several weeks, with weight loss. Good energy level and appetite at that time. Owner unable to medicate, as Dr. Miller prescribed metronidazole at that time. Bloodwork was unremarkable except mild hypoalbuminemia 2.5mg/dL), and thyroid 1.7 TT4. Owner eventually able to give some of the metro and some probiotics, and started ZD diet as something she could manage. Progression to vomit, inappetence. Funds limited so owner opted AUS first prior to gi panel, etc.

Abnormal PE/Chem/CBC/UA Results: Fecal cytology done on some diarrhea today revealed WBC, possible giardia cysts otherwise WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.5 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 (3.36 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 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 right adrenal gland is normal in size measuring 0.47 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 (0.86 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous hyperechoic nodules visualized within the parenchyma, examples of which measure 0.50 cm and 0.48 cm.

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.

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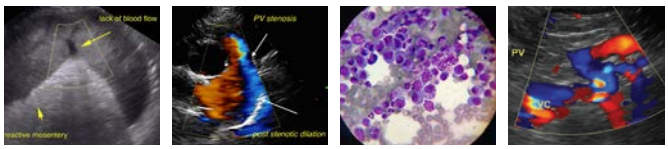

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Gastrointestinal

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 measured 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction is not clearly visualized. Proximal to the urinary bladder, the descending colon is visualized with gas in the lumen. Dorsal to the urinary bladder there is a large hypoechoic structure that appears to have a surrounding lumen. This structure measures approximately 1.43 cm x 2.83 cm. This could represent a distal colonic mass lesion or a mass effect adhered to the dorsal bladder wall/lymph node, etc.

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

- Caudal abdominal/intrapelvic mass lesion visualized dorsocaudal to the urinary bladder – This could represent a colonic mass or other abnormal tissue/lymph node, etc
- Prominent muscularis layer of 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.
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect visualized dorsal caudal to the urinary bladder. The origin of this mass is not clear. It could be a distal colonic mass, or abnormal adhered tissue/lns to the cranial distal bladder wall. A fine needle aspirate of this region could be considered as well as a digital rectal exam to further evaluate. Power doppler could better determine the vascularity of these structures. Ideally, a contrast CT of this region would be ideal to better differentiate structures and determine the extent of disease present, and to try and determine if surgery is an option if desired.

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

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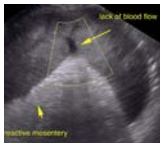
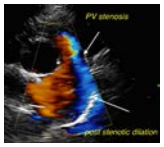
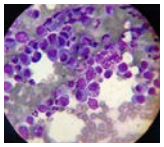
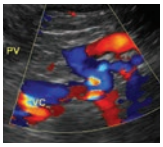

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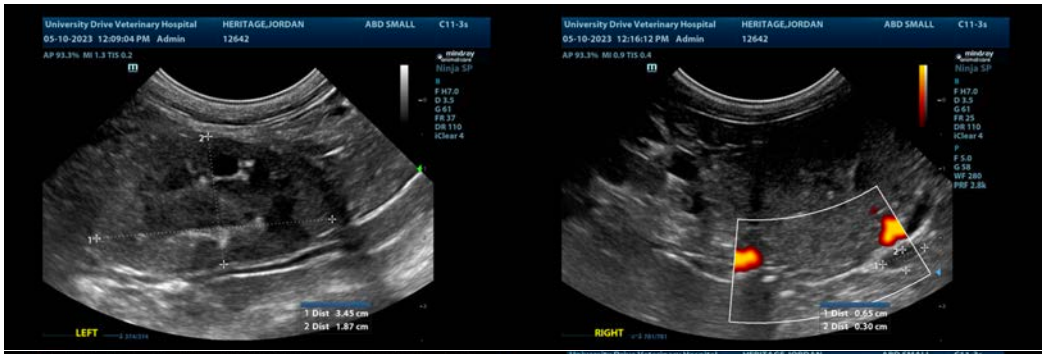
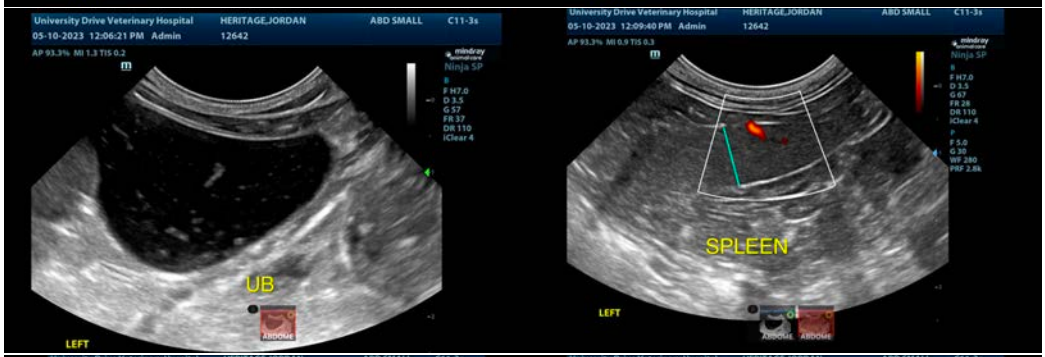
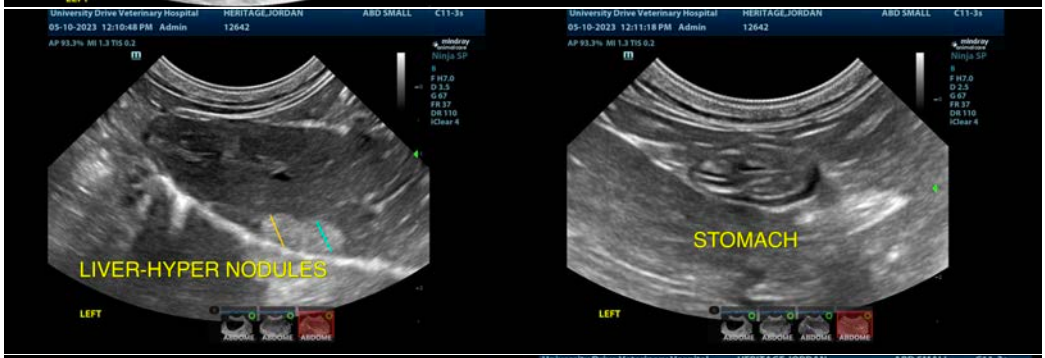
The pancreas is somewhat prominent and mottled. This is most consistent with either very mild chronic pancreatitis or previous episodes of pancreatic inflammation. Additionally, there are hyperechoic nodules visualized in the liver. The nature of these lesions trends towards benign, but continued monitoring is warranted.

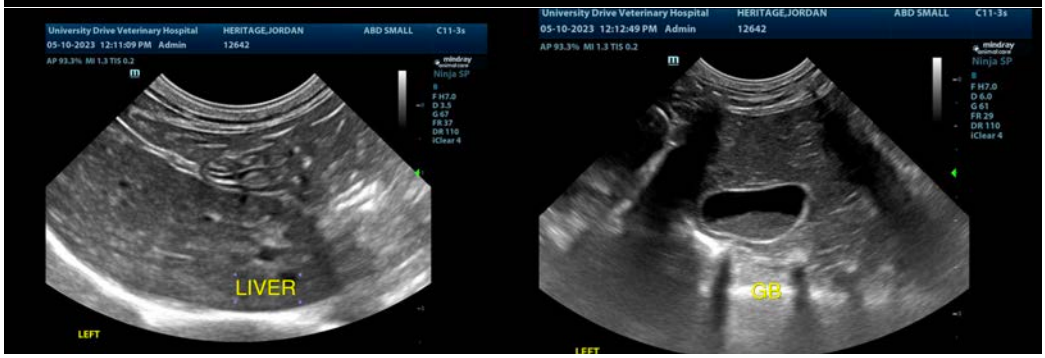
There is mild echogenic debris visualized in the urinary bladder. Recommend urinalysis and culture.

The small intestine appears somewhat "ropey" in appearance. This can be a normal finding in some older cats, but underlying small intestinal disease is also a consideration.









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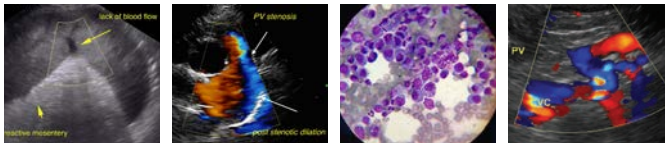

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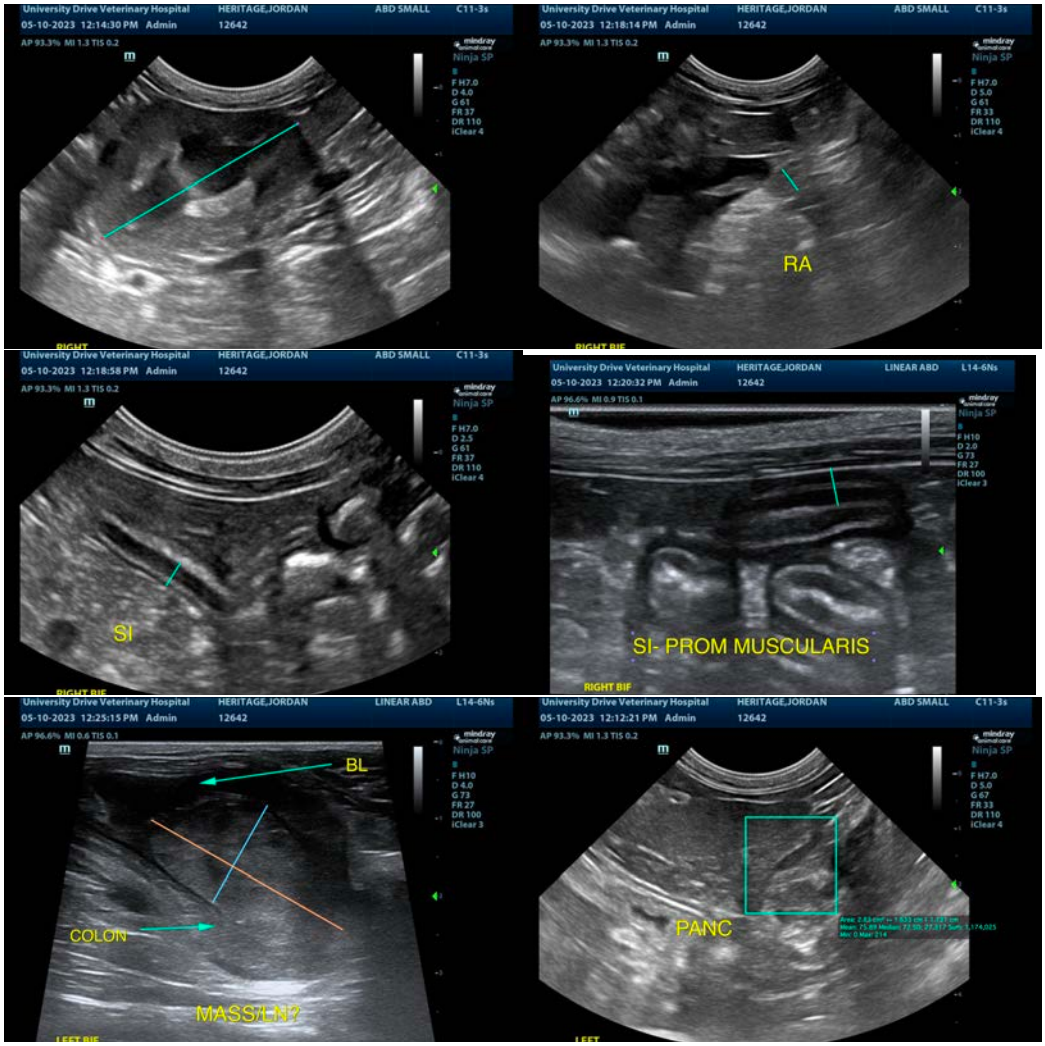

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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